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) 43732 (Completion Date 07/08/2024) and 40963 (Completion Date 05/09/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/08/2024 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-3170-1-l, WAC 388-78A-3170-1-m

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 #: 40963
Intake ID: 129448
Investigator: Anissa Bearden
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 05/03/2024 through 05/09/2024
Complainant Contact Date(s):

Allegation(s):
facility documented temperatures that were not checked

Investigation Methods:

Sample:	Total residents: 41 Resident sample size: 41 Closed records sample size: 0
Observations:	Kitchen
Interviews:	Kitchen staff Maintenance staff Administrative Staff
Record Reviews:	Facility policies Maintenance logs Kitchen Temperature logs

Investigation Summary:
based on interview and record review the kitchen staff documented temperatures for the freezer that were not working when the kitchen staff member was no working and the other kitchen staff no longer worked at the facility and the other staff member reported they were not checking the freezers temperatures. The temperature log was reviewed on 05/02/2024 and the added temperature were added on the log to review on 05/03/2024. failed practice for falsely documenting temperatures of freezers temperatures that were not taken.

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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 05/03/2024 and 05/09/2024 of:

Brookdale Olympia West
420 YAUGER WAY SW
OLYMPIA, WA 985028660

This document references the following complaint number(s): 129448

The following sample was selected for review during the unannounced on-site visit: 41 of 41 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

05/21/2024
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) 5/22/24 Date

WAC 388-78A-3170 Circumstances that may result in enforcement remedies.

(1) The department is authorized to impose enforcement remedies described in WAC 388-78A-3160 if any person described in subsection (2) of this section is found by the department to have:

(l) Knowingly or with reason to know, made false statements of material fact in the application for the license or the renewal of the license or any data attached thereto, or in any matter under investigation by the department;

(m) Willfully prevented or interfered with or attempted to impede in any way any inspection or investigation by the department, or the work of any authorized representative of the department or the lawful enforcement of any provision of this chapter;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure temperature logs for the kitchen freezer were correct and available to the Department for 1 of 1 facility reviewed. This failure placed 41 of 41 residents at risk of inaccurate records and placed the residents at risk of possible exposure to improperly stored foods.

Findings included...

WAC 246-215-03500
"Temperature and time control—Frozen food (FDA Food Code 3-501.11). Stored frozen foods must be maintained frozen."

WAC 246-215-03505
"Temperature and time control—Time/temperature control for safety food, slacking (FDA Food Code 3-501.12). Frozen Time/temperature control for safety food that is slacked to moderate the temperature must be held:(1) Under refrigeration that maintains the food temperature at 41°F (5°C) for less; or(2) At any temperature if the food remains frozen."

Record review of the facility's policy titled, "Food and Beverage Temperature Control", dated 2005 and revised 05/10, 02/24 (dates as shown), showed to ensure the safety of residents and associates, it was critical that all potentially hazardous food and beverages be maintained at safe and appetizing temperatures. The facility was to use the food and beverage temperature log to ensure that all food and beverage holding temperatures were monitored and recorded using the facility's standardized temperature log.

Record review of the facility's policy titled, "Storage of Frozen Food", dated 2005 05/10

(date as shown), showed frozen foods must be stored in a manner that ensures food safety, optimal nutrient retention and optimal aesthetic quality. A thermometer shall be placed in all the freezers so the temperature could be monitored and recorded.

Record review of the facility's untitled and undated document that showed a schedule for the kitchen cooks that worked, showed Staff B, Food Services Coordinator, was in training on 04/24/2024. Staff B worked 04/25/2024 through 04/26/2024 and 04/28/2024 through 05/01/2024. Staff B was off on 04/27/2024. The schedule showed Staff C, Former Dining Services Coordinator, worked 04/24/2024 through 04/25/2024 and 04/29/2024 through 04/30/2024. Staff C did not work on 04/26/2024 through 04/28/2024. The schedule showed Staff D, Cook, worked on 04/24/2024 through 04/27/2024, 04/30/2024, and 05/01/2024 through 05/02/2024.

Record review on 05/02/2024 of the facility's "Temperature Log – Equipment", dated April (no year), showed "Food holding equipment temperatures must be monitored and recorded every four hours during operating hours". The documented target temperatures for the freezer showed the range should be between – (negative) 10 degrees Fahrenheit (F) to 0 degrees F. The temperature log showed there was one temperature documented for 04/01/2024 through 04/24/2024 and one temperature record for 04/28/2024 and 04/29/2024. There were no recorded temperatures for 04/25/2024 through 04/27/2024 and 04/30/2024. There were no record temperatures for 05/01/2024 and 05/02/2024 for review.

Record review on 05/03/2024 of the facility's "Temperature Log – Equipment", dated April (no year), showed there were recorded temperatures for 04/25/2024 through 04/27/2024, 04/30/2024, 05/01/2024, and 05/02/2024 for review that were all documented with blue ink.

In an interview on 05/02/2024 at 4:37 PM, Staff A, Executive Director, said Staff C's, Former Dining Services Director, last day of employment at the facility was on 05/01/2024. Staff A stated Staff B's first day in their position was on 05/01/2024.

In an observation and interview on 05/02/2024 at 3:05 PM, in the kitchen next to the freezer's doors and in front of the walk-in refrigerator was a large amount of standing water. The standing water submerged the kitchen floor tiles. Staff D, Cook, stated the water was from the freezer not working. Staff D stated the freezer had not been working and was leaking since they were hired on 04/16/2024. Staff D stated they had not been taking the temperature of the freezer because it was broken. At 3:12 PM observation of one of the three doors of the freezer that was closest to the walk-in refrigerator had a silver clip that had a document that showed the facility's "Temperature Log – Equipment", dated April (no year) for the freezer, showed there were dates without any documented temperatures.

In an interview on 05/02/2024 at 3:19 PM, Staff E, Registered Nurse/District Director of Clinical Services, stated they had been aware the freezer had a leak. Staff E stated the facility kitchen staff were to continue to record the freezer's temperatures.

In an interview on 05/02/2024 at 3:44 PM, Staff E, Maintenance Director, said the kitchen freezer started losing temperature on 04/15/2024. Staff E stated the freezer started to leak water on 04/18/2024. Staff E stated facility kitchen staff were to continue to take the freezer's temperatures. Staff E stated they were unsure how often the freezer's temperature was to be checked.

In an interview on 05/02/2024 at 4:37 PM, Staff A, Executive Director, said they thought facility staff members had continued to take and record the freezer's temperatures daily.

In an interview on 05/02/2024 at 3:20 PM, Staff A stated the freezer was functioning as a refrigerator.

In an observation and interview on 05/02/2024 at 3:32 PM, the freezer's thermometer showed the temperature of the freezer was 25.1 degrees F. Staff D stated they were not checking the temperature of the freezer because it was not functioning properly. Staff D stated they were not instructed to continue to check the freezer's temperature.

In an interview on 05/02/2024 at 4:11 PM, Staff D stated there were no temperatures that had been taken of the freezer to provide for 05/01/2024 through 05/02/2024 for the Department for review.

In an observation and interview on 05/02/2024 at 4:37 PM, Staff A, Executive Director reviewed the "temperature log- equipment", dated April with no year, for the kitchen freezer which showed there were no documented temperatures for the 04/25/2024, 04/26/2024, 04/27/2024, and 04/30/2024. There were no available documented temperatures for the freezer for 05/01/2024 or 05/02/2024 for the Department to review. Staff D told Staff A that they were not checking the temperature of the freezer as it was broken and not keeping accurate temperature.

In an interview on 05/03/2024 at 12:23 PM, Staff B, Dining Services Coordinator, stated they were checking the temperatures of the freezer when it was not functioning properly. Staff B provided the Department the facility's document titled, "temperature log- equipment", dated April (no year) freezer, showed there were temperatures that were documented for every day in April and temperatures for 05/01/2024 and 05/02/2024 all in blue ink. Staff B stated they documented the temperatures every day for the freezer and the refrigerator. Staff B was unable to explain how the temperatures were documented when the day prior (05/02/2024) there were no temperatures documented on the same form that Staff A and the Department reviewed.

In an interview on 05/03/2024 at 12:52 PM, Staff A said it had been concerning that the temperature log they viewed on 05/02/2024 had new temperatures added to it on 05/03/2024.

Statement of Deficiencies	License #: 2497	Compliance Determination # 40963
Plan of Correction	Brookdale Olympia West	Completion Date
Page 5 of 5	Licensee: BKD Clare Bridge of Olympia LLC	05/09/2024

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) 06/21/24.

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

Administrator (or Representative) 5/22/24 Date