



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

September 1, 2023

**ELECTRONIC-FACSIMILE**

Administrator  
Brookdale Nine Mile  
5329 West Rifle Club Court  
Spokane, WA 99208

Assisted Living Facility License #**1698**  
Licensee: Brookdale Senior Living Communities Inc

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On August 21, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Brookdale Nine Mile**, located at **5329 West Rifle Club Court, Spokane**, 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.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated August 21, 2023.

**Civil Fines**

<b><u>WAC 388-78A-2371(1)(2)(3) Investigations.</u></b>	<b><u>\$300.00</u></b>
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**The licensee failed to investigate and document their investigations of missing money for two residents. This failure resulted in a lack of interventions to prevent residents from experiencing further losses.**

**This is a recurring deficiency previously cited on September 1, 2022.**

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**WAC 388-78A-2660(1)(4) Resident rights.**

**\$2,000.00**

**The licensee failed to ensure residents were free from physical abuse for one resident. This failure resulted in the resident being physically assaulted and sustaining a severe head injury requiring hospitalization.**

***NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.***

**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:

Stephanie Jenks, Field Manager  
Region 1, Unit B  
8517 E Trent Ave, Suite 102  
Spokane Valley, WA 99212-2329  
Phone: (509) 993-7821/ Fax: 509-921-2426  
**rcsregion1email@dshs.wa.gov**

**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.

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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 civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **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

**Payment:**

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$2,300.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114 (extension 45919)  
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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If you have any questions, please contact Stephanie Jenks, Field Manager, at (509) 993-7821.

Sincerely,



Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
HP