STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

BKD Clare Bridge of Olympia LLC
Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

RE: Brookdale Olympia West License # 2497

Dear Administrator:

This letter addresses Compliance Determination(s) 40802 (Completion Date 05/02/2024) and 36296 (Completion Date 03/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/02/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b

The Department staff who did the on-site verification:
Anissa Bearden, Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Olympia West **Provider Type:** Assisted Living Facility
License/Cert.#: 2497
Compliance Determination #: 36296 **Intake ID:** 117261
Investigator: Anissa Bearden **Region/Unit #:** RCS Region 3 / Unit E
Investigation Date(s): 02/02/2024 through 03/22/2024
Complainant Contact Date(s):

Allegation(s):

1. Unqualified staff passing medication for nurse delegated residents
2. Residents not getting showers and developing skin impairments
3. Staff not following or implementing the resident's service plans
4. There is insufficient staffing for all shifts for care staff to meet the resident's needs
5. Resident laundry is not being completed
6. Facility continues to be out of compliance with fingerprint background checks
7. Clare side of the buildings dining room heater is not working
8. There are unqualified staff working the floor as a caregiver
9. There are concerns about finical billing concerns and sudden increases for the family's

Investigation Methods:

Sample:
Total residents: 47
Resident sample size: 9
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration
Kitchen

Interviews:
Identified resident
Identified staff
Nursing staff
Residents
Family members
Maintenance staff
Laundry staff

Record Reviews:
Medical records

Hospital records
Grievance log
State reporting log
Facility policies
Personnel files
Staff training records
Staff patterns
Maintenance logs

Investigation Summary:

1. Facility failed to have qualified medication technicians administering nurse delegated tasks to nurse delegated residents. This was cited during the full inspection follow up.
2. Facility failed to ensure residents received showers per their service plans and residents identified to had develop skin impairments. This was cited during the full inspection follow up and recent complaint investigation.
3. Facility failed to ensure staff were implementing the residents service plans as written. This was cited during the full inspection follow up and recent complaint investigation.
4. Facility failed to ensure that there was sufficient staff to meet the residents needs. This was cited during the full inspection follow up.
5. Facility failed to ensure residents laundry was completed per the resident's service plan and the facility's disclosure of services. This was cited during the full inspection follow up.
6. Facility failed to ensure that all staff had fingerprint background checks for all employees that worked at the facility. Failed Practice identified.
7. The facility was previously cited during a complaint investigation related not taking appropriate actions when heating system was not working. The facility is currently in plan of correction phase.
8. The facility failed to ensure that all staff had the required trainings and credentials to provide resident care. This was cited during the full inspection follow up.
9. This is being investigated with recent complaint investigation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 02/02/2024 and 03/13/2024 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

This document references the following complaint number(s): 117261, 113833

The following sample was selected for review during the unannounced on-site visit: 9 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Cory Cisneros
Residential Care Services

03/26/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

4/8/24
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to have a Washington (WA) State name and Date of Birth background check and finger prints completed for 1 of 1 medication technician (Collateral Contact 1 [CC1]) prior to them working at the facility. This failure placed all 47 of 47 residents at risk for being cared for by a staff member with a potentially disqualifying history.

Findings included...

Record review of CC1's WA state Name and Date of Birth background check, dated 12/01/2023, showed it did not include a fingerprint check.

In an interview on 02/05/2024 at 8:18 AM, Staff E, Medication Technician, stated they were shadowing CC1, Resident Care Coordinator, from a sister facility on the medication cart. Staff E stated today (02/05/2024) was CC1's first day working at the facility and was scheduled to be the medication technician for Clare side until 10:00 PM.

In an interview on 02/05/2024 at 9:00 AM, CC1 stated they were on loan today from a sister facility to help as medication technician for Clare side of the building.

In an interview on 02/05/2024 at 2 PM, Staff A, Executive Director, stated CC1's background check was only a WA state name and date of birth background check and did not include a fingerprint check. Staff A stated this was the only background check that was provided for CC1 from the sister facility.

This is a recurring deficiency previously cited on 12/14/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale Olympia West is or will be in compliance with this law and / or regulation on (Date) 5/01/24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 4/8/24