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) 41439 (Completion Date 05/17/2024) and 36909 (Completion Date 03/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/17/2024 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-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2, WAC 388-78A-2600-2-i

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN Complaint Investigator

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 #: 36909
Intake ID: 117677
Investigator: Pamela Horlick
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 02/15/2024 through 03/26/2024
Complainant Contact Date(s):

Allegation(s):
Quality of Care/Treatment: Report of resident to resident altercation in the community.

Investigation Methods:

Sample:
Total residents: 48
Resident sample size: 3
Closed records sample size: 1

Observations:
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Nursing staff
Residents
Family members
Nurse
Administrator

Record Reviews:
State reporting log
Facility policies
Care Plans
Progress notes
Characteristic Roster
MAR

Investigation Summary:
Facility failed to follow policy and procedures when a sampled resident was placed on alert charting protocol to monitor for latent injuries after a fall and failed to monitor a resident when they readmitted into the facility after leaving the community to be evaluated at the hospital. Failed practice identified.
Facility failed to complete an initial care plan and a 14-30 day care plan for a sampled resident who moved into the community within appropriate timeframe. Failed practice identified.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2497	Compliance Determination #:36909
Plan of Correction	Brookdale Olympia West	Completion Date
Page 1 of 6	Licensee: BKD Clare Bridge of Olympia LLC	03/26/2024

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 02/15/2024 and 03/26/2024 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985029660

This document references the following complaint number(s): 117677, 117300

The following sample was selected for review during the unannounced on-site visit: 3 of 48 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

04/03/2024
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.

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

Statement of Deficiencies	License #: 2497	Compliance Determination # 36909
Plan of Correction	Brookdale Olympia West	Completion Date
Page 1 of 6	Licensee: BKD Clare Bridge of Olympia LLC	03/26/2024

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 02/15/2024 and 03/28/2024 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

This document references the following complaint number(s): 117677, 117300

The following sample was selected for review during the unannounced on-site visit: 3 of 48 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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

04/03/2024
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) 4/12/24 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete an initial negotiated service agreement (NSA) after a resident moved to the community for 1 of 3 residents (Resident 1[R1]). This failure placed R1 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the facility policy, titled, "Service Plan Process Policy", last revised on 03/2020, stated, "Individual resident service plans are developed through the evaluation process or other identified systems and provide information about resident needs to the care associates. Service plans are implemented and maintained for each resident to address these needs. Under "Policy Detail", it stated, "An initial service plan should be developed by an appropriately trained Brookdale associate on move in/admission. The resident and/or their responsible party may participate in the development of the resident service plan... The service plan should be completed and reviewed by the community care team and the resident/legally responsible party within 14-30 days after move-in of the resident or as required by state regulations."

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted] 2024.

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete an initial negotiated service agreement (NSA) after a resident moved to the community for 1 of 3 residents (Resident 1[R1]). This failure placed R1 at risk of unmet care needs and decreased quality of life.

Findings included...

Record review of the facility policy, titled, "Service Plan Process Policy", last revised on 03/2020, stated, "Individual resident service plans are developed through the evaluation process or other identified systems and provide information about resident needs to the care associates. Service plans are implemented and maintained for each resident to address these needs. Under "Policy Detail", it stated, "An initial service plan should be developed by an appropriately trained Brookdale associate on move in/admission. The resident and/or their responsible party may participate in the development of the resident service plan... The service plan should be completed and reviewed by the community care team and the resident/legally responsible party within 14-30 days after move-in of the resident or as required by state regulations."

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2024.

During a record request on 02/15/2024 at 11:44AM, a signed and dated NSA was not provided for R1.

In an interview on 02/15/2024 at 3:48 PM, Staff E, Clinical Service Specialist, was asked after the personal service assessment was completed, when would a NSA be done, Staff E stated [it would be done] upon move in. They stated the initial care plan was done within three days. They stated then at 14 days they have a 14-30 day care plan that is due. Staff E was asked if a NSA had been completed for R1, they stated, no there was not. They stated they would be completing it that night.

Record review of R1's initial NSA showed it had been completed on 02/15/2024. The NSA was signed and dated on 03/05/2024.

Record review of R1's 14-30 day NSA showed it had been completed on 02/25/2024. The NSA was signed and dated on 03/05/2024.

In an interview on 03/26/2024 at 10:05AM, Staff E stated an initial care plan had not been completed for R1 until they had come to work in the community in February. Staff E stated the initial care plan was never done on move in. Staff E stated the initial care plan was a month late. Staff E stated the 14 day care plan was completed on 02/25/2024, and it was past due.

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) 5/10/24

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

Administrator (or Representative) — Date 4/12/24

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

This requirement was not met as evidenced by:

During a record request on 02/15/2024 at 11:44AM, a signed and dated NSA was not provided for R1.

In an interview on 02/15/2024 at 3:48 PM, Staff E, Clinical Service Specialist, was asked after the personal service assessment was completed, when would a NSA be done, Staff E stated [it would be done] upon move in. They stated the initial care plan was done within three days. They stated then at 14 days they have a 14-30 day care plan that is due. Staff E was asked if a NSA had been completed for R1, they stated, no there was not. They stated they would be completing it that night.

Record review of R1's initial NSA showed it had been completed on 02/15/2024. The NSA was signed and dated on 03/05/2024.

Record review of R1's 14-30 day NSA showed it had been completed on 02/25/2024. The NSA was signed and dated on 03/05/2024.

In an interview on 03/26/2024 at 10:05AM, Staff E stated an initial care plan had not been completed for R1 until they had come to work in the community in February. Staff E stated the initial care plan was never done on move in. Staff E stated the initial care plan was a month late. Staff E stated the 14 day care plan was completed on 02/25/2024, and it was past due.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement and follow the facility policy and procedure for alert charting for 2 of 3 residents (Resident 1 [R1], and Resident 2 [R2]). This failure placed 48 of 48 residents at risk for unmet care needs when they experienced a change in condition.

Findings included ..

Review of the facility policy, titled, "Alert Charting", dated 12/2020, stated, "Associates should document in the resident record those events which include changes of condition that required nurse notification, additional monitoring, or specific intervention and documentation." Under the "Documentation of Alert Charting" section stated, "Associates should notify the nurse of conditions or events as listed in Step 2 and enter appropriate information on the alert charting log... In addition, associates should observe and document the residents response/condition for 72-hours in the Resident Record." Step 2 lists a multitude of events which would require staff to place residents on Alert Charting. Some examples of the conditions or events include Falls (including any complaints of pain, bruising, scrapes, abrasions, skin tears, changes in ambulation [ability to walk]/mobility/movement or inability to complete activities of daily living), and behavioral changes

<R1>

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]2024.

Review of the incident log, date range from 12/19/2023 to 02/15/2024, showed that R1 experienced a fall and was found on the floor on 01/31/2024.

Review of R1's progress notes showed.

-an entry on 01/31/2024 at 8:10 PM that resident was put on alert for a fall. When R1 was asked where the pain was, R1 pointed their tailbone/coccyx (a small triangular bone at the base of the spinal column). EMS (Emergency Medical Services) evaluated and said if pain/discomfort increased, to have R1 brought to the hospital for further evaluation. R1 was placed on alert to monitor for symptoms including increased pain.

-No entry for alert charting was completed on 02/01/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/02/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/03/2024 to monitor residents condition.

Based on interview and record review, the facility failed to implement and follow the facility policy and procedure for alert charting for 2 of 3 residents (Resident 1 [R1], and Resident 2 [R2]). This failure placed 48 of 48 residents at risk for unmet care needs when they experienced a change in condition.

Findings Included...

Review of the facility policy, titled, "Alert Charting", dated 12/2020, stated, "Associates should document in the resident record those events which include changes of condition that required nurse notification, additional monitoring, or specific intervention and documentation." Under the "Documentation of Alert Charting" section stated, "Associates should notify the nurse of conditions or events as listed in Step 2 and enter appropriate information on the alert charting log... In addition, associates should observe and document the residents response/condition for 72-hours in the Resident Record." Step 2 lists a multitude of events which would require staff to place residents on Alert Charting. Some examples of the conditions or events include Falls (including any complaints of pain, bruising, scrapes, abrasions, skin tears, changes in ambulation [ability to walk]/mobility/movement or inability to complete activities of daily living), and behavioral changes.

<R1>

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2024.

Review of the incident log, date range from 12/19/2023 to 02/15/2024, showed that R1 experienced a fall and was found on the floor on 01/31/2024.

Review of R1's progress notes showed:

-an entry on 01/31/2024 at 8:10 PM that resident was put on alert for a fall. When R1 was asked where the pain was, R1 pointed their tailbone/coccyx (a small triangular bone at the base of the spinal column). EMS (Emergency Medical Services) evaluated and said if pain/discomfort increased, to have R1 brought to the hospital for further evaluation. R1 was placed on alert to monitor for symptoms including increased pain.

-No entry for alert charting was completed on 02/01/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/02/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/03/2024 to monitor residents condition.

-R1 was removed from alert charting on 02/04/2024.

<R2>

Review of R2's face sheet showed that R2 was admitted to the facility on [redacted]/2023

Review of the incident log, date range from 12/19/2023 to 02/15/2024, showed that R2 experienced a fall on [redacted]/2024.

Review of R2's progress notes showed:

-an entry on [redacted]/2024 at 1:06 AM showed R2 was involved in an altercation that resulted in R2 falling to the ground. R2 was assessed by EMS and was not removed from the community. On [redacted]/2024 at 11:30 AM, R2 was taken out of the community to the hospital for further evaluation due to increased pain. It was discovered that R2 had a fractured pelvis and was admitted to the hospital.

-in an entry on [redacted]/2024 at 2:13 PM showed R2 returned to the community and was transferred to bed. Note stated "will continue to monitor"

-No entry for alert charting was completed on 02/07/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/08/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/09/2024 to monitor residents condition

-In an entry for alert charting on 02/13/2024 at 8:19 PM showed R2 was grimacing in pain and given a pain medication. Note stated, "will continue to watch for pain and discomfort."

-No entry for alert charting was completed on 02/14 /2024 to monitor residents condition

-No entry for alert charting was completed on 02/15/2024 to monitor residents condition

During an interview on 02/15/2024 at 12:25 PM, Staff C, Medication Technician, was asked if they had to complete any charting, they stated, we do alert charting and we have a fall sheet that we document on. There was a paper we fill out for the next shift to review so they are made aware [of the incident] and we document in the computer system. Staff C stated, we document vitals and what we witnessed. Staff C stated residents would be put

-R1 was removed from alert charting on 02/04/2024.

<R2>

Review of R2's face sheet showed that R2 was admitted to the facility on [redacted]/2023.

Review of the incident log, date range from 12/19/2023 to 02/15/2024, showed that R2 experienced a fall on [redacted]/2024.

Review of R2's progress notes showed:

-an entry on [redacted]/2024 at 1:06 AM showed R2 was involved in an altercation that resulted in R2 falling to the ground. R2 was assessed by EMS and was not removed from the community. On [redacted]/2024 at 11:30 AM, R2 was taken out of the community to the hospital for further evaluation due to increased pain. It was discovered that R2 had a fractured pelvis and was admitted to the hospital.

-In an entry on [redacted]/2024 at 2:13 PM showed R2 returned to the community and was transferred to bed. Note stated "will continue to monitor"

-No entry for alert charting was completed on 02/07/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/08/2024 to monitor residents condition.

-No entry for alert charting was completed on 02/09/2024 to monitor residents condition.

-In an entry for alert charting on 02/13/2024 at 8:19 PM showed R2 was grimacing in pain and given a pain medication. Note stated, "will continue to watch for pain and discomfort."

-No entry for alert charting was completed on 02/14 /2024 to monitor residents condition.

-No entry for alert charting was completed on 02/15/2024 to monitor residents condition.

During an interview on 02/15/2024 at 12:25 PM, Staff C, Medication Technician, was asked if they had to complete any charting, they stated, we do alert charting and we have a fall sheet that we document on. There was a paper we fill out for the next shift to review so they are made aware [of the incident] and we document in the computer system. Staff C stated, we document vitals and what we witnessed. Staff C stated residents would be put

on alert charting for a minimum of 72 hours and it was done every shift. Staff C stated they document if there were any concerns or changes [to the resident] due to the fall and made sure vitals were at baseline.

During an interview on 02/15/2024 at 11:49 AM, Staff D, Medication Technician, was asked how long alert charting was done for, Staff D stated, it was done for three days.

During an interview on 03/08/2024 at 12:32 PM, Staff B, Health and Wellness Director, was asked what kind of documentation would be done when a resident returned to the community after a hospital stay, they stated they would be put on alert charting for three days to monitor them.

During an interview on 02/15/2024 at 3:59 PM, Staff A, Executive Director, was asked what kind of charting was completed when a resident was involved in an altercation, they stated, they should be doing alert charting on the aggressor's behavior and the victims behavior to look for latent abuse. Alert charting was typically 72 hours but with behaviors we will go indefinite until the behavior was resolved. Staff A stated interventions were placed immediately and if they are sent out of the facility they were placed on alert charting when they come back to the community. When asked if a resident would be placed on alert charting if they were found on the floor, Staff A stated, they would be placed on alert charting as well.

This is a recurring deficiency previously cited on 08/14/2023 for WAC 388-78A-2600 (2).

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) 5/10/24

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

Administrator (or Representative) — Date 4/12/24

on alert charting for a minimum of 72 hours and it was done every shift. Staff C stated they document if there were any concerns or changes [to the resident] due to the fall and made sure vitals were at baseline.

During an interview on 02/15/2024 at 11:49 AM, Staff D, Medication Technician, was asked how long alert charting was done for, Staff D stated, it was done for three days.

During an interview on 03/08/2024 at 12:32 PM, Staff B, Health and Wellness Director, was asked what kind of documentation would be done when a resident returned to the community after a hospital stay, they stated they would be put on alert charting for three days to monitor them.

During an interview on 02/15/2024 at 3:59 PM, Staff A, Executive Director, was asked what kind of charting was completed when a resident was involved in an altercation, they stated, they should be doing alert charting on the aggressor's behavior and the victims behavior to look for latent abuse. Alert charting was typically 72 hours but with behaviors we will go indefinite until the behavior was resolved. Staff A stated interventions were placed immediately and if they are sent out of the facility they were placed on alert charting when they come back to the community. When asked if a resident would be placed on alert charting if they were found on the floor, Staff A stated, they would be placed on alert charting as well.

This is a recurring deficiency previously cited on 08/14/2023 for WAC 388-78A-2600 (2).

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)_____ .

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

_____ _____
Administrator (or Representative) Date