STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

04/21/2026

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

RE: Brookdale Fishers Landing # 2261

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 76157 (Completion Date 04/21/2026) and 73067 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/21/2026 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:
Richard Westom, NCI, ALF Complaint Investigator

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
Investigation Summary Report

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

License/Cert.#: 2261
Intake ID: 213092
Compliance Determination #: 73067
Region/Unit #: RCS Region 3 / Unit E
Investigator: Richard Westom
Investigation Date(s): 02/18/2026 through 02/25/2026
Complainant Contact Date(s): 02/18/2026

Allegation(s):
Neglect. Resident found with a large wound on upper right thigh

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Facility policies

Investigation Summary:
Neglect. After interviews and record review, the facility failed to monitor residents well being. Failed practice

Conclusion / Action:

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

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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2261	Compliance Determination # 73067
Plan of Correction	Brookdale Fishers Landing	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	02/25/2026

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 02/18/2026 of:

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

This document references the following complaint number(s): 213092

The following sample was selected for review during the unannounced on-site visit: 3 of 82 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 2261	Compliance Determination # 73067
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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

03/11/2026
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 skin checks and showers as agreed upon in the negotiated service agreement for 1 of 3 residents (Resident 1). This failure resulted in Resident 1 (R1) not receiving showers or skin checks which could have contributed to the resident acquiring a large wound which led to hospitalization and surgery. This failure placed residents at risk for adverse side effects, decreased quality of life and not receiving agreed-upon services.

Findings included...

Review of facility records showed that R1 admitted to the facility [redacted] 2022 with diagnoses including [redacted] and [redacted]

Review of facility document titled "Personal Service Plan (PSP)," dated 08/14/2025, stated that R1 needed additional assistance with showering/bathing, preferred showers in the morning before breakfast. Staff were to assist in setting up and cleaning up of shower, as well as assist during shower if R1 needed help for hard-to-reach areas. Staff to report any skin concerns to community nurses. If wounds or sores are noted staff to report to medication technician (MT)/community nurse and primary care physician

(PCP). PSP stated that R1 was independent with toileting and did not use incontinence (involuntary or accidental leakage of urine or feces) products.

Review of facility document titled "Resident Shower Sheet," dated December/January but does not document the year, documented R1 was scheduled for two showers a week, on Tuesday and Friday, which would equal nine showers a month. The Resident Shower Sheet showed a place to document skin issues, but it was blank. Resident Shower Sheet documented only the month and the day the shower was given or refused, the year was not documented, with exception of one instance, for the following dates:

- 12/09 – shower completed.
- 12/19 – shower completed.
- 01/09 – refused shower.
- 01/12 – emergency shower completed.
- 01/16 – shower refused.
- 01/23 – shower completed.
- 01/30 – shower refused.
- 02/17/2026 - no shower due being out of the facility.

On 02/18/2026 at 12:28 PM, Staff B, Health and Wellness Director (HWD), stated "staff are supposed to check residents for skin tears, bruises and redness with any incontinence care and showers."

On 02/18/2026 at 12:59 PM, Collateral Contact 1 (CC1) stated "was notified on 02/16/2026 that R1 had a wound and needed to go to urgent care." "I was told at urgent care [R1] would need several days of intravenous medications (IV), and [R1] would be having surgery on 02/18/2026 for the wound."

On 02/18/2026 at 1:17 PM, Collateral Contact 2, anonymous staff, stated that "when staff give showers they are supposed to fill out [the] skin sheet for any issues. Any refusals should be documented in the resident's record."

On 02/18/2026 at 1:26 PM, Collateral Contact 3, anonymous staff, stated that "it is our policy staff check skin with showers and and incontinence care. I was notified on 02/16/2026 that R1 had a wound. Staff should have caught this sooner. The measurements were 11.5 centimeters (cm) by 6.5 cm, I did not measure the depth, it was too painful for R1, it was open and bleeding."

On 02/18/2026 at 02:17 PM, Collateral Contact 4, anonymous staff, stated that staff are supposed to check skin with incontinence care and during showers. When I provide incontinence care for R1, "I try and look at skin, but [R1's] a hard one."

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On 02/18/2026 at 02:21 PM, Collateral Contact 5 (CC5), anonymous staff, stated that when I provide incontinence care to R1, "I get in and get out I'm not checking skin."

On 02/18/2026 at 02'31 PM, Collateral Contact 6, anonymous staff, stated that "staff perform personal care for R1 two to three times a shift, for me I'm not checking skin, there is no time."

On 02/19/2026 at 11:35 AM, Staff A, Administrator, stated that "it is in our policy that staff do skin checks on residents with any personal care and showers. Any refusals are to be documented in the resident's records."

On 02/23/2026 at 12:03 PM, Staff B stated that there was no documentation if showers were offered or declined for the days R1 missed showers.

On 02/24/2026 at 11:02 AM, CC 5, anonymous staff, stated "there are times I get busy and forget to fill out the shower/skin sheets or notify the MT of refusals."

On 02/24/2026 at 02:25 PM, R1 stated that "the sore was there for a long time, and it hurt."

In an interview on 02/25/2026 at 12:22 PM, Staff A stated, "I understand the reason for the citation" and that "our documentation needs a lot of work."

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) 4/10/2026 .

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

Administrator (or Representative) 3/18/2026 Date