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 West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

RE: Brookdale West Seattle License # 2319

Dear Administrator:

This letter addresses Compliance Determination(s) 67209 (Completion Date 10/14/2025) and 65573 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/14/2025 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-2620-2-b

The Department staff who did the off-site verification:
Scottie Sindora, ALF Licensor
Sunny Kent, Licensor

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

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 #: 2319	Compliance Determination # 65573
Plan of Correction	Brookdale West Seattle	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	09/25/2025

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 follow-up on 09/12/2025 and 09/16/2025 of:
Brookdale West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

This document references the following SOD dated: 09/25/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 33 current residents and 0 former residents

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Statement of Deficiencies	License #: 2319	Compliance Determination # 65573
Plan of Correction	Brookdale West Seattle	Completion Date
Page 2 of 3	Licensee: EMERITUS CORPORATION	09/25/2025

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.

RJamie Singer S — 09/30/2025 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.

Dawn Schup — 10/6/2025

Administrator (or Representative) — Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 pets (Pet 1 and Pet 2) maintained certification (pet health letter) from a veterinarian to ensure they did not carry zoonotic diseases that could infect the residents. This placed 33 residents at risk for exposure to pets whose health status was incomplete or unknown.

Findings included...

NOTE: The ALF's Pet Policy, last revised 05/2025, showed that Under Policy Detail, C. Resident Pets, that 1. "The resident's pet must have regular examinations... upon move in to the community and be certified by a veterinarian to be free of diseases transmittable to humans."

Findings included...

Record review of a Resident Characteristic Roster (RCR), dated 07/08/2025, showed the ALF admitted Resident 8 on [redacted]/2023. A review of pet records showed Resident 8 owned two cats, Pet 1 and Pet 2. Review of records for Pet 1 and Pet 2 showed no health letters signed by the veterinarian confirming the pets were free of zoonotic (diseases passed from animals to humans) infection.

Statement of Deficiencies	License #: 2319	Compliance Determination # 65573
Plan of Correction	Brookdale West Seattle	Completion Date
Page 3 of 3	Licensee: EMERITUS CORPORATION	09/25/2025

During an interview, on 09/16/2025 at 3:16 PM, Staff F (Executive Director) stated, "I don't have a letter from the vet showing pets [Pet 1 and 2] are free from communicable diseases."

This is an uncorrected deficiency previously cited on 07/23/2025.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 10/6/2025.

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

Dawn Shyn 10/6/2025

Administrator (or Representative) Date

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 #: 2319	Compliance Determination # 62192
Plan of Correction	Brookdale West Seattle	Completion Date
Page 1 of 9	Licensee: EMERITUS CORPORATION	07/23/2025

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 West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

This document references the following complaint numbers: 186144.

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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 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.

Residential Care Services — 7/24/2025 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) — 7/24/2025 Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on observation, and interview, the Assisted Living Facility (ALF) failed to notify the Department (Department of Social and Health Services) after a flood occurred in 1 of 1 resident's (Resident 10) apartment. This failure placed Resident 10 at risk for living in an unsafe environment.

Findings included...

An observation, on 07/08/2025 at 11:40 AM, showed an industrial de-humidifier sitting in the hallway, on the second floor, near Resident 10's apartment.

In an interview, on 07/08/2025 at 11:40 AM, Staff D (Executive Director) stated that the de-humidifier was there because a flood had occurred in the apartment above ([redacted]) and Resident 10 had to be evacuated to another room in the ALF. The de-humidifier was drying out the room.

In an interview, on 07/09/2025 at 9:05 AM, Staff D stated that she did not report the flood to the Department but knew she should have.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 7/24/2025.

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

Administrator (or Representative) [signature] Date 7/24/2025

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 facility failed to ensure that 2 of 5 sampled staff (Staff A and Staff B) were screened for tuberculosis (TB) within 3 days of employment at the facility. This placed residents at risk for exposure and contracting communicable diseases.

Findings include...

Record review showed Staff A was hired on 05/25/2025 as a full time Caregiver. Record review of a TB test form, dated 06/01/2025 showed Staff A signed an attestation that stated; "I [Staff A] will provide documentation that I have been tested and found to be free of TB within the past 12 months." Review showed a chest x-ray dated 12/14/2023. There was no further docuementation TB screening was conducted within three days of employment.

Record review showed Staff B was hired on 05/06/2025 as a full time Medication Technician. Record review of a TB test form, dated 05/06/2025, showed Staff B signed an attestation that stated; "I [Staff B] will provide documentation that I have been tested and found to be free of TB within the past 12 months." Review showed a chest x-ray dated 06/16/2023. There was no further docuementation TB screening was conducted within three days of employment.

In an interview, on 06/10/2025 at 1:45 PM, Staff D (Executive Director) confirmed that the TB tests were not completed within the 3 days 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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 8/24/25 .

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

Administrator (or Representative) [signature] Date 7/24/25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure Personal Service Plans (PSP equal to Negotiated Service Agreement) were updated to reflect precautions and monitoring for 5 of 5 sample residents (Residents 1, 3, 4, 6 and 7) on anticoagulant medications (commonly known as blood thinners; reduce the blood's ability to clot, side effects increase the risk of bleeding, bruising, blood in the urine, coughing). This failure placed Resident 1, 3, 4, 6 and 7 at risk for increased health issues.

Findings included...

Resident 1

Record review of a Face Sheet, dated 07/08/2025, showed the ALF admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted]. Review of electronic Medication Administration Records (eMARS) for April, May, June and July 2025 showed Resident 1's Primary Care Provider (PCP) prescribed aspirin, one 81 mg

(milligram) tablet every morning. Review of Resident 1's PSP, dated 05/05/2025, did not show safety instructions for the aspirin.

Resident 3

Record review of a Face Sheet, dated 07/08/2025, showed the ALF admitted Resident 3 on [redacted]/2024 with a diagnosis of [redacted]. Review of eMARs for April, May, June and July 2025 showed Resident 3's PCP prescribed aspirin, one 81 mg tablet every morning. Review of Resident 3's PSP, dated 05/05/2025, did not show safety instructions for the aspirin.

Resident 4

Record review of a Face Sheet, dated 07/08/2025, showed the ALF admitted Resident 4 on [redacted]/2023 with a diagnosis of [redacted]. Review of eMARs for April, May, June and July 2025 showed Resident 4's PCP prescribed aspirin, one 81 mg tablet every morning, for cardiac prophylaxis (the use of medication to prevent infections in the heart before or after certain medical or dental procedures that could introduce bacteria into the bloodstream). Review of a PSP, dated 05/05/2025, did not show safety instructions for the aspirin.

Resident 6

Record review of a Face Sheet, dated 07/09/2025, showed the ALF admitted Resident 6 on [redacted]/2025 with a diagnosis of [redacted] and [redacted]. Review of a medication list for May, 2025 showed Resident 6 self-administered Eliquis, one 5 mg tablet twice daily. Eliquis is a blood thinning medication. Review of a PSP, dated 05/14/2025, did not show safety instructions for the Eliquis.

Resident 7

Record review of a Face Sheet, dated 07/08/2025, showed the ALF admitted Resident 7 on [redacted]/2025 with a diagnosis of [redacted]. Review of eMARs for April, May, June and July 2025 showed Resident 7's primary care provider (PCP) prescribed aspirin, one 81 mg tablet every morning, for aortic valve stenosis. Review of a PSP, dated 05/09/2025, did not show safety instructions for the aspirin.

In an interview, on 07/09/2025, Staff G (Area Corporate Nurse) confirmed that the precautions regarding bleeding risks for the care staff were not in the PSP for Residents 1, 3, 4, 6 and 7, and she would conduct an audit regarding the issue.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 8/29/25 .

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

Administrator (or Representative) — Date: 7/24/25

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(ii) Disclosure statements and background checks as required in WAC 388-78A-2461 through 388-78A-2471 ; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to retain a prior national name and date of birth background check (BGC) for one of five sampled staff (Staff D). This prevented the department from confirming the ALF created a system to ensure all staff renewed BGCs every two years.

Findings included...

Record review showed the ALF's corporate entity hired Staff D, Executive Director, on 08/01/2014. Record review showed Staff D completed a name and date of birth background check (BGC) on 07/08/2025. Department staff requested Staff D's prior BGC. An email sent by the Department to Staff F, Business Office Coordinator, on 07/09/2025 at 11:55 AM, acknowledged that Staff F requested the missing BGC from the corporate office.

In an interview during the exit conference, on 07/10/2025 at 2:35 PM, attended by leadership staff including Staff D and Staff F, Department Representatives noted the BGC previous to the one conducted on 07/08/2025 was still outstanding. The ALF was given a deadline of 07/15/2025 at 5:00 PM to notify the Department the BGC was

available for review. As of 7:30 AM on 07/16/2025, the outstanding BGC was not provided to the Department.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 8/29/25 .

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

Administrator (or Representative) [signature] Date 7/24/25

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 3 pets (Pet 1, Pet 2, and Pet 3) maintained certification (pet health letter) from a veterinarian to ensure they did not carry zoonotic diseases that could infect the residents. This placed 35 residents at risk for exposure to pets whose health status was incomplete or unknown.

Findings included...

Resident 8, Pet 1 and Pet 2

Record review of a Resident Characteristic Roster (RCR), dated 07/08/2025, showed the ALF admitted Resident 8 on [redacted]/2023. A review of pet records showed Resident 8 owned two cats, Pet 1 and Pet 2. Review of records for Pet 1 and Pet 2 showed no health letters signed by the veterinarian confirming the pets were free of zoonotic (diseases passed from animals to humans) illness.

Resident 9, Pet 3

Record review of the RCR showed the ALF admitted Resident 9 on [redacted]/2021. A review

of pet records showed Resident 9 owned a dog, Pet 3. Review of records for Pet 3 showed no health letter signed by the veterinarian confirming the pet was free of zoonotic (diseases passed from animals to humans) illness.

During the exit interview, on 07/10/2025 at 2:35 PM Staff D, Executive Director stated Resident 8 and Resident 9 would attempt to obtain the health letters by 07/15/2025. As of 7:30 AM on 07/16/2025, no pet health letters were provided to the Department.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 8/29/25 .

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

Administrator (or Representative) [signature] Date 7/24/25

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(a) Maintain the premises free of hazards;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain the building and keep it free of fire hazards when flammable materials were found stored in electrical and mechanical rooms throughout the building. This placed 35 residents at risk for injury or death during a fire.

Findings included...

NOTE: International Fire Code (IFC 2021) 315.3.3 shows the following:

315.3.3 Equipment rooms.
Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.

Record review showed the ALF provided care and services for 35 Assisted Living

residents.

Observation during the environmental tour on 07/08/2025, beginning at 11:10 AM with Staff D, Executive Director, showed flammable materials stored in three electrical / utility / data rooms. At 11:33 AM, observation showed an electrical panel room on the 5th floor. The room was triangle-shaped. Materials observed in the room included flattened cardboard boxes, cove base, a ventilation deflector (a piece of plastic used to direct air flow from a heater or air conditioner), a window screen, a box containing an electric baseboard heater and two toilet plungers wrapped in plastic. At 11:40 AM, observation of a 4th floor utility/electrical/data room showed items stored in the room included a sharps container, one boxed microwave, one boxed door, and one boxed set of bifold doors. At 11:46 AM, observation of a 3rd floor electrical room showed items stored in the room included four boxed sets of bifold doors, one bottle of Ecolab Spot Cleaner, and one plunger wrapped in plastic.

In an interview on 07/10/2025 at 09:05 AM with Collateral Contact #1 (CC1 – Representative of the Fire Marshal's Office), the contact stated that electrical and mechanical rooms cannot be used for storage.

In an interview during the exit conference on 07/10/2025 at 2:35 PM, Staff D acknowledged the flammable materials found in the rooms.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 7/24/25 .

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

Administrator (or Representative) — Date: 7/24/25