STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Silver Lake
2015 LAKE HEIGHTS DR
EVERETT, WA 982086034

RE: Brookdale Silver Lake License # 1703

Dear Administrator:

This letter addresses Compliance Determination(s) 68129 (Completion Date 11/03/2025) and 65156 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/03/2025 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-2468-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2, WAC 388-78A-2481, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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Statement of Deficiencies	License #: 1703	Compliance Determination # 65156
Plan of Correction	Brookdale Silver Lake	Completion Date
Page 1 of 7	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	09/08/2025

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 the unannounced on-site full inspection on 09/03/2025 and 09/05/2025 of:

Brookdale Silver Lake
2015 LAKE HEIGHTS DR
EVERETT, WA 982086034

The following sample was selected for review during the unannounced on-site visit: 7 of 49 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

James Sherman for
Residential Care Services

09-15-2025
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)

9/16/2025
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff A) had a Washington State name and date of birth background check that was submitted within one business day after their date of hire. This failure placed all residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 08/04/2024. Staff A had an interim national fingerprint background check, dated 09/04/2024, which was 29 days after their date of hire.

On 09/04/2025 at 11:06 AM, Staff G, Health & Wellness Director, stated that the ALF did not do a Washington State name and date of birth background check for Staff A at their date of hire.

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 Silver Lake is or will be in compliance with this law and / or regulation on (Date) 10/15/2025 .

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

Administrator (or Representative) — Date: 9/16/2025

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff F not having a cleared background check and placed all residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff F, Resident Care Partner, was hired on 03/05/2022. Staff F had a Washington State name and date of birth background check dated 03/03/2022 that was valid until 03/03/2024. Review of another Washington State name and date of birth background check showed it was not done until 03/16/2024, which was 13 days late.

On 09/05/2025 at 9:21 AM, Staff G, Health & Wellness Director, stated that they were not sure why Staff F's background check was not completed on time.

On 09/08/2025 at 12:35 PM, Staff F stated that they were unable to state why their current background check was 13 days late.

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 Silver Lake is or will be in compliance with this law and / or regulation on (Date) 10/15/2025 .

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

Administrator (or Representative) — Date 9/16/2025

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff A, and C) completed an approved Tuberculosis (TB)(a contagious infection that is spread through bacteria in the air and primarily affects the lungs) testing requirement. This failure resulted in all resident as risk for exposure to a communicable disease.

Findings included:

Review of the ALF's "Tuberculosis Exposure Control Plan/Medical Screening" policy dated 11/2022 showed the ALF would determine the TB status of the associate within three days of hire unless they had a documented history of a previous positive skin test consisting of 10 or more millimeters (mm) of induration. The TB skin test would be provided by the facility or their contracted testing site and would be read 48-72 hours after the first step.

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 08/05/2024. Staff A provided a chest x-ray dated 08/09/2024 at time of hire, Staff A had no additional documentation showing the positive TB test that required the chest x-ray.

Staff C, Resident Care Partner, was hired on 06/30/2025. Staff C completed their first step of a two-step Mantoux test on 06/30/2025 and read on 07/01/2025, 24 hours after the first step was administered.

On 09/04/2025 at 8:50 AM, Staff G, Health & Wellness Director stated that their understanding was if a new employee stated they had a positive TB test in the past and provided a chest x-ray, then the ALF did not have to do complete additional testing/screening.

On 09/04/2025 at 9:09 AM, Staff A stated that they had tested positive in the past but did not have documentation to show the positive. Staff A stated they had not been asked to complete any additional TB testing/screening upon hire.

On 09/04/2025 at 11:29 AM, Staff G stated that they believe the wrong date was documented for the two-step Mantoux skin test for Staff C and that it had not been read within 24 hours of the initial first step.

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 Silver Lake is or will be in compliance with this law and / or regulation on (Date) 10/15/2025 .

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

Administrator (or Representative) — Date: 9/16/2025

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff A, B, and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of hire. This failure placed all residents at risk for exposure to a communicable disease.

Findings included...

Review of the ALF's "Tuberculosis Exposure Control Plan/Medical Screening" policy dated 11/2022 showed the ALF will begin TB screening by completing a two-step Mantoux skin test and medical history, within three days of hire.

Review of the ALF's employee files showed the following...

Staff A, Executive Director, was hired on 08/05/2024. There was no documentation showing that TB screening had been completed within three days of hire.

Staff B, Resident Care Partner, was hired on 03/25/2025. Staff B completed the first step of a two-step Mantoux test on 04/07/2025, 11 days after hire.

Staff D, Medication Technician, was hired on 11/13/2024. There was no documentation showing that TB screening had been completed within three days of hire.

On 09/04/2025 at 8:50 AM, Staff G, Health & Wellness Director stated that their understanding was if a new employee stated that they had a positive TB test in their past and provided a chest x-ray, then the ALF did not have to complete additional screening/testing.

On 09/04/2025 at 9:47 AM, Staff G stated that Staff A had provided a chest x-ray upon hire, and no additional steps had been taken by the ALF to screen for TB.
On 09/04/2025 at 11:28 AM, Staff G stated that they did not know why Staff B's TB test was late.

On 09/04/2025 at 11:29 AM, Staff G stated that Staff D provided a QuantiFERON blood test dated 09/24/2024, 50 days prior to date of hire. Staff G stated that they had not completed additional TB screening/testing at the time of hire due to the QuantiFERON blood test that had been provided by Staff D.

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 Silver Lake is or will be in compliance with this law and / or regulation on (Date) 10/15/2025 .

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

Administrator (or Representative)

9/16/2025
Date