



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

EMERITUS CORPORATION
Brookdale Montclair Poulsbo
1250 NE Lincoln Rd
Poulsbo, WA 98370

RE: Brookdale Montclair Poulsbo License # 2274

Dear Administrator:

This letter addresses Compliance Determination(s) 55824 (Completion Date 03/05/2025) and 45550 (Completion Date 08/21/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2025 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-2480-1

The Department staff who did the off-site verification:

Cory Myers, ALF Complaint Investigator

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit D
Residential Care Services

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



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Statement of Deficiencies	License #: 2274	Compliance Determination # 45550
Plan of Correction	Brookdale Montclair Poulsbo	Completion Date
Page 1 of 2	Licensee: EMERITUS CORPORATION	08/21/2024

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 08/13/2024 and 08/16/2024 of:

Brookdale Montclair Poulsbo
1250 NE Lincoln Rd
Poulsbo, WA 98370

The following sample was selected for review during the unannounced on-site visit: 12 of 102 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

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

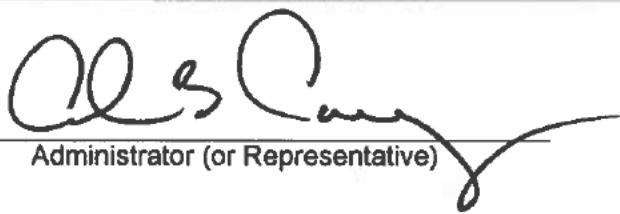
09/03/2024

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.

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

Statement of Deficiencies	License #: 2274	Compliance Determination # 45550
Plan of Correction	Brookdale Montclair Poulsbo	Completion Date
Page 2 of 2	Licensee: EMERITUS CORPORATION	08/21/2024


Administrator (or Representative)


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 reviews, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff B) had an initial tuberculosis (TB, a communicable disease) skin test within three days of employment. This failure placed 102 of 102 ALF residents, staff and visitors at risk of TB infection.

Findings included...

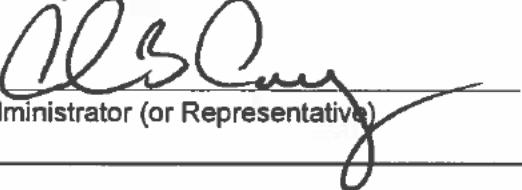
Record Review showed Staff B, Caregiver, was hired by the ALF on 07/24/2024. Staff B's personnel file did not show a record of tuberculosis testing done within three days of employment.

During an interview on 08/14/2024 at 4:12PM, Staff A, Executive Director, said they did not have a record of Staff B's TB test and would get the test accomplished.

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 Montclair Poulsbo is or will be in compliance with this law and / or regulation on (Date) 17 SEP 2024.

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


Administrator (or Representative)


Date