



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Sapphire at Brighton Court LLC
Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

RE: Brighton Court Assisted Living License # 2629

Dear Administrator:

This letter addresses Compliance Determination(s) 61187 (Completion Date 06/16/2025) and 58002 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2025 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-4, WAC 388-78A-24701-1, WAC 388-78A-2300-1-d, WAC 388-78A-2300-1-f, WAC 388-78A-2466-2

The Department staff who did the on-site verification:

Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Jenks".

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2629	Compliance Determination # 58002
Plan of Correction	Brighton Court Assisted Living	Completion Date
Page 1 of 15	Licensee: Sapphire at Brighton Court LLC	04/17/2025

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 the unannounced on-site full inspection on 04/08/2025, 04/09/2025, 04/10/2025, 04/11/2025 and 04/15/2025 of:

Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

The following sample was selected for review during the unannounced on-site visit: 9 of 42 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor
Patricia Eddy, Community Licensor
Tethra Wales, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

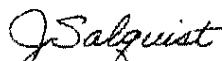
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State of Washington

6/25

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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.



Residential Care Services

04/28/2025

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)

5-1-25

Date

WAC 388-78A-2210 Medication services.

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
 - (a) Develop and implement systems that support and promote safe medication service for each resident.
- (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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a safe medication delivery system was implemented and failed to ensure medications were given as prescribed for 3 of 11 residents (Resident 2, 6 and 9). This failure resulted in residents not receiving medications as prescribed and placed residents at risk of health complications.

Findings included...

<Resident 9>

Review of Resident 9's Service Plan Report (the facility's titled Negotiated Service Agreement, NSA), dated 03/14/2025, showed that Resident 9 was diagnosed with [REDACTED]

and [REDACTED]

[REDACTED] Further review showed that the resident required medication administration, that the facility would order, receive, store, and administer all medications, and that the resident would

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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.

Residential Care Services

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)

Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a safe medication delivery system was implemented and failed to ensure medications were given as prescribed for 3 of 11 residents (Resident 2, 5 and 9). This failure resulted in residents not receiving medications as prescribed and placed residents at risk of health complications.

Findings included...

<Resident 9>

Review of Resident 9's Service Plan Report (the facility's titled Negotiated Service Agreement, NSA), dated 03/14/2025, showed that Resident 9 was diagnosed with [REDACTED]

and [REDACTED]

[REDACTED]. Further review showed that the resident required medication administration, that the facility would order, receive, store, and administer all medications, and that the resident would

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"be supported to take all medications safely and as ordered."

- Clopidogrel Bisulfate -

Review of Resident 9's January 2025 Medication Administration Record (MAR) showed a provider order for clopidogrel bisulfate tablet (a blood thinner to prevent heart attacks and strokes) to be given once a day. Further review showed that the medication was not administered from 01/02/2025 - 01/14/2025, with the exception of 01/09/2025 (resident was at the hospital) and 01/15/2025 (marked as administered).

Review of Resident 9's January 2025 Progress Notes showed the following:

01/02/2025 - [no information explaining why medication was not administered]
 01/03/2025 - medication unavailable RCC [Residential Care Coordinator] working to resolve
 01/04/2025 - 01/08/2025 - [no information explaining why medication was not administered]
 01/10/2025 - out of medicine; pharmacy will be contacted
 01/11/2025 - 01/13/2025 [no information explaining why medication was not administered]
 01/14/2025 - staff has tried calling and staff has talked to [spouse] over the medication and they are going to call today
 01/16/2025 - RCC working with pharmacy to get medication

In an interview on 04/09/2025 at 1:50 PM, Staff I, Director of Health Services/RN, confirmed that Resident 9's clopidogrel bisulfate tablet was not available from 01/02/2025 - 01/16/2025 (a total of 15 missed doses). Staff I further stated that the entry on 01/15/2025 that indicated the medication was administered was a transcription error and that the medication was not available to give to the resident on that date.

In an interview on 04/11/2025 at 11:36 AM, Staff I confirmed that Resident 9's provider was not notified that the resident had not received their medication.

-Seroquel -

Review of Resident 9's December 2024 and January 2025 MARs showed a provider order for Seroquel (antipsychotic) twice daily, to treat the resident's "psychosis and unsafe behaviors." Further review showed it was not administered 12/06/2024 - 12/17/2024 and 01/01/2025 - 01/03/2025 but was marked as administered on 12/10/2024 (AM), 12/12/2024 (AM), 12/13/2024 (AM), 12/15/2024 (PM), and 12/16/2024 (AM).

Review of Resident 9's December 2024 and January 2025 Progress Notes showed the following:

12/06/2024 AM - pharmacy has not sent medication over yet
 12/06/2024 PM - medication is yet to be delivered
 12/07/2024 AM - RCC ordered and pharmacy has not delivered
 12/07/2024 PM - med reorder, waiting for pharmacy to deliver
 12/08/2024 AM - I called [facility pharmacy] and they said this is a VA issue
 12/08/2024 PM - waiting for pharmacy to deliver, will call again tomorrow
 12/09/2024 AM - out of medication

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12/09/2024 PM - not available on cart
 12/10/2024 AM - [administered]
 12/10/2024 PM - not available on cart
 12/11/2024 AM - will call pharmacy on this
 12/11/2024 PM - out of meds
 12/12/2024 AM - [administered]
 12/12/2024 PM - medication unavailable
 12/13/2024 AM - [administered]
 12/13/2024 PM - out of medicine
 12/14/2024 AM - out of medicine, pharmacy was contacted
 12/14/2024 PM - out of medicine
 12/15/2024 AM - waiting still to hear from pharmacy
 12/15/2024 PM - [administered]
 12/16/2024 AM - [administered]
 12/16/2024 PM - not available on cart
 12/17/2024 AM - medication not here
 01/01/2025 AM - medication out, I called Kaiser to reorder
 01/01/2025 PM - medication out, has been ordered
 01/02/2025 AM - [no information provided as to why medication was not administered]
 01/02/2025 PM - medication unavailable – insurance issue
 01/03/2025 PM - medication is not in building has been ordered
 01/03/2025 AM - medication unavailable – insurance issue

In an interview on 04/09/2025 at 1:50 PM, Staff I confirmed that Resident 9's Seroquel was not available from 01/01/2025 - 01/03/2025 (a total of 5 missed doses).

In an interview on 04/11/2025 at 11:36 AM, Staff I confirmed that Resident 9's Seroquel was not available from 12/06/2024 - 12/17/2024 (a total of 23 missed doses). Staff I further stated that the entries on 12/10/2024, 12/12/2024, 12/13/2024, 12/15/2024, and 12/16/2024 that indicated the medication was administered were transcription errors. Staff I confirmed that Resident 9's provider was not notified that the resident had not received their medication.

-Cefuroxime Axetil -

Review of Resident 9's March 2025 MAR showed a provider order for cefuroxime axetil (an antibiotic used to treat urinary tract infections) to be given twice daily starting on 03/10/2025. Further review showed that the medication was not given 03/10/2025 - 03/13/2025, when it was discontinued.

Review of Resident 9's March 2025 Progress notes showed the following:

03/10/2025 PM - do not see med on cart
 03/11/2025 AM - meds did not come in the delivery for [facility pharmacy]
 03/11/2025 PM - pending delivery
 03/12/2025 AM - I do not have this medication but I will call the pharmacy
 03/12/2025 PM - not in med cart or med room
 03/13/2025 AM - I do not have medication but I will call pharmacy

In an interview on 04/09/2025 at 1:50 PM, Staff I confirmed that Resident 9's cefuroxime axetil was not available from 03/10/2025 - 03/13/2025, and that Resident 9 had not received any doses of the medication.

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In an interview on 04/11/2025 at 11:36 AM, Staff I confirmed that Resident 9's provider was not notified that the resident had not received their medication.

- Tamiflu -

Review of Resident 9's February 2025 MAR showed a provider order for Tamiflu (an antiviral medication used to treat and prevent flu symptoms) to be given once daily for 7 days, starting on 02/09/2025. Further review showed that it was not administered on 02/09/2025, 02/10/2025, 02/11/2025, and 02/14/2025. The medication was marked as "administered" on 02/12/2025, 02/13/2025, and 02/16/2025, and "refused" by the resident on 02/15/2025 and 02/17/2025.

Review of Resident 9's February 2025 Progress Notes showed the following:

02/09/2025 - resident did not have medication to take
 02/10/2025 - medication not here staff will follow up
 02/11/2025 - medication not in cart for resident to take
 02/12/2025 - [administered]
 02/13/2025 - [administered]
 02/14/2025 - resident does not have the medication
 02/15/2025 - resident does not have the medication
 02/16/2025 - [administered]
 02/17/2025 - resident does not have the medication

In an interview on 04/09/2025 at 1:50 PM, Staff I confirmed that Resident 9's Tamiflu was not available from 02/09/2025 - 02/17/2025, and that Resident 9 did not receive any doses of the medication. Staff I further stated that the entries on 02/12/2025, 02/13/2025, and 02/16/2025 that indicated the medication was administered and the entries on 02/15/2025 and 02/17/2025 that indicated the medication was refused by the resident were transcription errors. Staff I confirmed that the medication was not available to give to the resident on those dates.

In an interview on 04/11/2025 at 11:36 AM, Staff I confirmed that Resident 9's provider was not notified that the resident had not received their medication.

<Resident 2>

Review of Resident 2's NSA, dated 03/14/2025 showed that the resident had diagnoses of [REDACTED]

and [REDACTED]

[REDACTED]. Further review showed that the resident required medication administration, that the facility would order, receive, store, and administer all medications, and that the resident would "be supported to take all medications safely and as ordered."

Review of Resident 2's March 2025 MAR showed a provider order for Haloperidol (a mood stabilizer used to treat symptoms of schizophrenia, bipolar disorder and depression) to be given twice a day. Further review showed that the AM and PM doses were not administered on 03/04/2025 and 03/05/2025.

Review of Resident 2's March 2025 Progress Notes showed the following entries:

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03/04/2025 AM - will call and order
 03/04/2025 PM - not in med cart or med room
 03/05/2025 AM - ordered from pharmacy, not delivered
 03/05/2025 PM - not in med cart or med room

In an interview on 04/09/2025 at 1:50 PM, Staff I stated that Resident 2's Haloperidol was not available on 03/04/2025 or 03/05/2025.

In an interview on 04/11/2025 at 11:36 AM, Staff I confirmed that Resident 2's provider was not notified that the resident had not received the medication on those dates.

In an interview on 04/09/2025 at 12:16 PM, Staff I stated that the medical technicians were supposed to reorder a medication when there were five days of medication remaining. Staff I further stated that a resident going 24 hours without one of their medications was not the standard of practice.

Review of the facility policy titled "Medication Administration Standards", dated May 2019, showed that the facility should be "trending and analyzing all medication errors to determine why errors are happening so action plans to correct the problem are implemented."

In an interview on 04/14/2025 at 10:51 AM, Staff I stated that the facility did not have an efficient system for medication audits, that there was not a specific staff member delegated to complete the missed medication audit, and that they had not been paying enough attention to the missed medication report.

<Resident 5>

Review of Resident 5's Move In Record, showed the resident was admitted on [REDACTED]/2024 and had diagnoses of [REDACTED] and [REDACTED].

Review of Resident 5's NSA, dated 02/10/2025, showed the resident needed assistance with medication administration.

Review of Resident 5's March 2025 MAR showed an order for Metoprolol (used to treat high blood pressure) extended-release tablet twice daily at 7:00 AM and 7:00 PM, with directions to not give the medication if the blood pressure (BP) was less than 90/60.

Review of Resident 5's March 2025 MAR, April 2025 MAR, and accompanying progress notes showed the following BP was taken and Metoprolol given as follows:

03/19/2025 - BP taken at 3:06 PM, medication given at 7:00 PM.
 03/20/2025 - Medication given at 7:00 AM, BP taken at 2:30 PM.
 03/21/2025 - BP taken at 10:34 AM, medication given at 7:00 PM.
 03/22/2025 - BP taken at 1:25 PM, medication given at 7:00 AM and 7:00 PM.
 03/23/2025 - Medication given at 7:00 AM, BP taken at 1:04 PM.
 03/24/2025 - BP taken at 2:45 PM, medication given at 7:00 AM and 7:00 PM.
 03/25/2025 - BP taken at 2:42 PM, medication given at 7:00 AM and 7:00 PM.
 03/26/2025 - BP taken at 3:33 PM, medication given at 7:00 AM and 7:00 PM.
 03/27/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
 03/28/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.

05.01.2025 12:33:09

State of Washington

11/25

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03/29/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
03/30/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM
03/31/2025 - No BP taken in AM, medication given at 7:00 AM.
04/01/2025 - BP taken at 12:58 PM, medication given at 7:00 AM and 7:00 PM.
04/02/2025 - BP taken at 1:18 PM, medication given at 7:00 AM and 7:00 PM.
04/03/2025 - Medication given at 7:00 AM, BP taken at 12:43 PM.
04/04/2025 - BP taken at 1:41 PM, medication given at 7:00 AM and 7:00 PM.
04/05/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
04/06/2025 - BP taken at 1:08 PM, medication given at 7:00 AM and 7:00 PM
04/07/2025 - Medication given at 7:00 AM, BP taken at 11:49 AM.
04/08/2025 - BP taken at 2:32 PM and 3:56 PM, medication given at 7:00 AM and 7:00 PM.
04/09/2025 - Medication given at 7:00 AM, BP taken at 12:44 PM.

In an interview on 04/10/2025 at 10:00 AM, Staff I stated that the expectation of the staff was to take BP readings directly before giving BP medications.

In an interview on 04/10/2025 at 10:31 AM, Staff E, Medical Technician, stated that medical technicians were supposed to take BP readings before administering BP medications.

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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5-30-25.

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


Administrator (or designee/representative)

5-1-25

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

- Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met

This requirement was not met as evidenced by:

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03/29/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
 03/30/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
 03/31/2025 - No BP taken in AM, medication given at 7:00 AM.
 04/01/2025 - BP taken at 12:59 PM, medication given at 7:00 AM and 7:00 PM.
 04/02/2025 - BP taken at 1:19 PM, medication given at 7:00 AM and 7:00 PM.
 04/03/2025 - Medication given at 7:00 AM, BP taken at 12:43 PM.
 04/04/2025 - BP taken at 1:41 PM, medication given at 7:00 AM and 7:00 PM.
 04/05/2025 - No BP taken, medication given at 7:00 AM and 7:00 PM.
 04/06/2025 - BP taken at 1:08 PM, medication given at 7:00 AM and 7:00 PM.
 04/07/2025 - Medication given at 7:00 AM, BP taken at 11:49 AM.
 04/08/2025 - BP taken at 2:02 PM and 3:56 PM, medication given at 7:00 AM and 7:00 PM.
 04/09/2025 - Medication given at 7:00 AM, BP taken at 12:44 PM.

In an interview on 04/10/2025 at 10:00 AM, Staff I stated that the expectation of the staff was to take BP readings directly before giving BP medications.

In an interview on 04/10/2025 at 10:31 AM, Staff E, Medical Technician, stated that medical technicians were supposed to take BP readings before administering BP medications.

Plan/Attestation Statement

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

 Administrator (or Representative)

 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

- (a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and
- (b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

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Based on observation, interview, and record review the facility failed to ensure that resident specific nurse delegation training was completed for 7 of 10 staff (Staff M, O, P, Q, R, S, and T) impacting residents receiving nurse delegated services for 3 of 3 residents (Resident 1, 7 and 11). This failure placed residents at risk for receiving nurse delegated services from staff who had not received resident specific teaching and evaluation.

Findings included...

<Resident 7>

Review of Resident 7's Move In Record, showed an admission date of [REDACTED]/2024 and had diagnoses of [REDACTED] and [REDACTED].

Review of Resident 7's Service Plan Report (the facility's titled Negotiated Service Agreement (NSA), showed the resident required assistance with medication administration.

Review of Resident 7's April 2025 Medication Administration Record (MAR), showed an order for insulin (diabetes medication) injections daily.

In an observation on 04/11/2025 at 10:00 AM, Staff M, Resident Care Coordinator, injected insulin into Resident 7's abdomen.

Review of facility's Nurse Delegation records did not contain documentation that Staff M had received individualized insulin injection training for Resident 7.

In an interview on 04/11/2025 at 3:17 PM, Staff I, Director of Health Services/RN, stated that Staff M had not been nurse delegated to administer insulin injections to Resident 7.

<Resident 11>

Review of Resident 11's Move In Record showed an admission date of [REDACTED]/2024 and had diagnoses of [REDACTED] and [REDACTED].

Review of Resident 11's NSA, dated 02/18/2025, showed the resident required nurse delegation of medications for insulin administration.

Review of Resident 11's March 2025 and April 2025 MARs showed the resident had orders for two types of insulin injections, to be given daily and before meals. Further review of the MARs showed that Staff O, Medical Technician, administered insulin injections to the resident on 22 separate occasions.

Review of facility's Nurse Delegation records did not contain documentation that Staff O had received individualized insulin injection training for Resident 11.

In an interview on 04/11/2025 at 3:17 PM, Staff I confirmed that Staff O had not received individualized insulin injection training for Resident 11.

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<Resident 1>

Review of Resident 1's Move In Record showed an admission date of [REDACTED]/2023 and had diagnoses of [REDACTED] and [REDACTED].

Review of Resident 1's Service Plan Report (the facility's Negotiated Service Agreement, NSA), showed that staff were to crush the resident's medications and feed it to the resident in a carrier.

In an interview on 04/11/2025 at 8:40 AM, Staff M, Resident Care Coordinator, stated that staff had to crush Resident 1's medications all the time.

In an interview on 04/11/2025 at 11:15 AM, Staff I, Director of Health Services/RN, confirmed that Resident 1 received their medications crushed in a carrier and had received medications this way from staff since the end of last year.

Review of Resident 1's February 2025 Medication Administration Record (MAR), showed documentation that Staff P, Medical Technician (MT), Staff Q, MT, Staff R, MT, and Staff S, MT, administered medications to the resident during the month.

Review of Resident 1's March 2025 MAR, showed documentation that Staff P, Staff Q, Staff R, and Staff T, MT, administered medications to the resident during the month.

Review of Resident 1's April 2025 MAR, showed documentation that Staff R, Staff S, and Staff T, administered medications to the resident during the month.

Review of facility's Nurse Delegation records did not contain documentation that Staff P, Staff Q, Staff R, Staff S, and Staff T had received individualized training for crushing medications for Resident 1.

In an interview on 04/11/2025 at 11:36 AM, Staff I stated that Staff P, Staff Q, Staff R, Staff S and Staff T had not received individualized training for crushing medications for Resident 1.

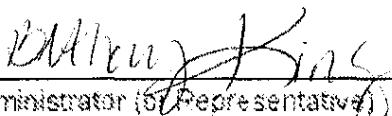
This is a recurring deficiency previously cited on 05/23/2024.

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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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5-30-25.

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



Administrator (or Representative)

5-1-25

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 4 staff (Staff C) had obtained their cardiopulmonary resuscitation, first aid training and home-care aide certification. This failure placed the residents at risk of receiving care from unqualified individuals.

Findings included...

Review of personnel records for Staff C, Caregiver, showed a hire date of 09/04/2024. Further review showed Staff C's records did not include documentation of cardiopulmonary resuscitation (CPR), first aid training, and home-care aide certification (HCA).

In an interview on 04/11/2025 at 3:00pm, Staff L, Operations Specialist, confirmed Staff C had not completed CPR, first aid training or HCA certification training. Staff L stated Staff C should have been removed from the schedule in January when they had not completed the training program within 120 days, as required. Staff L stated she was removed from the schedule on 04/11/2025.

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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, Brighton Court Assisted Living 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-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 4 staff (Staff C) had obtained their cardiopulmonary resuscitation, first aid training and home-care aide certification. This failure placed the residents at risk of receiving care from unqualified individuals.

Findings included...

Review of personnel records for Staff C, Caregiver, showed a hire date of 09/04/2024. Further review showed Staff C's records did not include documentation of cardiopulmonary resuscitation (CPR), first aid training, and home-care aide certification (HCA).

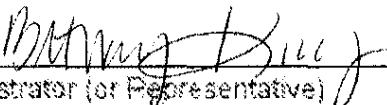
In an interview on 04/11/2025 at 3:00pm, Staff L, Operations Specialist, confirmed Staff C had not completed CPR, first aid training or HCA certification training. Staff L stated Staff C should have been removed from the schedule in January when they had not completed the training program within 120 days, as required. Staff L stated she was removed from the schedule on 04/11/2025.

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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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5-30-24.

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



Administrator (or Representative)

5-7-25

Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence and suitability review for a staff who had a non-disqualifying crime for 1 of 3 staff (Staff D). This failure placed residents at risk of receiving care and services from a staff member who had not been evaluated to ensure they had the character, competence, and suitability to work with vulnerable adults.

Findings included...

Review of Staff D's, Medical Technician, name and date of birth background check, completed on 04/20/2023, showed that it required a review of a non-disqualifying criminal conviction.

Review of Staff D's record showed no character, competence, and suitability (CCS) had been completed.

In an interview on 04/15/2025 at 10:37 AM, Staff F, Business Office Manager, stated they were unable to locate a completed CCS review for Staff D.

This is a recurring deficiency previously cited on 10/31/2024.

Statement of Deficiencies	License #: 2629	Compliance Determination # 58002
Plan of Correction	Brighton Court Assisted Living	Completion Date
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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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date)_____.

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Administrator (or Representative)

Date

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(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence and suitability review for a staff who had a non-disqualifying crime for 1 of 3 staff (Staff D). This failure placed residents at risk of receiving care and services from a staff member who had not been evaluated to ensure they had the character, competence, and suitability to work with vulnerable adults.

Findings included...

Review of Staff D's, Medical Technician, name and date of birth background check, completed on 04/20/2023, showed that it required a review of a non-disqualifying criminal conviction.

Review of Staff D's record showed no character, competence, and suitability (CCS) had been completed.

In an interview on 04/15/2025 at 10:37 AM, Staff F, Business Office Manager, stated they were unable to locate a completed CCS review for Staff D.

This is a recurring deficiency previously cited on 10/31/2024.

Statement of Deficiencies	License #. 2829	Compliance Determination # 58002
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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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5-1-25.

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


Administrator (or Representative)5-1-25

Date

WAC 388-78A-2300 Food and nutrition services.

- (1) The assisted living facility must:
- (d) Prepare food on-site, or provide food through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC Food service;
- (f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that safe food holding temperatures were maintained in 2 of 2 kitchens (Kitchen 1 and Kitchen 2) and failed to ensure staff had a valid food worker card and failed to record menu changes on the original menu for 1 of 14 staff (Staff G). This failure resulted in residents receiving hot food at temperatures lower than 135 degrees Fahrenheit, residents receiving cold food at temperatures higher than 41 degrees Fahrenheit, and historical meal menus not being available for review, and placed residents at risk of foodborne illness.

Findings included...

<Food Holding Temperatures>

Observation in the main kitchen on 04/09/2025 at 11:00 AM, Staff N, Cook, took the temperature of cooked breaded chicken breast in the food warmer. In an interview at that time, Staff N stated the temperature was 78 degrees Fahrenheit (F) and that they were going to begin to plate meals for memory care residents.

Observation in the Memory Care Kitchen on 04/09/2025 at 11:10 AM, a commercial food warmer was on the counter next to the refrigerator.

Observation in the Memory Care kitchen on 04/09/2025 at 11:20 AM, Staff K, Medical Technician, removed an inverted baking pan covering plated meals containing a chicken

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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, Brighton Court Assisted Living 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

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that safe food holding temperatures were maintained in 2 of 2 kitchens (Kitchen 1 and Kitchen 2) and failed to ensure staff had a valid food worker card and failed to record menu changes on the original menu for 1 of 14 staff (Staff G). This failure resulted in residents receiving hot food at temperatures lower than 135 degrees Fahrenheit, residents receiving cold food at temperatures higher than 41 degrees Fahrenheit, and historical meal menus not being available for review, and placed residents at risk of foodborne illness.

Findings included...

<Food Holding Temperatures>

Observation in the main kitchen on 04/09/2025 at 11:00 AM, Staff N, Cook, took the temperature of cooked breaded chicken breast in the food warmer. In an interview at that time, Staff N stated the temperature was 78 degrees Fahrenheit (F) and that they were going to begin to plate meals for memory care residents.

Observation in the Memory Care kitchen on 04/09/2025 at 11:10 AM, a commercial food warmer was on the counter next to the refrigerator.

Observation in the Memory Care kitchen on 04/09/2025 at 11:26 AM, Staff K, Medical Technician, removed an inverted baking pan covering plated meals containing a chicken

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club sandwich and bean salad that had been delivered from the main kitchen. Staff K did not take the temperature of the food prior to serving residents.

Observation in the main kitchen on 04/10/2025 at 11:00 AM, Staff N took the temperatures of tortillas, beef, and vegetable medley that were in the food warmer and tomatoes that were sitting on top of the cooler. Staff N then plated 12 meals for memory care and placed them on a rolling cart and covered them with a large, inverted baking pan. In an interview at that time, Staff N stated that the ground beef was 182 F, vegetable medley was 176 F and the tomatoes were 58 F.

Observation in the Memory Care kitchen on 04/10/2025 at 11:26 AM, Staff J, Memory Care Caregiver, took the temperature of the beef and vegetable medley that had been previously plated. Staff J then served the plate to a resident.

In an interview on 04/10/2025 at 11:35 AM, Staff J stated that the beef was 86 F, and the vegetable medley was 75 F and that if the food is not already plated when it arrives from the kitchen it is placed in the food warmer until service. Staff J further stated that they had not received training or directions regarding appropriate food holding temperatures prior to serving residents at mealtime.

<Food Temperature Logs>

Review of the main kitchen food temperature logs for meals during April 2025:

04/01/2025 - no documentation available
 04/02/2025 - no lunch entree or starch documentation.
 04/03/2025 - no lunch entree or starch documentation.
 04/04/2025 - 04/05/2025 - no documentation available
 04/06/2025 - Breakfast: bacon 109° F, scrambled eggs 113° F; Dinner: no entree, starch, or vegetable documentation.
 04/07/2025 - Breakfast: bacon 119° F; Dinner: no documentation.
 04/08/2025 - no documentation available
 04/09/2025 - Lunch: Chicken 78° F
 04/10/2025 - Breakfast: Ham 112° F; Lunch: tomatoes 58° F

Review of Memory Care kitchen food temperature logs for meals during April 2025 showed:

04/01/2025 - No documentation for any meals.
 04/02/2025 - 04/05/2025- No documentation for dinner meal.
 04/06/2025 - 04/10/2025- No documentation for any meals.
 04/11/2025 - No documentation for breakfast or lunch.

In an interview on 04/15/2025 at 10:00 AM, Staff H, Dietary Manager, stated that hot foods should be held at 145 F. They further stated that kitchen staff and Memory Care staff were to take food temperatures before every meal and document on the temperature log.

<Food Worker Card>

Observation on 04/09/2025 at 10:45 AM, Staff G, Cook, was cooking in the kitchen.

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Observation on 04/11/2025 at 10:30 AM, Staff G was cooking in the kitchen.

In an interview on 04/11/2025 at 11:00 AM, Staff L, Operations Specialist, stated that Staff G, did not have their food worker card.

<Menus>

Review of the menu dated 04/10/2025, showed the lunch was vegetable rice soup, beef taco, refried beans, southwest vegetable medley, and layered pudding.

In an interview on 04/10/2025 at 11:00 AM, Staff N stated refried beans were not served for the lunch meal and there was no substitute.

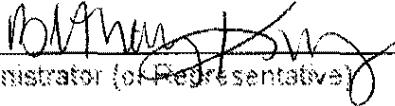
In an interview on 04/10/2025 at 11:20 AM, Staff A, Executive Director, stated kitchen staff do not record menu changes.

In an interview on 04/15/2025 at 10:00 AM, Staff H stated that no one had been documenting menu changes.

Plan/Attestation Statement

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


Administrator (or Representative)

5-1-25

Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was completed for 1 of 5 staff (Staff G). This failure

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Observation on 04/11/2025 at 10:30 AM, Staff G was cooking in the kitchen.

In an interview on 04/11/2025 at 11:00 AM, Staff L, Operations Specialist, stated that Staff G, did not have their food worker card.

<Menus>

Review of the menu dated 04/10/2025, showed the lunch was vegetable rice soup, beef taco, refried beans, southwest vegetable medley, and layered pudding.

In an interview on 04/10/2025 at 11:00 AM, Staff N stated refried beans were not served for the lunch meal and there was no substitute.

In an interview on 04/10/2025 at 11:20 AM, Staff A, Executive Director, stated kitchen staff do not record menu changes.

In an interview on 04/15/2025 at 10:00 AM, Staff H stated that no one had been documenting menu changes.

Plan/Attestation Statement

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Administrator (or Representative)

Date

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(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was completed for 1 of 5 staff (Staff D). This failure

Statement of Deficiencies	License #: 2629	Compliance Determination # 53002
Plan of Correction	Brighton Court Assisted Living	Completion Date
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resulted in residents receiving care from an individual who had not completed a national background check.

Findings included...

Review of Staff D's, Medical Technician, personnel file showed a hire date of 08/01/2019 and did not contain a record for a national fingerprint background check.

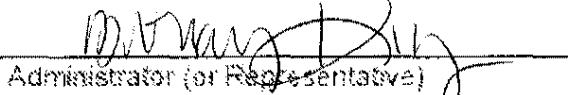
In an interview on 04/11/2025 at 9:30 AM, Staff L, Operations Specialist, stated that Staff O had last worked on 04/10/2025, and that the facility could not locate their fingerprint result. Staff L further stated that Staff D was initially hired in a non-caregiving role and became a caregiver in March of 2024.

In an interview on 04/11/2025 at 11:15 AM, Staff I, Director of Health Services/RN, confirmed that Staff D had worked the evening shift as a Medical Technician on 04/10/2025.

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, Brighton Court Assisted Living is or will be in compliance with this law and / or regulation on (Date) 5-30-25.

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Administrator (or Representative)

5-1-25
Date

Statement of Deficiencies	License #: 2629	Compliance Determination # 58002
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resulted in residents receiving care from an individual who had not completed a national background check.

Findings included...

Review of Staff D's, Medical Technician, personnel file showed a hire date of 08/01/2019 and did not contain a record for a national fingerprint background check.

In an interview on 04/11/2025 at 9:30 AM, Staff L, Operations Specialist, stated that Staff D had last worked on 04/10/2025, and that the facility could not locate their fingerprint result. Staff L further stated that Staff D was initially hired in a non-caregiving role and became a caregiver in March of 2024.

In an interview on 04/11/2025 at 11:15 AM, Staff I, Director of Health Services/RN, confirmed that Staff D had worked the evening shift as a Medical Technician on 04/10/2025.

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Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Sapphire at Brighton Court LLC
Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

RE: Brighton Court Assisted Living # 2629

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/17/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - Sign and date the enclosed report;
 - For each deficiency, indicate the date you have or will correct each deficiency;
 - Return the Plan/Attestation Statement and report with signatures to:

Jessica Salquist, Regional Administrator
Residential Care Services
Region 1, Unit B
Preferred methods:

eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov

Optional method:

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.

- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2100 Ongoing assessments.

- (2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

An annual safety assessment for a medical device had recently expired. The facility nurse completed a new safety assessment immediately upon notification by the department licensors.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (509)323-7315.

Brighton Court Assisted Living #2629

04/17/2025

Page 3 of 3

Sincerely,



Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

Enclosure