STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

07/15/2026

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Richland
1629 GEORGE WASHINGTON WAY
RICHLAND, WA 99352

RE: Brookdale Richland # 1696

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 80262 (Completion Date 07/15/2026) and 71957 (Completion Date 05/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/15/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

The Department staff who did the On Site verification:
Laurel Knight, Community Complaint Investigator

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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 01/27/2026 and 05/13/2026 of:

Brookdale Richland
1629 George Washington Way
Richland, WA 99354

This document references the following SOD dated: 05/13/2026

The following sample was selected for review during the unannounced on-site visit: 104 of 104 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Statement of Deficiencies	License #: 1696	Compliance Determination # 71957
Plan of Correction	Brookdale Richland	Completion Date
Page 2 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	05/13/2026

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

05/20/2026 — 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)

5/23/2026 — Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in continued violation during the reinspections dated 11/06/2025 and 04/21/2026. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 04/21/2026 showed that the facility continued to violate the following requirements:

>" The fusible link in the first-floor chute door needs to be replaced.
> Sprinkler heads have excessive buildup of particulates in the outside entrance.
> Sprinkler heads have signs of corrosion in the third-floor attic access/hot water room, and the kitchen walk in cooler.
> Sprinkler Escutcheon rings (protective/decorative ring covering gap where pipes pass through a wall or ceiling) were missing in room 340, the sofa lounge and the kitchen exit door.
> The sprinkler was pushed above the ceiling tile in resident room 212.
> Sprinkler heads in resident room 320 and 326 were not secured in the ceiling.
> Sprinkler head had paint on the bulb in the mail pickup cove and the first-floor laundry room.

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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

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

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in continued violation during the reinspections dated 11/06/2025 and 04/21/2026. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included…

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 04/21/2026 showed that the facility continued to violate the following requirements:

>" The fusible link in the first-floor chute door needs to be replaced.
> Sprinkler heads have excessive buildup of particulates in the outside entrance.
> Sprinkler heads have signs of corrosion in the third-floor attic access/hot water room, and the kitchen walk in cooler.
> Sprinkler Escutcheon rings (protective/decorative ring covering gap where pipes pass through a wall or ceiling) were missing in room 340, the sofa lounge and the kitchen exit door.
> The sprinkler was pushed above the ceiling tile in resident room 212.
> Sprinkler heads in resident room 320 and 326 were not secured in the ceiling.
> Sprinkler head had paint on the bulb in the mail pickup cove and the first-floor laundry room.

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Statement of Deficiencies	License #: 1696	Compliance Determination # 71957
Plan of Correction	Brookdale Richland	Completion Date
Page 3 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	05/13/2026

>Sprinkler cabinet in the first-floor riser room lacked the number of spare sprinkler heads required."

In an interview on 05/13/2026 at 1:50 PM, Staff A, Executive Director, stated that they had a fire system company working on the system at that time and were in communication with the DSFM regarding the status of the anticipated completion of the items.

This is an uncorrected deficiency previously cited on 12/09/2025.

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 Richland is or will be in compliance with this law and / or regulation on (Date) 6/27/2026 .

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

Administrator (or Representative) Date 5/23/2026

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

>Sprinkler cabinet in the first-floor riser room lacked the number of spare sprinkler heads required."

In an interview on 05/13/2026 at 1:50 PM, Staff A, Executive Director, stated that they had a fire system company working on the system at that time and were in communication with the DSFM regarding the status of the anticipated completion of the items.

This is an uncorrected deficiency previously cited on 12/09/2025.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Richland
Provider Type: Assisted Living Facility
License/Cert.#: 1696
Compliance Determination #: 69781
Intake ID: 203186
Investigator: Laurel Knight
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 12/08/2025 through 12/09/2025
Complainant Contact Date(s):

Allegation(s):
Facility failed their fire and life safety inspection.

Investigation Methods:

Sample:	Total residents: 104 Resident sample size: 104 Closed records sample size: 0
Observations:	Completed by the Deputy State Fire Marshal
Interviews:	Deputy State Fire Marshal Executive Director
Record Reviews:	Deputy State Fire Marshal inspection report

Investigation Summary:
The facility staff interview confirmed the facility was working on completing the non-compliant items. The fire inspection report showed the facility had corrected 23 of the 33 items found during the initial inspection. Failed practice identified, please see the Statement of Deficiency dated 12/09/2025 for Washington Administrative Code 388-78A-2040.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 #: 1696	Compliance Determination # 69781
Plan of Correction	Brookdale Richland	Completion Date
Page 1 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	12/09/2025

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 complaint investigation on 12/08/2025 and 12/09/2025 of:

Brookdale Richland
1629 George Washington Way
Richland, WA 99354

This document references the following complaint number(s): 203186

The following sample was selected for review during the unannounced on-site visit: 104 of 104 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

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

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

12/10/2025
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)

12/17/2025
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of 33 codes on the initial inspection on 07/31/2025 and in continued violation of 10 codes on the reinspection on 11/06/2025. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 11/06/2025, showed that facility failed their initial inspection on 07/31/2025. Further review, included the follow-up inspection on 11/06/2025, showed that the facility continued to violate the following requirements:

> Facility was using a resident room to store flammable liquids inside the facility.
> Combustible materials were observed stored on the stove/cooktop in two resident rooms.
> Facility was unable to provide fire drill records with participation sheets for third quarter 2025 day and night shifts.
> Appliances were observed plugged into multiplug adapter power strips in two locations
> There were exposed wires in the ceiling in one resident room.

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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

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Administrator (or Representative) | Date

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> Appliances were observed plugged into multiplug adapter power strips in two locations
> There were exposed wires in the ceiling in one resident room.

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

> Facility failed to provide documentation of semiannual hood cleaning.
> Penetrations were observed in the facility ceiling in the kitchen, and in the corridors of the second and third floor where the cooling system was replaced.
>Penetrations were observed in facility walls above cross corridor doors on the second and third floor where the cooling system was replaced.

In an interview on 12/08/2025 at 1:50 PM, Staff A, Executive Director, stated that they had completed many of the items and were in communication with the DSFM regarding the status of the rest of the items.

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 Richland is or will be in compliance with this law and / or regulation on (Date) 1/23/26 .

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

Administrator (or Representative) — Date: 12/17/2025

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> Facility failed to provide documentation of semiannual hood cleaning.
> Penetrations were observed in the facility ceiling in the kitchen, and in the corridors of the second and third floor where the cooling system was replaced.
>Penetrations were observed in facility walls above cross corridor doors on the second and third floor where the cooling system was replaced.

In an interview on 12/08/2025 at 1:50 PM, Staff A, Executive Director, stated that they had completed many of the items and were in communication with the DSFM regarding the status of the rest of the items.

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 Richland 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

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