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) 41440 (Completion Date 05/17/2024) and 37744 (Completion Date 04/05/2024).

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-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2230-1-c

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 #: 37744
Intake ID: 120035
Investigator: Pamela Horlick
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 03/05/2024 through 04/05/2024
Complainant Contact Date(s):

Allegation(s):

Quality of Care/Treatment: Report of resident not receiving prescribed medication ordered by a physician for a residents rash.

Investigation Methods:

Sample:
Total residents: 44
Resident sample size: 5
Closed records sample size: 1

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

Interviews:
Identified resident
Nursing staff
Residents
Family members
Medical Assistant with Kaiser

Record Reviews:
State reporting log
Facility policies
Care Plan
Progress Notes
Medical records
Line List
Staff List

Investigation Summary:

Facility failed to provide medication ordered by physician for a residents rash. Failed practice identified.
Facility failed to notify provider when resident refused medications that were ordered by residents physician. Failed practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2497	Compliance Determination # 37744
Plan of Correction	Brookdale Olympia West	Completion Date
Page 1 of 7	Licensee: BKD Clare Bridge of Olympia LLC	04/05/2024

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 03/05/2024 and 04/05/2024 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

This document references the following complaint number(s): 120035, 121494, 122852

The following sample was selected for review during the unannounced on-site visit: 5 of 44 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

04/09/2024
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) 4/15/24 Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled residents (Resident 1 [R1]) received their medications as prescribed. This failure placed R1 at risk for increased skin issues and decreased quality of life.

Findings included...

Record review of the facility policy, titled, "Medication & Treatment – Administration/Assistance", dated 03/31/2022, stated, "Medication Administration/Assistance and or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's physician/healthcare provider."

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2023.

Record review of R1's negotiated service plan, dated 10/18/2024, showed R1 required staff to order medications and coordinate with R1's family, health care providers, and the pharmacy to meet R1's medication needs.

Record review of R1's Provider notes from Kaiser Permanente, dated 12/17/2023, showed that R1 was seen in the clinic for a gradually worsening rash that had been present for at least 2 weeks. Notes showed the rash was on R1's abdominal wall, spreading toward their back. Under "Physical exam", it stated, "small scattered raised plaques noted across abdominal wall." Under "Medical Decision Making", it stated, "Etiology of rash unclear, though given history of scabies [a condition caused by tiny insects called mites that infest and irritate your skin] and appearance of rash will try treatment with Permethrin [a medication to treat scabies]."Permethrin (Elimite) 5% topical cream was ordered. Order stated to apply a thin layer from the neck down, leave on 8-12 hours, and remove by

thoroughly washing.

Record review of R1's after visit summary paperwork, dated 12/17/2024, showed Permethrin 5% topical cream was dispensed for scabies and paid for at the prescribing doctors pharmacy.

Record review of R1's progress notes for a video visit with R1's doctor, dated 02/11/2024, showed that R1 now had a rash for about 2 months. Under the Assessment/Plan note, stated that R1 now had "multiple small excoriations and open wounds on her back. Physician states, [they are] "hesitant to recommend permethrin cream or topical antifungal cream because it may cause a localized inflammatory reaction with these open wounds". Under "subjective", it stated R1's daughter stated R1 has had the rash for the last month. They stated it started on their belly but now it covers most of their body and itches. Under "objective", the doctor noted "numerous erythematous papules with secondary excoriations and small bleeding ulcerations on her back." R1 was prescribed three new medications for the rash.

Record review of R1's Medication Administration Record (MAR), dated range from 12/2023 to 03/2024, showed no Permethrin on the MAR.

In an interview on 03/06/2024 at 9:59AM, Collateral Contact 2 (CC2), R1's representative, stated they received a call from a staff member from the facility stating R1 had a rash. CC2 took R1 to urgent care to be evaluated. CC2 stated the doctor wanted to make sure it wasn't scabies and prescribed medication for scabies. CC2 states they picked up the medication and paid for it and gave it to the former health and wellness director at the facility. CC2 stated the prescribing doctor told them that they had been in touch with the nurse at the facility about doing the scabies medication.

In an interview on 03/14/2024 at 1:05PM, Collateral Contact 1, Medical Assistant at Kaiser Permanente, was asked if they could see documentation that the prescription was filled and picked up from the pharmacy, CC2 stated that it was filled at the Kaiser pharmacy on the day it was prescribed.

In an interview on 03/05/2024 at 12:12PM, Staff C, Health and Wellness Coordinator, when asked what the process was when a resident was taken out of the community and returned with a medication that had been ordered, Staff C stated that the medication would be put in the medication cart. They stated we would figure out where the order was and get the order from the doctor. Once the order was received the nurse would look it over and put it in the computer.

In an interview on 03/19/2024 at 4:18PM, Staff D. Medication Technician, was asked if they remember R1 having a medication brought in for scabies in December, Staff D stated, yes. They stated it was given to them by R1's family member and they put it in the medication cart, but they stated they did not have orders. Staff D stated the next time they worked, after putting the medication in the cart, it was not in the cart. Staff D stated they

believed the nurse took it out. Staff D stated they had let the nurse know their concerns about the rash numerous times. Staff D stated whatever it was, it was really bad.

In an interview on 03/28/2024 3:53PM, Staff A, Executive Director and Staff B, Clinical Service Specialist, was asked what was the process when a resident left the community and returned with a new medication that has already been filled. Staff A stated, the family would give them the orders and the medication, which would then go to the nurse for them to authorize it. Staff A stated the script would go to the pharmacy and they will put it in the system. When asked what happens if they don't have the script, Staff B stated, they will call the pharmacy and have them fax over the script. Staff A stated we will reach out to get it, it is just quicker that way.

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) 5/12/24.

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

Administrator (or Representative) Date 4/15/24

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the physician after a resident refused their medications for 1 of 3 sampled residents (Resident 1 [R1]). This failure resulted in R1's physician being uninformed of R1's condition and at risk to develop a worsening skin rash.

Findings included...

Record review of the facility policy, titled, "Medication and Treatment-Refusal Policy", dated 08/20222, stated "the nurse or designee should contact the physician/healthcare provider

and legally responsible party to report the refusal. If the refusal could jeopardize the health of the resident, the physician should be contacted immediately...The nurse or designee should document that the resident and legally responsible party have been informed of the consequences of the refusal...Documentation in the resident record should include physician/healthcare provider notification along with physician/healthcare provider instructions and responsible party notification.

Review of R1's face sheet showed that R1 was admitted to the facility on [redacted]/2023.

Record review of R1's Medication Administration Record (MAR), dated 12/01/2023 through 01/11/2024, showed R1 was prescribed Nystatin Powder (an antifungal that works by stopping the growth of fungus) to be applied to affected areas two times daily at 8:00AM and 4:00PM.

Record review of R1's MAR showed:

From date range 12/01/2023 to 01/11/2024 at 8:00AM, R1 refused their nystatin powder 7 times.

From date range 12/01/2023 to 01/10/2024 at 4:00PM, R1 refused their nystatin powder 18 times.

Record review of R1's MAR, dated 02/15/2024 through 03/10/2024, showed Mupirocin External ointment 2% (an antibiotic ointment used to treat certain skin infections) to be applied three times a day at 7:00AM, 1:00PM, and 7:00PM for skin irritation.

Record review of R1's MAR showed:

From date range 2/15/2024 to 03/10/2024 at 7:00AM, R1 refused their Mupirocin ointment 20 times.

From date range 2/15/2024 to 03/10/2024 at 1:00PM, R1 refused their Mupirocin ointment 16 times.

From date range 2/15/2024 to 03/10/2024 at 7:00PM, R1 refused their Mupirocin ointment 16 times.

Record review of R1's MAR, dated 02/21/2024-03/10/2024, showed Cetaphil Moisturizing External Cream (Emollient) (a medication used as a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) to be applied from head to toe on the affected area topically every day and evening shift for contact dermatitis (an itchy rash

caused by direct contact with a substance or an allergic reaction), with a start date of 02/21/2024.

Record review of R1's MAR showed:

From date range 02/21/2024 to 03/10/2024 day shift showed R1 refused their Cetaphil ointment 13 times.

From date range 02/21/2024 to 03/10/2024 evening shift showed R1 refused their Cetaphil ointment 10 times.

Review of R1's progress notes from 12/05/2024 to 03/09/2024 showed that no notifications to R1's physician regarding R1 refusing her prescribed ointments for her skin rash had been done.

In an interview on 03/14/2024 at 1:05PM, Collateral Contact 1 (CC1), Medical Assistant, was asked if they get notified when a resident refused their medications, CC1 stated, they usually do. CC1 was asked if they see any notifications of R1 refusing their medications, they stated they do not see anything from the facility regarding refusal of medications, they only see a refill request for a medication.

In an interview on 03/06/2024 at 11:10AM, Staff A, Executive Director, was asked what's the process when a resident refused to take their medications, and Staff A stated the medication technician will try again and bring it to the nurse so that they can try to give the medication to the resident. Staff A stated if the nurse cant get the resident to take the medication then they would let the PCP (primary care physician) know. Staff A stated they don't notify the family unless it was in the care plan to do so.

In an interview on 03/12/2024 at 12:05PM, Staff B, Clinical Services Specialist, was asked what the process was when a resident who was prescribed medications refused to take them, Staff B stated, the policy stated that they need to notify the physician and notify the responsible party and document it. Staff B stated more than one person should try to administer the medication. When asked how soon the physician and family would be notified, Staff B stated that staff should be telling them that day. Staff B stated they weren't aware that [the notification] needed to be done. When asked, was R1's doctor ever aware of the missed medications, Staff B stated, no, not until I faxed them last Sunday. The staff had not been doing it prior to Sunday.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2497	Compliance Determination # 37744
Plan of Correction	Brookdale Olympia West	Completion Date
Page 7 of 7	Licensee: BKD Clare Bridge of Olympia LLC	04/05/2024

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) 5/12/24.

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

Administrator (or Representative) 4/15/24 Date