



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

March 4, 2024

**ELECTRONIC-FACSIMILE**

Administrator  
Brookdale Olympia West  
420 Yaeger Way SW  
Olympia, WA 98502-8660

Assisted Living Facility License #**2497**  
Licensee: BKD Clare Bridge of Olympia LLC

**CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Administrator:

On February 21, 2024, the Department of Social and Health Services (DSHS), Residential Care Services conducted a Complaint Investigation at your facility. This letter constitutes formal notice of a continued stop placement order prohibiting admissions for your assisted living facility, located at **420 Yaeger Way SW, Olympia**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190 and 18.20.520.

An assisted living facility that is subject to a continued stop placement order or limited continued stop placement order under RCW 18.20.190 is required to publicly post in a conspicuous place at the facility a standardized notice that the department has issued a continued stop placement order or limited continued stop placement order for the facility under the authority granted pursuant to RCW 18.20.520.

The stop placement order prohibiting admissions on a license pending completion of investigation was effective per notification to you **verbally on February 15, 2024**, and continues **March 4, 2024**, and electronic facsimile receipt of this letter with the attached Statement of Deficiencies dated **February 21, 2024**.

**WAC 388-78A-2450(1)(a)(b)(c)(2)(e)(h)(vi)(vii) Staff.**

**The licensee failed to ensure they had sufficient and qualified staff to meet resident needs for both memory care units (Clare and Bridge units) reviewed. This failure resulted in residents not receiving care and services per their Negotiated Service Agreements and placed all 47 residents at risk for unmet care needs and decreased quality of life.**

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***NOTE: This is the violation, which resulted in the continued stop placement order; see the attached Statement of Deficiencies for any additional violations.***

The continued stop placement order prohibiting admissions to your assisted living facility is effective immediately to you on **March 4, 2024**, and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Cory Cisneros, Field Manager, at (253) 254-3190.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement of admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Cory Cisneros, Field Manager  
Region 3, Unit E  
6639 Capitol Blvd SW Point Plaza West  
Tumwater, WA 98501  
Phone: (253) 254-3190 / Fax: (360) 664-8451  
**[rcsregion3email@dshs.wa.gov](mailto:rcsregion3email@dshs.wa.gov)**

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### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

#### Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600

#### Formal Administrative Hearing

You may contest the continued stop placement order by requesting a formal administrative hearing to challenge the deficiency(ies), which resulted in the continued stop placement order. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

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If you have any questions, please contact Cory Cisneros, Field Manager, at (253) 254-3190.

Sincerely,



Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
HQ Central Files  
DRW  
HP

**REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS**

**FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE REQUEST FAXED:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_

**TO:** \_\_\_\_\_, Field Manager, Region \_\_\_\_ Unit \_\_\_\_

**I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.**

**The following steps have been taken to ensure lasting correction.**

- 1.
- 2.
- 3.
- 4.
- 5.

\_\_\_\_\_  
**Licensee or Designee Signature**

\_\_\_\_\_  
**Date**