



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

SILVER LAKE ASSISTED LIVING LLC
Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

RE: Brookdale Arbor Place # 2278

Dear Administrator:

This document references Compliance Determination 54620 (03/13/2025), which included complaint number(s) 162921, 164468, 165680.

The Department completed a complaint investigation of your Assisted Living Facility on 03/13/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

- (a) In containers with pharmacist-prepared label or original manufacturer's label;
- (b) Together for each resident and physically separated from other residents' medications;

Observation showed one of three medication carts had a drawer that was not organized. In one section of the drawer, there were ointments, lotions and inhalers from multiple

residents, some were not put fully back into their original packaging and some were inside plastic bags. The ALF was able to fix and organized the cart for each resident's medications and were physically separated from the other residents' medications.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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 (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services