STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

05/07/2026

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

RE: Brookdale Nine Mile # 1698

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 77044 (Completion Date 05/07/2026) and 72665 (Completion Date 03/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/07/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The Department staff who did the On Site verification:
Abigail Vanderkolk, Community Complaint Investigator

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

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Nine Mile
Provider Type: Assisted Living Facility
License/Cert.#: 1698
Compliance Determination #: 72665
Intake ID: 209273
Investigator: Abigail Vanderkolk
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 02/10/2026 through 03/10/2026
Complainant Contact Date(s):

Allegation(s):

1. Insufficient staff
2. The residents are not receiving showers as scheduled.
3. The residents are not receiving laundry services as planned.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents Staff Staff to resident interactions Laundry services Shower services
Interviews:	Administrator Facility nurse Caregivers Med techs Residents Resident power-of-attorneys
Record Reviews:	Shower log Shower schedule Laundry schedule Disclosure of services Staff roster Characteristic roster Resident care plans

Investigation Summary:

1. The administrative facility staff that were interviewed stated that they were actively hiring staff to fill recently vacated spots. Observations during the unannounced visit showed that there were multiple facility staff members available to assist residents and that residents' needs were immediately addressed. Review of the facility's planned and worked schedules showed that staff were working as

scheduled and that other staff members would fill in as employees were unable to work their scheduled shifts. No failed facility practice was identified.
2. The facility did not provide showering assistance as agreed upon in sampled resident's negotiated service agreement and failed facility practice was identified under WAC 388-78A-2160.
3. The administrative facility staff that were interviewed stated that they had recently changed their laundry schedule to better fit the residents' needs. The clinical staff that were interviewed stated that laundry was being completed each shift as scheduled. Observations during the unannounced facility visit showed that the facility staff were actively providing laundry services for residents. Review of facility shower log showed that residents were scheduled for and receiving laundry services according to their individual service plans. No failed facility practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Nine Mile
Provider Type: Assisted Living Facility
License/Cert.#: 1698
Compliance Determination #: 72665
Intake ID: 210053
Investigator: Abigail Vanderkolk
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 02/10/2026 through 03/10/2026
Complainant Contact Date(s):

Allegation(s):

1. The residents were waiting long periods of time before receiving assistance.
2. Inadequate staffing.
3. The residents were not receiving showers as scheduled.
4. Facility staff were being yelled at when asking for assistance from administrative facility staff.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Administrator Facility nurse Caregivers Med techs Residents Resident power-of-attorneys
Record Reviews:	Disclosure of services Staff roster Characteristic roster Resident care plans Abuse and neglect reporting policy

Investigation Summary:

1. The administrative facility staff that were interviewed stated that they had received no recent complaints regarding care needs not being addressed in a timely manner. Observations during the unannounced visit showed resident call lights being answered in a timely manner. Review of facility records showed that the facility had a process for filing grievances and complaints for staff, residents, and resident representatives.
2. The administrative facility staff that were interviewed stated that they were

actively hiring staff to fill recently vacated spots. Observations during the unannounced visit showed that there were multiple facility staff members available to assist residents and that residents' needs were immediately addressed. Review of the facility's planned and worked schedules showed that staff were working as scheduled and that other staff members would fill in as employees were unable to work their scheduled shifts. No failed facility practice was identified.
3. The facility did not provide showering assistance as agreed upon in sampled resident's negotiated service agreement and failed facility practice was identified under WAC 388-78A-2160.
4. The facility clinical staff that were interviewed had no concerns regarding being yelled at when asking for assistance. The resident representatives that were interviewed stated that the facility staff were respectful during visits with the residents. Observations during the unannounced visit showed that the facility's Resident Care Coordinator was assisting with resident cares and medication passes while filling in for one of the med techs and the clinical staff were seen interacting positively and assisting each other while completing care tasks. No failed facility practice was identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1698	Compliance Determination # 72665
Plan of Correction	Brookdale Nine Mile	Completion Date
Page 1 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	03/10/2026

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 02/10/2026 of:

Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

This document references the following complaint number(s): 209273, 210053

The following sample was selected for review during the unannounced on-site visit: 4 of 50 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Abigail Vanderkolk, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies | License #: 1698 | Compliance Determination # 72665
Plan of Correction | Brookdale Nine Mile | Completion Date
Page 2 of 3 | Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC | 03/10/2026

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.

Residential Care Services — 03/18/2026 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.

Administrator (or Representative) — 3/18/2026 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 1 of 5 sampled residents (Resident 2). This failure resulted in a lack of hygiene care and placed the resident at risk for unmet care needs.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility must occasionally remind residents to wash and dry all areas of their body, as needed.

Review of the facility's undated Shower Log showed that every shower must be documented; if a shower is not charted, it was not given, and completed showers were indicated by the initials of the staff member who performed them.

Review of an undated facility shower log showed several empty entries without staff initials or resident refusals spanning longer than a week.

In an interview on 02/10/2026 at 3:29 PM, Staff A, Caregiver, stated that lots of

residents were missing their showers and that none of the residents that day had received their scheduled showers yet.

In an interview on 03/09/2026 at 12:15 PM, Staff B, Regional Nurse Manager, stated that completion of the shower log was mandatory for staff. Staff B further reported that several facility staff had raised concerns about residents not receiving showers recently and that the facility's administrative staff were working on a process to ensure staff follow the shower refusal procedure and that all residents receive their scheduled showers.

<Resident 2>

Review of Resident 2's NSA showed that the resident had a diagnosis of [redacted] and was scheduled to receive assistance with showers twice weekly, on Mondays and Thursdays.

Review of the facility's undated C Court Shower Log showed no documentation of Resident 2 receiving a shower from 01/09/2026 to 01/18/2026 and 01/20/2026 to 01/26/2026.

In an interview on 03/06/2026 at 3:39 PM, Collateral Contact 2 (CC2), Resident Representative, stated that during the visits with Resident 2, they appeared disheveled and had unkempt hair. CC2 further stated that Resident 2 had advanced dementia and was not receiving the hygiene assistance that they required.

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) April 24, 2026

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

Administrator (or Representative) 3/18/2026 Date