STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

RE: Brookdale Alderwood License # 1700

Dear Administrator:

This letter addresses Compliance Determination(s) 74141 (Completion Date 03/16/2026) and 72604 (Completion Date 02/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/16/2026 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-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2700-1-g-v

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 1700	Compliance Determination # 72604
Plan of Correction	Brookdale Alderwood	Completion Date
Page 1 of 7	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	02/23/2026

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 the unannounced on-site full inspection on 02/10/2026 and 02/12/2026 of:
Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 7 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jennie Seiger
Residential Care Services

2/25/2026
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.

Rochelle Isaac
Administrator (or Representative)

03/04/2026
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to identify and document in the Personal Service Plan (PSP-Equivalent to a Negotiated Service Agreement) the plan to provide necessary health support services, clearly defined roles and responsibilities and an alternate plan for collaboration with a Home Health (HH) agency for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk for health complications and mismanaged care of an indwelling catheter (a flexible, hollow tube inserted into the bladder to continuously drain urine into an external collection bag).

Findings included...

Review of a Face Sheet, dated 02/10/2026, showed the ALF admitted Resident 1 on [redacted]/2025 with a primary diagnosis of [redacted].

An observation, on 02/12/2026 at 10:10 AM, showed Resident 1 in his apartment with a catheter bag attached to a wheelchair.

Review of Resident 1's records showed a recertification letter from a home health agency dated 01/08/2026 with a start of care date of 09/10/2025, prior to Resident 1's ALF admission.

Review of Resident 1's PSP dated 01/16/2026 showed no information regarding who would provide the nursing services for regular replacement and management of an indwelling catheter. Review of the "Service Coordination" section of the PSP showed no HH agency name or contact information, visit schedule or roles and responsibilities for maintenance of Resident 1's catheter. Review of the PSP showed no alternate plan or steps for caregivers to take in the event of an issue with Resident 1's catheter.

In an interview, on 02/12/2026 at 10:44 AM, Staff G (Care Manager) stated they would call 911 if there was a problem with Resident 1's catheter. Staff G said home health visited every two weeks or so but was unaware where to find this information in the resident record.

In an interview, on 02/12/2026 at 12:40 PM, Staff A (Executive Director) agreed Resident 1's PSA did not contain home health information for catheter management and would add it to the PSA.

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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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 03/04/2026

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

Administrator (or Representative) Rachelle Bjacos Date 03/04/2026

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to have a system in place to ensure ready-to-eat food was dated and safe for Memory Care Unit (MCU) residents to consume, and 2 of 8 sampled staff (Staff B and Staff I) had valid food worker cards (FWC) on file with the facility. These failures placed 40 of 40 MCU residents at risk for food borne illnesses.

Findings included...

Reference Washington Administrative Code (WAC) Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements

specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Record review of an undated Resident Characteristic Roster, showed the ALF provided care and services for 40 residents residing in the MCU.

Observation during a kitchen tour with Staff H (Dining Service Manager), on 02/10/2026 at 12:03 PM, showed a walk-in refrigerator (WR) in the main kitchen. Observation of the contents of the WR, showed an opened gallon of milk with no opened or use-by date; an opened gallon of thousand island dressing with no opened or use-by date; an opened gallon of mayonnaise with no opened or use-by date; an opened gallon of ranch dressing with no opened or use-by date; an opened tub of hummus with no opened or use-by date; a tub of cooked pasta with no label or date.

In interview, on 02/10/2026 at 12:05 PM, Staff H reported the handwritten dates on food items indicated the dates they were first received by the facility, and not the opened date. Staff H acknowledged any opened contents in the refrigerators should have a label indicating an opened or prepared date.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff records showed the facility hired Staff I on 06/30/2021 as a Cook. Staff I had a FWC on file that expired on 01/16/2026. Review of the staff schedule, from 01/17/2026 through 02/10/2026, showed Staff I worked 13 shifts.

Review of the ALF's Care Partner Job Description, dated 07/2024, showed an essential function of the position to be, "serves meals to residents in the dining room or apartments."

Review of staff records, on 02/10/2026 at 12:30 PM showed the facility hired Staff B as a Care Partner on 08/03/2025. Review of Staff B's records showed a FWC with an expiration date of 09/04/2025. Further review showed an updated FWC, dated 02/10/2026, the day the FWC was requested by the Department. Staff B did not have a current FWC from 09/04/2025 through 02/10/2026. Review of the staff schedule, from 01/24/2026 through 02/10/2026, showed Staff B worked seven shifts.

In interview, on 02/11/2026 at 3:10 PM, Staff A (Executive Director) confirmed FWC for Staff B and Staff I had expired and were not valid.

Plan/Attestation Statement

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

Administrator (or Representative) Rochelle Bjork Date 03/04/2026

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure they maintained an emergency supply of food and water in preparedness for natural and man-made disasters. This failure placed 40 of 40 Memory Care Unit (MCU) residents at risk of displacement and being without essential provisions in the event of emergency or disaster.

Findings included...

Note: Per Centers for Disease Control guidelines, a facility is to maintain an emergency water supply of at least one gallon per person, per day, for a minimum of 72 hours.

Review of an undated Resident Characteristic Roster showed the ALF provided care and services for 40 MCU residents.

Record review of the ALF's "2026 Emergency Manual" showed the facility maintained a "minimum in storage three days' supply of bottled drinking water for the oral fluid needs of residents and associates ... have on hand enough food stocks to last at least five to six days."

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Observation and interview, with Staff H (Dining Service Manager), on 02/10/2026 at 12:23 PM, showed a closet labeled, "Emergency Supply Room", located in the Boathouse neighborhood. Inside the closet were 96 of 16.9 fluid ounces single-serve bottled waters and six bags of milk powder. Staff H reported the emergency food and water supply were not sufficient for 40 residents to have three days of water and five to six days of food available.

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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 03/04/2026

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

Rochelle Ingrate 03/04/2026

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

RE: Brookdale Alderwood # 1700

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/23/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/23/2026), no later than 04/09/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

The Assisted Living Facility failed to ensure a wet mop was stored in an acceptable manner to prevent bacterial growth. This failure placed 40 of 40 Memory Care Unit residents at risk of harm from a potential infection control issues and decreased quality of life. The ALF fixed the deficiency by exit conference.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this 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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure