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

05/26/2026

EMERITUS CORPORATION
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

RE: Brookdale Monroe # 2284

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 76380 (Completion Date 05/26/2026) and 75500 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/26/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the Off Site verification:
Michelle Mcglon, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Monroe
Provider Type: Assisted Living Facility
License/Cert.#: 2284
Compliance Determination #: 75500
Intake ID: 219171
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 04/06/2026 through 04/09/2026
Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) failed their Fire Marshal re-inspection.

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 63 Closed records sample size:
Observations:	Residents
Interviews:	Executive Director
Record Reviews:	State reporting log Fire Marshal Report

Investigation Summary:

1. Record review of Washington State Patrol Fire Inspection report, dated 03/25/2026, showed the ALF had not corrected three violations from a previous inspection. In interview, the Executive Director (ED) stated the ALF was working on repairing the violations. The ED stated that a vendor was waiting to receive parts to complete the repairs. See Statement of Deficiency 388-78A-2040 (1)(2) dated 04/09/2026.

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 #: 2284	Compliance Determination # 75500
Plan of Correction	Brookdale Monroe	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	04/09/2026

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 04/06/2026 of:

Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

This document references the following complaint number(s): 219171

The following sample was selected for review during the unannounced on-site visit: 63 of 63 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, 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

Statement of Deficiencies	License #: 2284	Compliance Determination # 75500
Plan of Correction	Brookdale Monroe	Completion Date
Page 2 of 3	Licensee: EMERITUS CORPORATION	04/09/2026

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 Singer
Residential Care Services

4/13/2026
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)

4/14/26
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington Office of State Fire Marshal (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 63 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 04/06/2026, showed the ALF was licensed for 82 beds. Review of a Characteristic Roster showed the ALF was providing care and services for 63 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 08/21/2025. Record review showed the ALF failed the OSFM the first follow-up visit on 11/03/2025. The second follow-up visit on 03/25/2026 showed the ALF failed to comply with following International Fire Codes (IFC):

IFC 705.2.4 2021-Swinging fire doors should close from the full-open position and latch automatically. The cross corridor by room 226 did not latch when tested.

Statement of Deficiencies	License #: 2284	Compliance Determination # 75500
Plan of Correction	Brookdale Monroe	Completion Date
Page 3 of 3	Licensee: EMERITUS CORPORATION	04/09/2026

IFC 706.1 2018-The facility was unable to provide documentation for the required four-year fire and smoke damper inspection. The facility would need to have the inspection performed, as the last documented inspection occurred in September 2021. All inspection reports must be verified that the system has no deficiencies or documentation that all deficiencies have been corrected.

IFC 907.8.2021- The facility provided documentation for the required smoke detector sensitivity testing. However, the report showed a deficiency with the testing that occurred.

In an interview, on 04/06/2026 at 10:34 AM, Staff A (Executive Director) stated the ALF was working on the violations and would update the Department and Fire Marshal on the status. Staff A stated the vendors were waiting for parts to complete the repairs.

This deficiency was previously cited on 10/18/2023.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 5/24/26 .

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

Administrator (or Representative) 4/14/26 Date