



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

RE: Brookdale Canyon Lakes License # 2263

Dear Administrator:

This letter addresses Compliance Determination(s) 57029 (Completion Date 04/07/2025) and 54338 (Completion Date 02/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/07/2025 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 388-112A-0080-5

The Department staff who did the off-site verification:
Robin Rainville, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #. 2263	Compliance Determination #54338
Plan of Correction	Brookdale Canyon Lakes	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	02/05/2025

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 on 02/03/2025, 02/04/2025 and 02/05/2025 of:

Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

The following sample was selected for review during the unannounced on-site visit: 7 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor
Robin Rainville, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2263	Compliance Determination # 54336
Plan of Correction	Brookdale Canyon Lakes	Completion Date
Page 2 of 4	Licensee: EMERITUS CORPORATION	02/05/2025

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.

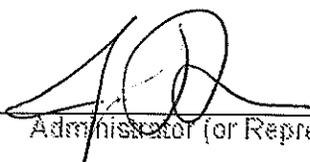
Laura Williams-Davis

Residential Care Services

2/13/2025

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)

2/17/25

Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

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:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that caregivers met the long-term care worker training requirements for 3 of 4 staff (Staff B, D and F). This failure placed the residents at risk of being cared for by untrained staff.

Findings included...

Review of a Department's Dear Provider letter, dated 10/13/2023, showed that long term care workers hired between 08/17/2019 and 09/30/2020 were to have long-term care worker training completed by 01/31/2023. The letter showed that the previous extensions and waivers to the rules put into place during the pandemic were being lifted and training requirements would resume per the regulations.

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

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.

Laura Williams-Davis

Residential Care Services

2/13/2025

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)

Date

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<Staff F>

Review of the personnel file for Staff F, Medication Technician (MT), showed that they were hired on 08/11/2020. The file showed that Staff F had completed their 70-hour long-term care worker basic training on 12/04/2024 (674 days after they were required to have completed the training).

<Staff D>

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 08/07/2024. The file showed that as of 02/04/2025, Staff D had not obtained their 70-hour long-term care worker basic training (60 days after they were required to have completed the training).

<Staff B>

Review of the personnel file for Staff B, MT, showed that they were hired on 11/07/2023. The file showed that Staff B had completed their 70-hour long-term care worker basic training on 04/03/2024 (29 days after they were required to have completed the training).

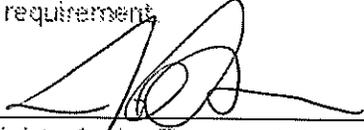
In an interview on 02/04/2025 at 3:47 PM, Staff G, Resident Care Coordinator, stated that it had been difficult to get the required training in time due to the training being completed by their corporate team and staffs' flexibility to attend the trainings. Staff G stated that Staff B, Staff D and Staff F had been working unsupervised with the residents.

Statement of Deficiencies	License #: 2263	Compliance Determination # 54336
Plan of Correction	Brookdale Canyon Lakes	Completion Date
Page 4 of 4	Licensee: EMERITUS CORPORATION	02/05/2025

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 Canyon Lakes is or will be in compliance with this law and / or regulation on (Date) 3/1/25

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



Administrative (or Representative)

2/17/25

Date

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 Canyon Lakes is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

RE: Brookdale Canyon Lakes # 2263

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/05/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services
Region 1, Unit G
Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(2) Whose diagnosis was made by, or treatment provided by, one of the following:

(a) A licensed physician;

The Assisted Living Facility failed to ensure staff who worked unsupervised with residents completed the mental health specialty training within the required time frame. The facility acknowledged that staff completed the training late and would develop a plan to ensure trainings were completed on time.

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

The Assisted Living Facility failed to ensure staff who worked unsupervised with residents completed the dementia specialty training within the required time frame. The facility acknowledged that staff completed the training late and would develop a plan to ensure trainings were completed on time.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure