



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

EMERITUS CORPORATION  
Brookdale Everett  
11333 3RD PL W  
EVERETT, WA 98204

RE: Brookdale Everett License # 2285

Dear Administrator:

This letter addresses Compliance Determination(s) 58610 (Completion Date 04/28/2025) and 55715 (Completion Date 03/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/28/2025 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-3090-1-b, WAC 388-78A-3090-1-a, WAC 388-78A-2466-1-a

The Department staff who did the on-site verification:  
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

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



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

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Statement of Deficiencies	License #: 2285	Compliance Determination # 55715
Plan of Correction	Brookdale Everett	Completion Date
Page 1 of 6	Licensee: EMERITUS CORPORATION	03/07/2025

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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 03/04/2025 and 03/07/2025 of:

Brookdale Everett  
11333 3RD PL W  
EVERETT, WA 98204

The following sample was selected for review during the unannounced on-site visit: 9 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, ALF Licensor  
Steven Kindle,  
Allison Nunn, Long Term Care Surveyor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit A  
3906-172nd St NE, Suite #100  
Arlington, WA 98223

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	Date
<p>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.</p>	
Administrator (or Representative)	Date

**WAC 388-78A-3090 Maintenance and housekeeping.**

- (1) The assisted living facility must:
  - (a) Provide a safe, sanitary and well-maintained environment for residents;
  - (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

**This requirement was not met as evidenced by:**

Based on observations and interviews, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, and well-maintained environment for 3 of 3 locations (First floor, second floor, and outside ALF). These failures resulted in all residents living in an unsafe and unsanitary environment and placed all 61 residents at risk for injury and a decreased quality of life.

Findings included...

On 03/04/2025 at 9:47 AM, a facility tour that consisted of two floors and the outside grounds was completed with the following observations:

First Floor:

At 9:47 AM, the door to the kitchen/sprinkler room had black marks covering the door.

At 9:56 AM, the wall at the entrance to the kitchen had a brown dried liquid that spilled down the wall and collected on the top of the baseboard.

At 9:58 AM, a brown table in the lobby located outside the living room had a knob missing from a drawer exposing a silver screw.

At 9:58 AM, two light sconces and the illuminated emergency exit light on the wall at the lobby entrance had cobwebs.

At 10:02 AM, the popcorn machine in the activity room had popcorn and kernels left inside the machine. The glass windows on the popcorn machine had fingerprints and a grease like splatter on them.

At 10:08 AM, the ceiling tile outside the laundry room by apartment [REDACTED] was broken exposing pipes from the interior of the ceiling.

At 10:12 AM, the laundry room by apartment [REDACTED] had a buildup of dust and an opaque dried liquid behind the washer and dryer.

At 10:14 AM, the storage room that contained personal protection equipment and the emergency supply water was disorganized. Items in the storage room were piled on top of other items which made it hard to identify the storage room contents.

At 10:14 AM, Staff H, Maintenance Director, stated that the storage room needed to be cleaned out.

#### Second Floor:

10:20 AM, the overhead light fixture by the mechanical room door had dead insects.

At 10:25 AM, the laundry room across from apartment [REDACTED] had a buildup of dust and a rubber glove behind the washer and dryer, and cobwebs on the wall around the paper towel dispenser.

At 10:28 AM, the gap of space between the wall and handrail outside of apartment [REDACTED] had crumbs and small papers on it.

At 10:33 AM, the overhead metal panel on the ceiling outside of apartment [REDACTED] had two round jagged holes.

At 10:33 AM, Staff H stated that the panel would be replaced.

At 10:36 AM, the corner near apartment [redacted] had four cardboard boxes stacked haphazardly, a chair used to measure resident weights, a large rolling plastic cart for document shredding and other office supplies were shielded by a black and white screen.

At 10:36 AM, Staff I, Resident Care Coordinator, stated that the ALF was cleaning out offices and the items in the corner were things they needed to put away.

At 10:39 AM, the gap between the wall and the handrail located in the stairwell by the maintenance shop had a pen, rubber band and a laundry detergent pod.

At 10:45 AM, the door frame across from the clean linen room was yellowed and the paint was rubbed off.

Outside:

At 10:54 AM, a wheelchair, two walkers and an air conditioning unit were sitting on the ground next to a storage shed on the southeast corner of the ALF.

At 10:55 AM, Staff H stated that they would call a recycling company to have the items removed.

At 11:00 AM, a steel plate that covered an underground crawlspace located on the sidewalk on the back east side of the ALF that measured 30 inches by 37 inches had a one-inch raised lip. The raised lip created a one-inch opening between the steel plate and the concrete sidewalk.

**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 Everett 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

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff E and F) had a Washington State name and date of birth background check completed every two years from the initial date the background check was completed. These failures resulted in Staff E and F not having a valid background check and placed the safety of all 61 residents at risk of being cared for by staff persons with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff E, Medication Technician (MT), was hired on 02/21/2023. A Washington State name and date of birth background check was completed on 02/16/2023 prior to Staff E's date of hire. The ALF submitted a new Department of Social and Health Services (DSHS) background check to satisfy the two-year requirement on 03/04/2025 which was 16 days after the first background check had expired.

Staff F, MT, was hired on 06/30/2021. A Washington state name and date of birth background check was completed 06/24/2021 prior to Staff E's date of hire. The ALF submitted a new DSHS background check to satisfy the two-year requirement on 10/12/2023 which was 110 days after the first background check was expired.

On 03/07/2025 at 9:50 AM, Staff E, MT stated that they relied on Human Resources staff to notify them when they needed to complete a new background check.

On 03/07/2025 at 10:07 AM, Staff F stated that they did not know the background check needed to be done every two years. Staff F stated that they would get a background check done when the office told them to do it.

On 03/06/2025 at 3:50 PM, Staff G, Business Office Coordinator, stated that they had a tracking system for background checks. Staff G stated that they had Staff E and F complete a background check as soon as they noticed it was late.

**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 Everett 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  
**3906-172nd St NE, Suite #100, Arlington, WA 98223**

03/19/2025

EMERITUS CORPORATION  
Brookdale Everett  
11333 3RD PL W  
EVERETT, WA 98204

RE: Brookdale Everett # 2285

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/07/2025 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:

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

eFax: (360) 651-6511

Email: rcsregion2email@dshs.wa.gov

Optional method:

3906-172nd St NE, Suite #100

Arlington, WA 98223

- 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-2310 Intermittent nursing services.**

(5) The assisted living facility may provide intermittent nursing services to the extent permitted by RCW 18.20.160 .

Review of the Assisted Living Facility's nurse delegation binder showed the ALF failed to have six residents, receiving nurse delegation, sign a consent. All six consents were signed before the licensing team exited the facility.

**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 (360)651-6846.

Brookdale Everett # 2285

03/07/2025

Page 3 of 3

Sincerely,

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

Enclosure