STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

EMERITUS CORPORATION
Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

RE: Brookdale Fishers Landing License # 2261

Dear Administrator:

This letter addresses Compliance Determination(s) 70602 (Completion Date 12/24/2025) and 66932 (Completion Date 11/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/24/2025 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-2130-4, WAC 388-78A-2130-1-a, WAC 388-78A-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e

The Department staff who did the on-site verification:
Yvonne Chitekwe

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Fishers Landing **Provider Type:** Assisted Living Facility

License/Cert.#: 2261
Intake ID: 197684
Compliance Determination #: 66932
Region/Unit #: RCS Region 3 / Unit E
Investigator: Yvonne Chitekwe
Investigation Date(s): 10/08/2025 through 11/20/2025
Complainant Contact Date(s):

Allegation(s):

1.Resident/Patient/Client Neglect: Allegation that facility was not providing care to resident as ordered by a doctor.
2.Quality of Care/Treatment: Allegation that a resident was not provided based on their assessed care needs.
3. Nursing Services: Allegations that the facility nurse was not providing skin care as ordered by a doctor.
4. Physical Environment: Allegation that resident's environment was not kept clean.
5. Administration Personnel: Allegation that a resident was not provided skin care as ordered by their doctor.

Investigation Methods:

Sample:
Total residents: 82
Resident sample size: 4
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

Interviews:
Identified resident
Identified staff
Nursing staff
Residents
Family members
Caregivers
Med-Tech
Executive Director

Record Reviews:
Resident Characteristic Roster
Staff list
Face sheets

Progress notes
Negotiated Service Agreement
Medication Administration Record.

Investigation Summary:

1.Resident/Patient/Client Neglect: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no failed facility practice in the allegation that facility was not providing care to resident as ordered by a doctor was substantiated during the investigation.

2.Quality of Care/Treatment: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, failed facility to provide care to a resident based on assessed care needs of the CARE tool was substantiated during the investigation.

3. Nursing Services: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no failed facility practice in the allegation that the facility nurse was not providing skin care as ordered by a doctor was substantiated during the investigation.

4. Physical Environment: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no failed facility practice in the allegation that resident's environment was not being kept clean was substantiated during the investigation.

5. Administration Personnel: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no failed facility practice in the allegation that the facility staff were not providing skin care to resident as ordered by the doctor was substantiated during the investigation

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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 #: 2261	Compliance Determination # 66932
Plan of Correction	Brookdale Fishers Landing	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	11/20/2025

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 10/08/2025 of:

Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

This document references the following complaint number(s): 197684, 194427

The following sample was selected for review during the unannounced on-site visit: 4 of 82 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Yvonne Chitekwe

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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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.

Clinton Fridley RN — Residential Care Services

12/02/2025 — 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)

12/9/2025 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance, or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to integrate the annual assessment information provided by the resident's representative and the department case manager in the development of the personal service plan (facility's

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negotiated service agreement [NSA]) for 1 of 4 sampled residents (Resident 1 [R1]). This failure resulted in Resident 1 not receiving the assessed care needs provided by representative and Department case manager involved in the development of the NSA.

Findings included...

Record review of facility record, titled "Characteristic Roster", dated 10/03/2025, showed R1 moved into the facility on [redacted]/2022 had Nurse Delegation for (injections), utilized mobility devices (four wheeled walker, wheelchair and scooter), with hearing issues, requires moderate assistance with activities of daily living (ADL), was incontinent and wore oxygen.

Record review of Department Comprehensive Assessment Reporting Evaluation (CARE) assessment, dated 08/05/2025, conducted by Collateral Contact 2 (CC2), Department case manager (CM), documented that R1's cognitive performance required reminders, cues, supervision in planning, organizing and correcting daily routines. In dressing and grooming, it showed that R1 required one person to physically assist and required physical assistance with bathing tasks. The behaviors showed that R1 exhibited inappropriate nakedness, inappropriate toileting, and resistance to care.

Record review of R1's NSA, dated 06/19/2025 showed R1 had a diagnosis of [redacted] and [redacted]. The NSA showed R1's cognitive performance was oriented to person, place and time. In dressing and grooming, it showed that R1 did not require assistance with dressing and grooming and under behavior it showed R1 had tendency to hoard.

On 11/03/2025 at 1:43 PM, Collateral Contact 1 (CC1), stated that R1 was not independent with Activities of Daily Living as documented in R1's Negotiated Service Plan (NSA). CC1 reported that R1's care plan from the department CARE assessment completed by CC2 was more accurate and addressed the current care needs in dressing, grooming, and showers of R1.

On 10/09/2025 at 3:15 PM, Collateral Contact 2 (CC2), Home Health Nurse, stated that R1 had cognitive impairments as evidenced by their visit with R1 on 10/01/2025 they assessed that R1 pannus (the pubic area) was extremely wet, and skin was red with yellow, red/brown drainage running down R1's leg. R1's plastic shoes were removed and found them filled with urine and the bottom of R1's feet were macerated (the softening and breaking down of skin due to prolonged exposure to moisture).

11/05/2025 at 10:25 AM, Collateral Contact 3 (CC3), Department Case Manager, stated that R1's care needs had changed, requiring more assistance with ADLs. CC3 stated that they discussed the care assessment changes with the facility's Health and Wellness

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Director, Staff B, and the Executive Director, Staff A, told them to make sure R1's changes were documented updated in R1's Service Plan.

On 10/08/2025 at 3:09 PM, R1 was observed seated in a recliner chair in their apartment, had strong ammonia odor and foul smell coming from R1's skin folds while investigator completed skin observation.

On 10/08/2025 at 4:20 PM, Staff B, Health and Wellness Director, stated that they had a conversation with CC2 about R1's skin care orders and skin care instructions they indicated they understood R1's skin care need was not being met. Staff B acknowledged to the investigator that R1 had changed in condition.

On 10/08/2025 at 4:20 PM, Staff A, Executive Director, stated that R1's NSA should have been updated following the changes documented in R1's annual CARE assessment. Staff A acknowledged that CC2 informed them of the changes and the request to update those changes to R1's NSA. Staff A acknowledged the investigators' observations and agreed that R1 care needs had changed.

This is a recurring deficiency previously cited on 01/08/2025, 10/28/2024 and 01/31/2023 for subsections 5(b) and 5(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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 12/9/2025.

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

Administrator (or Representative) Date 12/9/2025