



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

11/13/2024

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Silver Lake
2015 LAKE HEIGHTS DR
EVERETT, WA 982086034

RE: Brookdale Silver Lake License # 1703

Dear Administrator:

This letter addresses Compliance Determination(s) 50129 (Completion Date 11/12/2024) and 46344 (Completion Date 09/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/12/2024 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-2600-2-i

The Department staff who did the on-site verification:

Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

A handwritten signature in cursive script that reads "Kim Ripley".

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Brookdale Silver Lake **Provider Type:** Assisted Living Facility
License/Cert.#: 1703
Compliance Determination #: 46344 **Intake ID:** 140984
Investigator: Wesler Dumecquias **Region/Unit #:** RCS Region 2 / Unit A
Investigation Date(s): 08/28/2024 through 09/19/2024
Complainant Contact Date(s):

Allegation(s):

The Named Resident (NR) went missing from a secured Assisted Living Facility (ALF).

Investigation Methods:

Sample: Total residents: 47
 Resident sample size: 3
 Closed records sample size: 0

Observations: Identified resident
 Residents
 Activities
 Resident rooms
 Exit doors

Interviews: Identified resident
 Nursing staff
 Residents
 Family members

Record Reviews: Facility policies
 Incident investigation
 care plan
 Alarm Log
 Missing resident checklist

Investigation Summary:

The ALF investigated the incident and determined that the ALF's Furnace Room Exit door came off on 07/31/2024 at 10:12 AM. On 07/31/2024 at 11:50 AM, the ALF staff received a call from an Urgent Care about 0.9 miles away from the ALF that they had with them the NR. The ALF staff failed to follow their policy in accounting residents when the staff did not ensure that the NR was checked and included in their headcount. A failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2600 (2) (i)- Policies and Procedures.

Conclusion / Action:

- 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 #: 1703	Compliance Determination # 46344
Plan of Correction	Brookdale Silver Lake	Completion Date
Page 1 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	09/19/2024

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 08/28/2024 and 09/12/2024 of:

Brookdale Silver Lake
 2015 LAKE HEIGHTS DR
 EVERETT, WA 982086034

This document references the following complaint number(s): 140984, 144283

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit A
 3906-172nd St NE, Suite #100
 Arlington, WA 98223

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.

Kim Ripley
 Residential Care Services

09/20/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies License #: 1703 Compliance Determination # 46344
Plan of Correction Brookdale Silver Lake Completion Date
Page 2 of 3 Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC 09/19/2024


Administrator (or Representative)

11/5/2024
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 observation, interview, and record review, the Assisted Living Facility (ALF) failed to implement its policy on "Elopement Risk" accounting for residents who have left the ALF's premises when 1 of 1 resident (Resident 1) exited through the ALF's furnace room exit door. The failure resulted in Resident 1 being missing and unnoticed by the ALF staff until they received a call that Resident 1 was found across a busy highway 0.9 miles away from the ALF's premises. The failure placed Resident 1 at risk for abuse, neglect, and financial exploitation.

Findings included...

Review of the ALF's policy titled "Elopement risk- Missing Resident Response Worksheet" dated 11/2020 showed the ALF's staff should initiate a head count of all residents. A head count is defined as the visual inspection/face-to-face observation and counting of the residents. A head count of residents is required to monitor that residents who may have exited have returned to the community.

Resident 1 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted] ([redacted]).

A review of the ALF's Incident Report (IR) dated 07/31/2024 showed the ALF received a call on 07/31/2024 at 11:50 AM from the Providence Urgent Care Clinic located about 0.9 miles away from the ALF that Resident 1 was with them. The IR showed the ALF's staff went to pick-up Resident 1 using their bus. Resident 1 had redness on their right fifth toe.

On 08/28/2024 the Urgent Care Clinic was observed across the four laned highway from the ALF, and determined to be 0.9 miles from the ALF.

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Statement of Deficiencies	License #: 1703	Compliance Determination # 46344
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On 08/28/2024 at 2:07 PM, Staff C, Med Tech, stated that they heard their pager alarm between 10:30 AM and 11:00 AM on 07/31/2024 in the location of the ALF's furnace room exit door. Staff C stated they went to check the location of the alarm immediately within 2-3 minutes of hearing the alarm in their pager. Staff C stated they did a headcount in the E and D hallway. Staff C said they let Staff G do the headcount in the F hallway, where Resident 1 was presumed to be with other residents. Staff C stated that Staff G told them "everything was fine" in the F hallway.

A review of an undated investigation summary by Staff B, Health and Wellness Director, showed Staff C instructed Staff G to do a headcount. However, Staff G misunderstood Staff C and rechecked the furnace exit room instead. Staff G then reported back to Staff C and said everything was fine.

A review of the ALF's alarm log showed a lapse of 25 minutes from the time the alarm in the Furnace room exit door (E-Wing Exit) was activated on 07/31/2024 at 10:12 AM until the alarm was reset at 10:37 AM.

On 09/12/2024 at 1:54 PM, Staff G, Caregiver Associate, stated that they were working with Resident 1 in the Living room of the F hallway with other residents on 07/31/2024 for the morning shift. Staff G stated that Staff C instructed them to do a headcount in the F hallway. Staff G stated they counted all the other residents in the F hallway but did not count Resident 1. Staff G said they did not count Resident 1 because they thought Resident 1 was in their room. Staff G said they did not physically go into Resident 1's room to check on them.

A review of the ALF's Missing Resident Response checklist showed the item on the question of whether the ALF's associate did a head count showed a "no" answer.

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 Silver Lake is or will be in compliance with this law and / or regulation on (Date) <u>10/11/2024</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>Kaveramangya Hambira</u> Administrator (or Representative)	<u>11/5/2024</u> Date

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