



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

EMERITUS CORPORATION
Brookdale Stanwood
7212 265TH ST NW
STANWOOD, WA 98292

RE: Brookdale Stanwood License # 2276

Dear Administrator:

This letter addresses Compliance Determination(s) 70032 (Completion Date 12/15/2025) and 65718 (Completion Date 10/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2025 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-2474-2-b, WAC 388-78A-2474-2-d, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor

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

Sincerely,

A handwritten signature in blue ink that reads "Jamie Singer".

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2276	Compliance Determination # 65718
Plan of Correction	Brookdale Stanwood	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	10/28/2025

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 off-site follow-up on 09/16/2025 of:

Brookdale Stanwood
7212 265TH ST NW
STANWOOD, WA 98292

This document references the following SOD dated: 10/28/2025

The following sample was selected for review during the unannounced off-site verification: 0 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the off-site verification(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

10/30/2025

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)

11/21/25

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff D) completed First Aid training. This failure resulted in Staff D not having the required training related to their job responsibilities and expectations and placed all 62 residents at risk of harm.

Findings included...

Note: Washington Administrative Code (WAC) 388-112A-0720(2)(a) showed long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

Record review showed Staff D (Medication Technician) was hired on 11/06/2024 and had no documentation of completed first aid training.

In an interview, on 09/29/2025 at 10:25 AM, Staff A (Operations Specialist) confirmed Staff D had not completed first aid training. Staff A stated that first aid training had not

been scheduled for Staff D because they were trying to find an instructor.

This is an uncorrected deficiency for subsection (2)(d) previously cited on 07/15/2025.

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 Stanwood is or will be in compliance with this law and / or regulation on (Date) 11/27/25.

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



Administrator (or Representative)

11.21.25

Date

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 2 of 2 staff members (Staff B and C) were screened for tuberculosis (TB) (a potentially infectious disease that mainly affects the lungs) within three days of hire. This failure resulted in Staff B and C not being screened for TB and placed all residents at risk for potentially being exposed to an infectious respiratory disease.

Findings included...

Record review showed Staff B (Dishwasher) was hired on 09/05/2025. The ALF conducted Staff B's first step TB test on 09/09/2024, four days after their date of hire.

Record review showed Staff C (Server) was hired on 08/29/2025. The ALF conducted Staff C's first step TB test on 09/09/2024, 11 days after their date of hire.

In an interview, on 09/29/2025 at 10:25 AM, Staff A (Operations Specialist) confirmed that the ALF did not initiate Staff B and C's TB tests within three days of hire.

This is an uncorrected deficiency previously cited on 07/15/2025.

Statement of Deficiencies

License #: 2276

Compliance Determination # 65718

Plan of Correction

Brookdale Stanwood

Completion Date

Page 4 of 4

Licensee: EMERITUS CORPORATION

10/28/2025

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 Stanwood is or will be in compliance with this law and / or regulation on (Date) 11/27/25.

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



Administrator (or Representative)

11.21.25

Date

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2276	Compliance Determination # 62191
Plan of Correction	Brookdale Stanwood	Completion Date
Page 1 of 5	Licensee: EMERITUS CORPORATION	07/15/2025

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 and complaint investigation on 07/08/2025 and 07/10/2025 of:

Brookdale Stanwood
7212 265TH ST NW
STANWOOD, WA 98292

This document references the following complaint numbers: 184876.

The following sample was selected for review during the unannounced on-site visit: 9 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Jodi Condyles, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

7/16/2025

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.

[Signature]
Administrator (or Representative)

7/21/25
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff D) completed 70-hour basic training and 1 of 6 (Staff F) completed First Aid training. These failures resulted in Staff D and F not having the required training related to their job responsibilities and expectations and placed all 62 residents at risk of compromised care, services, and safety.

Findings included...

70-hour basic training:

Review of WAC 388-112A-0080(5) showed Long-term care workers in assisted living facilities must complete the seventy-hour long-term care worker basic training within one hundred twenty days of their date of hire.

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

Staff D, Care Partner, was hired on 09/02/2024 and had no record of a completed 70-hour basic training.

On 07/10/2025 at 12:30 PM, Staff G, Business Office Manager, stated that the ALF did not have documentation of the 70-hour basic training for Staff D.

First Aid Training:

Review of WAC 388-112A-0720(2)(a) showed long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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

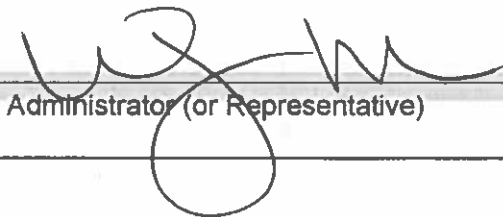
Staff F, Medication Technician, was hired on 11/06/2024 and had no documentation of a completed First Aid training.

On 07/10/2025 at 12:41 PM, Staff G stated that the ALF does not have documentation of a completed first aid course for Staff F.

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 Stanwood is or will be in compliance with this law and / or regulation on (Date) 8/19/25.

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


Administrator (or Representative)

7/21/25
Date

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

2 of 6 staff members (Staff C, and D) were screened for tuberculosis (TB) (a potentially infectious disease that mainly affects the lungs) within three days of hire. This failure resulted in Staff C and D not being screened for TB and placed the safety of all 62 residents at risk for potentially being exposed to an infectious respiratory disease.

Findings included...

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

Staff C, Care Partner, was hired 09/02/2024. Staff C completed their first step of a TB test on 09/25/2024, 23 days after their hire date.

Staff D, Care Partner, was hired on 09/02/2024. Staff D completed their first step of a TB test on 10/02/2024, 30 days after their hire date.

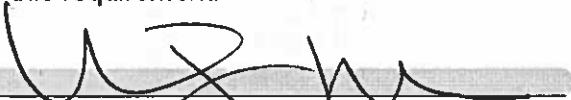
On 07/09/2025 at 11:21 AM, Staff G, Business Office Manager, stated that the ALF did not have the TB testing supplies in the facility, so testing was delayed.

On 07/09/2025 at 11:58 AM, Staff H, Health and Wellness Director, stated that Staff D was late with TB testing because Staff D did not return to the ALF to have their TB test read.

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 Stanwood is or will be in compliance with this law and / or regulation on (Date) 8/19/25.

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


Administrator (or Representative)

7/21/25
Date

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

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 E and F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff E and F not having a cleared background check and placed all 62 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 E, Server, was hired on 06/16/2023. Staff E had a Washington State name and date of birth background check dated 06/14/2023 and was valid until 06/14/2025. There was no documentation showing a completed background check after 06/14/2025.

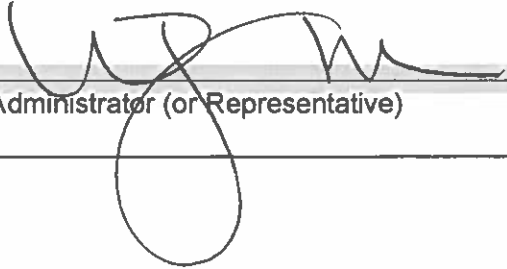
Staff F, Medication Technician, was hired on 11/06/2014. Staff F had a Washington State name and date of birth background check dated 03/08/2024 and was valid until 03/08/2026. There was no documentation showing a background check was completed prior to 2024.

On 07/10/2025 at 12:30 PM, Staff G, Business Office Manager, stated that they had did not have completed background checks for Staff F for 2014, 2016, 2018, 2020, and 2022.

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 Stanwood is or will be in compliance with this law and / or regulation on (Date) 8/19/25.

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



Administrator (or Representative)

7/21/25

Date