STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 76607 (Completion Date 04/29/2026) and 71076 (Completion Date 03/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/29/2026 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-2070-1

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Yakima
Provider Type: Assisted Living Facility
License/Cert.#: 1695
Compliance Determination #: 71076
Intake ID: 206444
Investigator: Felicia Cantu
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 01/07/2026 through 03/02/2026
Complainant Contact Date(s): 02/05/2026

Allegation(s):

1) A named resident's weight declined while living in the facility.
2) The facility did not appropriately assess, monitor, notify, and add interventions when the named resident was declining.
3) Carpets in resident's rooms are dirty.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 3 Closed records sample size:
Observations:	Residents Resident care equipment 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 Resident weight logs Resident records (Face sheet, care plans, assessments, chart notes)

Investigation Summary:

1) Observations showed that the Named Resident no longer lived in the facility. Staff to resident interactions appeared safe, helpful, and respectful. Interviews and record review showed that the Named Resident had a high risk diagnosis. The Named Resident's provider was aware of the Named Resident's decline in weight. A swallow evaluation was ordered and completed for the Named Resident , and a modified diet was added. The Named Resident was transferred to a higher level of care facility. No identified failed practice.
2) Observations showed that the Named Resident no longer lived in the facility.

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Staff to resident interactions appeared safe, helpful, and respectful. The facility sent the Named Resident to the hospital when their health condition declined, placed them on alert charting, and notified the Named Resident's representative when incidents and hospitalizations occurred. The facility failed to provide/complete a pre-admission assessment before the Named Resident moved into the facility. Failed practice identified. WAC 388-78A-2070(1)
3) Observations showed that carpets in the resident's rooms were clean. Interviews and record review showed that residents were happy with the housekeeping services. No failed practice identified.

Conclusion / Action:

- [x] 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 #: 1695	Compliance Determination # 71076
Plan of Correction	Brookdale Yakima	Completion Date
Page 1 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	03/02/2026

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 01/07/2026 of:

Brookdale Yakima
4100 Englewood Ave
Yakima, WA 98908

This document references the following complaint number(s): 206444

The following sample was selected for review during the unannounced on-site visit: 3 of 71 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies | License #: 1695 | Compliance Determination # 71076
Plan of Correction | Brookdale Yakima | Completion Date
Page 2 of 3 | Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC | 03/02/2026

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.

Laura Williams-Davis
Residential Care Services

03/05/2026
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.

Lisa Owen
Administrator (or Representative)

3.5.26
Date

WAC 388-78A-2070 Timing of preadmission assessment.

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete a pre-admission assessment prior to admitting the resident for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for unmet care and service needs.

Findings included...

Review of Resident 1's undated demographic sheet, showed that they moved into the facility on [redacted]/2025, with a primary diagnosis of [redacted].

Review of the residents' record from [redacted]/2025 through 12/08/2025, showed no record of a preadmission assessment completed by the ALF.

In an interview on 11/05/2025 at 3:30 PM, Collateral Contact 1 (CC1), Resident 1's Representative, stated that before Resident 1 moved into the ALF, CC1 had notified the facility that if Resident 1's care needs exceeded what the facility could manage to let them know before Resident 1 moved into the facility. CC1 expressed that Resident 1 declined rapidly, had significant weight loss, and had frequent falls shortly after they moved into the facility. CC1 also stated that the facility could not meet Resident 1's nutritional needs and manage Resident 1's frequent falls shortly after they moved into

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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 _____

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Plan of Correction	Brookdale Yakima	Completion Date
Page 3 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	03/02/2026

the facility.

In an interview on 01/23/2026 at 11:57 AM Staff A, Administrator, stated that Resident 1 was not an appropriate admit and they could not find documentation of the requested pre-admission assessment in their records. Staff A agreed that Resident 1 was not ready or safe for the facility to meet their needs prior to moving into the facility.

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) 4.16.26 .

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

Lisa Owen 3.5.26

Administrator (or Representative) Date

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the facility.

In an interview on 01/23/2026 at 11:57 AM Staff A, Administrator, stated that Resident 1 was not an emergency admit, and they could not find documentation of the requested pre-admission assessment in their records. Staff A agreed that Resident 1 was too heavy of care for the facility to meet their needs prior to moving into the facility.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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