



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Yakima
4100 W ENGLEWOOD
YAKIMA, WA 98908

RE: Brookdale Yakima License # 1695

Dear Administrator:

This letter addresses Compliance Determination(s) 63626 (Completion Date 08/05/2025) and 60953 (Completion Date 07/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/05/2025 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-2660-1, RCW 70.129.110.6, RCW 70.129.110.5.a, RCW 70.129.110.5.b, RCW 70.129.110.5.c, RCW 70.129.110.5.d

The Department staff who did the on-site verification:
Felicia Cantu, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Brookdale Yakima

Provider Type: Assisted Living Facility

License/Cert.#: 1695

Compliance Determination #: 60953

Intake ID: 182749

Investigator: Felicia Cantu

Region/Unit #: RCS Region 1 / Unit G

Investigation Date(s): 06/11/2025 through 07/07/2025

Complainant Contact Date(s):

Allegation(s):

- 1) The facility abruptly discharged a named resident from the facility without written notice.
- 2) The facility charged a named resident 50 dollars an hour for 1:1 care.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 3 Closed records sample size:
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies Incident investigation Resident records (face sheet, care plan, chart notes)

Investigation Summary:

- 1) Observations showed that staff to resident interactions appeared safe, respectful, and helpful. Interviews and record review showed that the facility failed to give a written discharge to a named resident. Failed practice identified. WAC 388-78A-2660
- 2) Observations showed that staff to resident interactions appeared safe, respectful, and helpful. The named resident was no longer on 1:1 cares. Interviews and record review showed that that the facility may initiate 1:1 care for the named resident if their safety was of concern per their rental agreement. No failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

07.09.2025 14:13:00

State of Washington



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1695	Compliance Determination # 60953
Plan of Correction	Brookdale Yakima	Completion Date
Page 1 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	07/07/2025

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 an unannounced on-site complaint investigation on 06/11/2025 of:

Brookdale Yakima
4100 Englewood Ave
Yakima, WA 98908

This document references the following complaint number(s): 180596, 181610, 181613, 182749

The following sample was selected for review during the unannounced on-site visit: 3 of 65 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

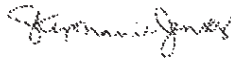
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State of Washington

5

Statement of Deficiencies	License #: 1695	Compliance Determination # 60953
Plan of Correction	Brookdale Yakima	Completion Date
Page 2 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	07/07/2025

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.



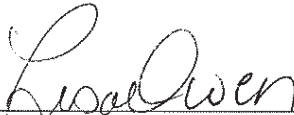
For Laura Williams-Davis

07/09/2025

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)

7.17.25

Date

RCW 70.129.110 Disclosure, transfer, and discharge requirements.

(5) The written notice specified in subsection (3) of this section must include the following:

- (a) The reason for transfer or discharge;
- (b) The effective date of transfer or discharge;
- (c) The location to which the resident is transferred or discharged;
- (d) The name, address, and telephone number of the state long-term care ombudsman;
- (6) A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

- (1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to protect the rights of 1 of 3 residents (Resident 1) who was discharged from the facility without written notice. This failure resulted in immediate hardship, no preparation time, and confusion as to the reason for discharge.

Findings included....

Review of the facility's policy titled, "Admission/Discharge," revised 06/01/2020, showed that a resident being asked to relocate from the community would be given notice in accordance with the Residency Agreement.

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

Statement of Deficiencies	License #: 1695	Compliance Determination # 60953
Plan of Correction	Brookdale Yakima	Completion Date
Page 3 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	07/07/2025

Review of the facility’s undated policy titled, “Resident Bill of Rights,” showed that residents had the right to receive a written notice of the facility’s intent to transfer/discharge them. The policy showed that unless the resident had agreed to the discharge, the facility must attempt through reasonable accommodation to address the issues before attempting to discharge the resident. The policy showed that the notice must include specific information: the reason for, effective date of transfer/discharge, the location to which the resident will be discharged to, and the name, address, and phone number of the state ombudsman. The policy further showed that the facility must provide sufficient preparation and orientation to ensure safe and orderly discharge for the residents.

Review of Resident 1’s undated demographic sheet showed that the resident moved into the facility on [REDACTED] /2024 with a diagnosis of [REDACTED].

Review of Resident 1’s rental agreement, dated 12/10/2024, showed that in the instance a resident’s health or wellbeing was endangered the facility would provide a written explanation for termination.

Review of Resident 1’s negotiated service agreement, dated 01/06/2025, showed that Resident 1 was able to leave the facility to visit their spouse at another nearby facility.

Review of Resident 1’s incident report, dated 5/26/2025, showed that the facility was notified that Resident 1 had fallen in front of a person’s home two blocks away from the facility. The report showed that Resident 1 was confused at the time of the incident. The report showed that Resident 1 was placed on one-to-one supervision after the incident.

Review of Resident 1’s facility chart notes for April 2025 through May 2025 showed that Resident 1 had fallen twice in two months. No other incidents were documented in the months April 2025 and May 2025.

In an interview of 06/11/2025 at 10:19 AM, Collateral Contact 1(CC1), Resident Representative, emotionally stated that they felt Resident 1 was getting “kicked out,” had no assistance from the facility and no time to prepare to find an alternate placement for Resident 1. CC1 expressed that they were told that they needed to hurry up and move without a formal written discharge letter. CC1 continued to explain that Resident 1 had been allowed to leave the facility in the past and after this single incident they were asked to move Resident 1 out of the facility because they could no longer provide one-to-one supervision for Resident 1.

In a second interview on 06/23/2025 at 11:10 AM, CC1 stated that they had still not received a formal written discharge letter. CC1 stated that Resident 1 moved out on

07.09.2025 14:13:00

State of Washington

7

Statement of Deficiencies	License #: 1695	Compliance Determination # 60953
Plan of Correction	Brookdale Yakima	Completion Date
Page 4 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	07/07/2025

06/11/2025.

In an interview on 07/07/2025 at 10:30 AM Staff A, Administrator, stated that CC1 could no longer staff the one-to-one care for Resident 1 and CC1 could not pay for one-to-one care either. Staff A explained that they thought that they agreed with CC1 that Resident 1 needed to move out via conversations and emails but confirmed there was not a formal discharge letter on file.

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 Yakima is or will be in compliance with this law and / or regulation on (Date) 7.17.25.

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

Lisalwen
Administrator (or Representative)

7.17.25
Date