



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 45819, Olympia, WA 98504*

October 9, 2019

**CERTIFIED MAIL**

7018 0680 0000 3183 8410

EMERITUS CORPORATION  
Brookdale Olympia East  
616 LILLY RD NE  
OLYMPIA, WA 98506

RE: Brookdale Olympia East License #2275

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on October 9, 2019 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:  
Jutta Wabinga, Community Complaint Investigator

**Consultation:**

**WAC 388-78A-2440 Resident register.**

(2) The assisted living facility must maintain a readily available permanent, current book, computer file, or register with entries in ink or typewritten, of all individuals who resided in the assisted living facility within the past five years, including:

- (d) Date of moving out;
- (e) Reason for moving out; and

The assisted living facility failed to maintain a readily available permanent current book, computer file, or register of all individuals who resided in the facility for the past five years with the required discharge information. The facility had the information but was not readily available and not in one location

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You May:**

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

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

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**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the 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 requests to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (360) 664-8421.

Sincerely,



Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services

Enclosure

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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Brookdale Olympia East (856242)      **Intake ID(s):** 3667623  
**License/Cert. #:** AL2275  
**Investigator:** Wabinga, Jutta      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 10/01/2019 through 10/09/2019  
**Complainant Contact Date(s):**

**Allegations:**

Quality of Care/Treatment- Resident left the facility, was confused and did not find her way back home.

**Investigation Methods:**

**Sample:** Named resident

**Observations:** Resident interactions, staff resident interactions, general environment

**Interviews:** Named resident, nursing staff, administration, community contact

**Record Reviews:** Named resident's chart, progress notes, incident report, medical records, cognitive assessments

**Allegation Summary:**

Quality of Care/Treatment- Resident left the facility, was confused and did not find her way back home. Resident has dementia, she left the facility in the evening and ended in the near by hospital. Resident did not know where she was and where she resided. Security staff there called the facility to inform them the resident was at the hospital.

**Unalleged Violation(s):**       **Yes**       **No**

Resident register does not have a reason and address and location where resident had moved to.

**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

Quality of Care/Treatment- Resident left the facility, was confused and did not find her way back home. No failed practice identified.

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