



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

April 22, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6533

Administrator
Brookdale Alderwood
18706 36th Avenue West
Lynnwood, WA 98037

Assisted Living Facility License #1700
Licensee: Brookdale Senior Living Communities Inc.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On March 23, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Brookdale Alderwood**, located at **18706 36th Avenue West, Lynnwood**, 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 conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **March 23, 2015**.

WAC 388-78A-2600(1)(b)(2)(d)(f)(3) – Policies and procedures.

The licensee failed to ensure their policies regarding Night Check, Suicide Prevention, CPR and Change in Condition were implemented.

WAC 388-78A-2700(2)(c)(i)(ii)(iii) – Safety measures and disaster preparedness.

The licensee failed to thoroughly investigate the circumstances related to an unexpected death of one resident.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your assisted living facility license:

The licensee will hire a consultant, not associated with the facility and knowledgeable about Assistant Living Facility WAC, to assist the licensee to review, modify if necessary, and implement all policies and procedures related to:

- *Suicide prevention;*
- *Identifying and reporting signs and symptoms of depression and possible suicidal ideation;*
- *Night checks;*
- *When and to whom to report a change in a medical condition, change in behavior or change in cognitive ability; and*
- *CPR.*

The consultant and licensee will review the July 2011 Boarding Home Guidebook and train qualified staff on process to complete thorough investigations to rule out possible abuse and neglect of vulnerable adults.

The licensee will make available the above training records to Department staff for review.

The consultant will be available to answer questions by the department.

The licensee will give a copy of the March 23, 2015 Statement of Deficiencies (SOD) to the nurse consultant.

- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on our license is **April 22, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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.

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Return the signed and dated SOD to:

James Sherman, Field Manager
Region 2, Unit A
3906 – 172nd Street NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

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 10th 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.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **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.

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Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact James Sherman, Field Manager at (360) 651-6863.

Sincerely,



Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

Enclosure

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, Region 2, Unit A
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Valentina Karnafel, HCS
HQ Central Files
NDL