STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

RE: Brookdale Nine Mile License # 1698

Dear Administrator:

This letter addresses Compliance Determination(s) 80924 (Completion Date 07/27/2026) and 78098 (Completion Date 05/29/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/27/2026 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-2170-2-b

The Department staff who did the on-site verification:
Abigail Vanderkolk, Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
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

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 05/28/2026 of:

Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

This document references the following SOD dated: 05/29/2026

The following sample was selected for review during the unannounced on-site visit: 6 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Abigail Vanderkolk, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 — 06/10/2026 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) — June 12th 2026 Date

WAC 388-78A-2170 Required assisted living facility services.

(2) The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

(b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide housekeeping services as agreed upon in negotiated service agreements, to 6 of 8 sampled residents (Resident 1, 2, 3, 4, 5, and 8). This failure resulted in a lack of cleanliness and placed the residents at risk of living in unsanitary conditions.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility must maintain the residents' living quarters in a safe, clean, and comfortable condition.

Review of the facility's undated Housekeeping Schedule showed that Residents 1, 3, 4, 5, and 8 were scheduled to receive weekly resident room deep cleaning services on Wednesdays and that Resident 2 was scheduled to receive them on Thursdays.

<Resident 1>

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-2170 Required assisted living facility services.

(2) The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

(b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide housekeeping services as agreed upon in negotiated service agreements, to 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, and 6). This failure resulted in a lack of cleanliness and placed the residents at risk of living in unsanitary conditions.

Findings included…

Review of the facility’s undated Disclosure of Services showed that the facility must maintain the residents’ living quarters in a safe, clean, and comfortable condition.

Review of the facility’s undated Housekeeping Schedule showed that Residents 1, 3, 4, 5, and 6 were scheduled to receive weekly resident room deep cleaning services on Wednesdays and that Resident 2 was scheduled to receive them on Thursdays.

<Resident 1>

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

Review of Resident 1's undated Negotiated Service Agreement (NSA) showed that the facility was required to provide housekeeping services for Resident 1 weekly and as needed.

Observation of Resident 1's room and bathroom on 05/28/2026 at 2:50 PM showed that Resident 1's room was covered in small debris and trash, their bathroom floor had small puddles of an unidentified liquid, their toilet was surrounded by a large yellow-orange stain, and that their bathroom smelled of urine.

In an interview on 05/28/2026 at 2:52 PM, Resident 1 stated that no one had cleaned their room or bathroom recently.

<Resident 2>

Review of Resident 2's undated NSA showed that the facility was required to provide housekeeping services for Resident 2 weekly and as needed.

Observation of Resident 2's room and bathroom on 05/28/2026 at 2:45 PM showed that Resident 2's room was covered in small debris and trash, the toilet bowl in their bathroom was coated in speckled brown stains, and that their bathroom smelled of feces.

<Resident 3>

Review of Resident 3's undated NSA showed that the facility was required to provide housekeeping services for Resident 3 weekly and as needed.

Observation of Resident 3's room and bathroom on 05/28/2026 at 2:56 PM showed that Resident 3's room was littered with small debris and pieces of trash and that their toilet had feces in the toilet bowl and smeared along the back edge of the toilet rim.

<Resident 4>

Review of Resident 4's undated NSA showed that the facility was required to provide housekeeping services for Resident 4 weekly and as needed.

Observation of Resident 4's bathroom on 05/28/2026 at 3:11 PM showed that Resident 4's bathroom was malodorous and that their toilet bowl was stained a dark brown-yellow color.

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

<Resident 5>

Review of Resident 5's undated NSA showed that the facility was required to provide housekeeping services for Resident 5 weekly and as needed.

Observation of Resident 5's bathroom on 05/28/2026 at 3:11 PM showed that Resident 5's room had a medium-sized, circular, brown stain on the carpet to the left side of the room, and that the carpet was covered with small debris and pieces of trash.

<Resident 6>

Review of Resident 6's undated NSA showed that the facility was required to provide housekeeping services for Resident 6 weekly and as needed.

Observation of Resident 6's room and bathroom on 05/28/2026 at 2:56 PM showed that Resident 6's room was littered with small debris and pieces of trash and that their toilet had feces in the toilet bowl and smeared along the back edge of the toilet rim.

In an interview on 05/28/2026 at 3:10 PM, Staff A, Maintenance Manager, stated that the facility had no housekeeper performing scheduled resident room deep cleaning, that the caregivers were supposed to be doing the resident room cleaning, but they didn't believe it was being done consistently.

In an interview on 05/28/2026 at 3:06 PM, Staff B, Caregiver, stated that they weren't sure who was supposed to be deep cleaning the residents' rooms.

In an interview on 05/28/2026 at 3:21 PM, Staff C, Caregiver, stated that the caregivers were supposed to be doing resident room cleaning, but they don't have time to do it, so it doesn't always get done.

This is an uncorrected deficiency previously cited on 04/07/2026.

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

Statement of Deficiencies	License #: 1698	Compliance Determination # 78086
Plan of Correction	Brookdale Nine Mile	Completion Date
Page 5 of 5	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	05/29/2026

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) July 13th 2026

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

Administrator (or Representative) 6/12/2026 Date

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

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 Nine Mile 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.

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Nine Mile
Provider Type: Assisted Living Facility
License/Cert.#: 1698
Compliance Determination #: 75374
Intake ID: 215436
Investigator: Abigail Vanderkolk
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 04/02/2026 through 04/07/2026
Complainant Contact Date(s):

Allegation(s):

1. The residents' rooms and bathrooms were not being cleaned by the facility housekeeping staff.
2. The alleged victim as not being given supplemental shakes as ordered.
3. The facility was not allowing the identified resident's representative to review the resident's care plan.
4. Lack of resident monitoring for a resident with lower extremity swelling.

Investigation Methods:

Sample:
Total residents: 49
Resident sample size: 5
Closed records sample size: 0

Observations:
Staff to resident interactions
Resident rooms
Medication storage
Medication administration
Residents
Identified resident

Interviews:
Resident care coordinator
Regional nurse manager
Residents
Resident representatives
Caregivers
Med techs
Housekeeping lead

Record Reviews:
Resident medication administration records
Resident care plans
Home health care notes
Resident progress notes
Facility housekeeping safety plan
Facility investigation
Housekeeping schedule

Investigation Summary:

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

1. Investigation showed that the facility had not provided housekeeping services for the residents as required and was found to be out of compliance under WAC 388-78A-2170 (2)(b).
2. The administrative and clinical facility staff that were interviewed stated that they had received no reports regarding residents not receiving their supplemental shakes as ordered. Observations during the unannounced facility visit showed that the facility had a sufficient supply of residents' supplemental shakes. A review of a sample of resident medication administration records showed that all supplemental shakes were given according to order. No failed facility practice was identified.
3. The administrative facility staff that were interviewed stated that the residents' care plans were reviewed and signed by the residents' designated power-of-attorneys every six months to a year, that the residents' power-of-attorneys could request to review or receive a copy of their resident's care plan at any time, and that all resident power-of-attorneys were provided with a copy of the resident's most up-to-date care plan. No resident representatives were observed being denied a copy of their resident's care plan during the unannounced facility visit. A review of facility records showed that all sampled resident care plans were signed within the previous six months by the resident's power-of-attorney. No failed facility practice was identified.
4. The administrative facility staff that were interviewed stated that the identified resident received home health monitoring for their leg swelling. The clinical staff that were interviewed stated that the identified resident had compression stockings that were placed in the morning and removed before the identified resident went to bed. A review of resident documents showed that the identified resident received twice weekly monitoring visits from a home health nurse, that the resident had orders for placement of compression stockings in the morning and removal at night, and that the facility care staff had received education from occupational therapy on how to place and remove the compression stockings. The identified resident was observed wearing compression stockings during the unannounced facility visit and appeared without distress or unmet care needs. No failed facility practice was identified.

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
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 04/02/2026 of:

Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

This document references the following complaint number(s): 215436

The following sample was selected for review during the unannounced on-site visit: 5 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Abigail Vanderkolk, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

Statement of Deficiencies	License #: 1698	Compliance Determination # 75374
Plan of Correction	Brookdale Nine Mile	Completion Date
Page 2 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	04/07/2026

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.

Residential Care Services — 04/09/2026 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) — 4/15/26 Date

WAC 388-78A-2170 Required assisted living facility services.

(2) The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

(b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide housekeeping services to 2 of 5 sampled residents (Resident 2 and 5). This failure resulted in a lack of room cleanliness and placed the residents at risk of living in unsanitary conditions.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility must maintain the residents' living quarters in a safe, clean, and comfortable condition.

Review of the facility's undated Housekeeping Schedule showed that Resident 2 was scheduled to receive weekly resident room deep cleaning services on Wednesdays and that Resident 5 was scheduled to receive them on Thursdays.

<Resident 2>

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

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Findings included…

Review of the facility’s undated Disclosure of Services showed that the facility must maintain the residents’ living quarters in a safe, clean, and comfortable condition.

Review of the facility’s undated Housekeeping Schedule showed that Resident 2 was scheduled to receive weekly resident room deep cleaning services on Wednesdays and that Resident 5 was scheduled to receive them on Thursdays.

<Resident 2>

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

Review of Resident 2's undated Negotiated Service Agreement (NSA) showed that the facility was required to provide housekeeping services for Resident 2 weekly and as needed.

Observation of Resident 2's room on 04/02/2026 at 3:34 PM showed that the resident's room was covered in debris, lint, and dust.

In an interview on 03/06/2026 at 3:39 PM, Collateral Contact 1, Resident Representative, stated that every time they had visited, Resident 2's room had been dirty and messy, and that it hadn't seemed to improve over two to three weeks of visits.

<Resident 5>

Review of Resident 5's undated NSA showed that the facility was required to provide housekeeping services for Resident 5 weekly and as needed.

Observation of Resident 5's room on 04/02/2026 at 2:21 PM showed that the carpet in the resident's room was littered with lint, dust, and other unidentifiable debris, the bathroom was malodorous, and the toilet had a rust-colored stain running down the front of it that had hardened onto the bathroom floor.

In an interview on 04/02/2026 at 3:10 PM, Staff B, Maintenance Manager, stated that the facility has had no regular housekeeping services since 02/27/2026 and that no deep cleaning was being done in resident rooms.

In an interview on 04/02/2026 at 1:30 PM, Staff A, Regional Nurse Manager, stated that the facility had been without a housekeeper for the previous three or four weeks.

In an interview on 04/02/2026 at 2:50 PM, Staff C, Medication Technician, stated that they had no time to help with resident housekeeping.

In an interview on 04/02/2026 at 4:04 PM, Staff D, Caregiver, stated that they tried to do some tidying while in residents' rooms, but no deep cleaning was being done.

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

Statement of Deficiencies	License #: 1698	Compliance Determination # 75374
Plan of Correction	Brookdale Nine Mile	Completion Date
Page 4 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	04/07/2026

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) 5/22/2025 .

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

Administrator (or Representative)  Date 4/07/26

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

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 Nine Mile 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.