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

06/29/2026

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) 79636 (Completion Date 06/29/2026) and 75794 (Completion Date 05/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/29/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

The Department staff who did the On Site verification:
Jessica Clapp, 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

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

Residential Care Services

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 #: 75794
Intake ID: 218773
Investigator: Jessica Clapp
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 04/14/2026 through 05/05/2026
Complainant Contact Date(s): 04/14/2026

Allegation(s):

1. There are water leaks and mold in the facility.
2. The facility is understaffed.

Investigation Methods:

Sample:	Total residents: 102 Resident sample size: 8 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents Family members Maintenance staff Administrator Health and Wellness Director
Record Reviews:	Medical records (face sheet, care plan, progress notes) Facility policies Staff patterns/schedules

Investigation Summary:

1. Observations showed that the facility found a water leak in a resident's apartment, that the resident had moved to another area in the facility and that the facility had made repairs to the affected apartment. Interviews showed that the named resident temporarily moved to another room while repairs were made to their apartment and that the department was not notified of event. Failed practice

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

was identified. Refer to Washington Administrative Code (WAC) 388-78A-2650(2).
2. Record review showed that resident negotiated service agreements were followed when providing resident care needs, that showers were being provided routinely and that residents were monitored when a change of condition occurred. Interviews showed that residents did not have concerns with the care provided and received the care required even when staff could not respond immediately. Observations showed that residents were clean, appropriately dressed and well groomed and that staff responded to resident care needs and provided helpful and respectful care services. No failed practice was identified.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 1696	Compliance Determination # 75794
Plan of Correction	Brookdale Richland	Completion Date
Page 1 of 3	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	05/05/2026

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 04/20/2026 and 04/14/2026 of:

Brookdale Richland
1629 George Washington Way
Richland, WA 99354

This document references the following complaint number(s): 218773

The following sample was selected for review during the unannounced on-site visit: 8 of 102 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor

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 # 1536 | Compliance Determination #75794
Plan of Correction | Brookdale Richland | Completion Date
Page 2 of 3 | Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC | 05/05/2026

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

05/12/2026
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)

05/15/2026
Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to immediately report to the department when a resident was evacuated from their room when a water pipe required repair for 1 of 1 resident (Resident 1). This failure limited the departments ability to conduct a timely and through investigation.
Findings included...
In an interview on 04/14/2026 at 10:39 AM, Staff A, Administrator, stated Resident 1 had temporarily moved to another apartment in the facility when wall damage had been found from a water leak in their apartment. Staff A stated that Resident 1 would move back to their apartment when repairs were completed.
Observation on 04/14/2026 at 11:15 AM, showed that Resident 1's affected apartment was unoccupied. The wall behind Resident 1's bathroom counter was exposed and the bottom portion of the wall had visible, square cuts where the sheetrock had been repaired after the water leak had been fixed. Resident 1's closet shared a wall with their bathroom and it showed cuts in the shape of a square, near the bottom of the wall, where the sheetrock had been repaired.
In an interview on 04/14/2026 at 12:26 PM, Staff B, Maintenance Director, stated that Resident 1's apartment had been damaged from a water leak in a pipe inside the bathroom wall and that they were completing the repairs. Staff B stated that the sheetrock on the bathroom and closet wall was repaired when the areas got wet from the water leak. Staff B stated that Resident 1 would move back to their apartment when the repairs were completed.
In an interview on 04/14/2026 at 11:18 AM, Resident 1 stated that a water leak was

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.

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-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to immediately report to the department when a resident was evacuated from their room when a water pipe required repair for 1 of 1 resident (Resident 1). This failure limited the departments ability to conduct a timely and through investigation.
Findings included…
In an interview on 04/14/2026 at 10:30 AM, Staff A, Administrator, stated Resident 1 had temporarily moved to another apartment in the facility when wall damage had been found from a water leak in their apartment. Staff A stated that Resident 1 would move back to their apartment when repairs were completed.
Observation on 04/14/2026 at 11:15 AM, showed that Resident 1’s affected apartment was unoccupied. The wall behind Resident 1’s bathroom counter was exposed and the bottom portion of the wall had visible, square cuts where the sheetrock had been repaired after the water leak had been fixed. Resident 1’s closet shared a wall with their bathroom and it showed cuts in the shape of a square, near the bottom of the wall, where the sheetrock had been repaired.
In an interview on 04/14/2026 at 12:26 PM, Staff B, Maintenance Director, stated that Resident 1’s apartment had been damaged from a water leak in a pipe inside the bathroom wall and that they were completing the repairs. Staff B stated that the sheetrock on the bathroom and closet wall was repaired when the areas got wet from the water leak. Staff B stated that Resident 1 would move back to their apartment when the repairs were completed.
In an interview on 04/14/2026 at 11:18 AM, Resident 1 stated that a water leak was

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

found in their apartment's closet. Resident 1 stated that they temporarily moved to another apartment in the facility while repairs were completed.
In an interview on 04/29/2026 at 3:13 PM, Staff A stated that Resident 1 was the only resident that required a temporary move to another apartment when a water leak was found. Staff A further stated that the department was not notified of the event and stated that they were not aware that a notification was required after Resident 1 was moved to another apartment in the facility when the water leak was found.

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) 06/18/2026.

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

Administrator (or Representative) — Date: 05/15/2026

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

found in their apartment's closet. Resident 1 stated that they temporarily moved to another apartment in the facility while repairs were completed.
In an interview on 04/29/2026 at 3:13 PM, Staff A stated that Resident 1 was the only resident that required a temporary move to another apartment when a water leak was found. Staff A further stated that the department was not notified of the event and stated that they were not aware that a notification was required after Resident 1 was moved to another apartment in the facility when the water leak was found.

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

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