STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

EMERITUS CORPORATION
Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

RE: Brookdale Fishers Landing License # 2261

Dear Administrator:

This letter addresses Compliance Determination(s) 84081 (Completion Date 09/24/2026) and 80412 (Completion Date 07/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/24/2026 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2310-2-f, WAC 388-78A-2090-6-e, WAC 388-78A-2474-2-c, WAC 388-78A-2474-3, WAC 388-78A-2040-1, WAC 388-78A-2481-1-a, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2390-3, WAC 388-78A-2730-2-b-iii

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit E
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
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 07/14/2026 and 07/16/2026 of:
Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

The following sample was selected for review during the unannounced on-site visit: 9 of 75 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

07/29/2026
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)

8/4/26
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the assisted living facility (ALF) failed to ensure implementation of systems that support and promote safe medication services when 4 of 9 sampled residents (Resident 1, 3, 8 and 9) had medications that were not given as prescribed. The ALF also failed to ensure that the nasal, optical and topical medications were labeled when opened and dispose of expired medications for 1 of 2 facility medication carts (2nd floor med cart). These failures placed residents at risk of harm and medical complications.

Findings included:

Record review of the ALF's policy, titled, Medication & Treatment – General Guidelines

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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.

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Residential Care Services

07/29/2026
Date

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Administrator (or Representative)

Date

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(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the assisted living facility (ALF) failed to ensure implementation of systems that support and promote safe medication services when 4 of 9 sampled residents (Resident 1, 3, 8 and 9) had medications that were not given as prescribed. The ALF also failed to ensure that the nasal, optical and topical medications were labeled when opened and dispose of expired medications for 1 of 2 facility medication carts (2nd floor med cart). These failures placed residents at risk of harm and medical complications.

Findings included...

Record review of the ALF's policy, titled, Medication & Treatment – General Guidelines

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for Medication Administration/Assistance, with a revision date of September 2025, documented under number 1b, expiration dates should be checked on medications or treatments before administration. Under number 25, it stated medications and treatments should be administered within the parameters of the physician/HCP (health care provider) orders. Under number 30, it stated that topical medications, eye drops, bottles, inhalers, insulin vials/pens should be dated when opened.

Resident 1 (R1)
Review of R1's records showed that they were admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of R1's medication administration records (MAR), dated 06/18/2026 through 07/14/2026, showed the following:
- Excitalopram Oxalate (medication to treat depression) was marked as medication not available from 07/01/2026 through 07/13/2026. On 07/04/2026, the medication was marked as given. No corresponding information was found to show how the medication was given between the time it was documented as not available. There was also no documentation found to explain why the medication was not available for nearly two weeks or the ALF's efforts to obtain the medication in a timely manner.
- Pantoprazole Sodium (medication to treat heart burn and indigestion) was marked as medication not available from 06/29/2026 through 07/14/2026. On 07/04/2026, the medication was marked as given. There was no documentation found to explain why the medication was not available for over two weeks or the ALF's efforts to obtain the medication in a timely manner.
- Midodrine (medication to treat orthostatic hypotension) had parameters to 'HOLD' medication if systolic blood pressure (top number) is higher than 130.
- On 06/20/2026 at 12:00 PM, R1's blood pressure was not documented, and the medication was marked as not given, with the exception code being 20 for medication not available.
- On 06/25/2026 at 12:00 PM, R1's blood pressure was documented as 139/77 and the medication was marked as given. At 5:00 PM, R1's blood pressure was documented as 132/88 and the medication was marked as given.
- On 06/26/2026 at 8:00 AM and 5:00 PM, R1's blood pressure was not documented, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 06/27/2026 at 8:00 AM, R1's blood pressure was documented as 146/53 and the medication was marked as given.
- On 06/28/2026 at 5:00 PM, R1's blood pressure was documented as 132/69 and the medication was marked as given.
- On 06/29/2026 at 5:00 PM, R1's blood pressure was documented as 128/66 and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 06/30/2026 at 8:00 AM and 12:00 PM, R1's blood pressure was documented as 129/78, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 07/03/2026 at 12:00 PM, R1's blood pressure was documented as 128/68, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 07/04/2026 at 8:00 AM and 12:00 PM, R1's blood pressure was documented

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as 140/87, and the medication was marked as given.
- On 07/05/2026 at 8:00 AM, R1's blood pressure was documented as 142/73, and the medication was marked as given.
- On 07/08/2026 at 8:00 AM, R1's blood pressure was documented as 129/91, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters. At 5:00 PM R1's blood pressure was not documented, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 07/09/2026 at 5:00 PM, R1's blood pressure was not documented, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 07/10/2026 at 12:00 PM, R1's blood pressure was not documented, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- On 07/11/2026 at 8:00 AM and 12:00 PM, R1's blood pressure was not documented, and the medication was marked as not given with the exception code of 19 for vital signs outside of parameters.
- Review of R1's records showed no documentation was found to explain why the medication was given at certain times when the systolic blood pressure was above 130 and held when the systolic blood pressure was under 130.

Resident 3 (R3)
Review of R3's records showed that they were admitted to the ALF on [redacted]/2016 with various diagnoses including [redacted]

Record review of R3's MARs, dated 06/18/2026 through 07/14/2026, showed the following:
- Humalog (medication to treat diabetes mellitus) had parameters to 'HOLD' if CBG (capillary blood glucose) was less than 150 or if not eating.
- On 05/01/2026 at 7:00 AM and 4:00 PM, R3's CBG was documented as 143, and the medication was marked as given.
- On 05/02/2026 at 7:00 AM, R3's CBG was documented as 134, and the medication was marked as given.
- On 05/03/2026 at 7:00 AM and 4:00 PM, R3's CBG was documented as 131, and the medication was marked as given.
- On 05/08/2026 at 7:00 AM and 4:00 PM, R3's CBG was documented as 145, and the medication was marked as given.
- On 05/17/2026 at 7:00 AM, R3's CBG was documented as 135, and the medication was marked as given.
- On 05/20/2026 at 7:00 AM, R3's CBG was documented as 146, and the medication was marked as given.
- Review of R3's records showed no documentation to explain why the medication was given at certain times when the CBG was less than 150.

Resident 8 (R8)
Review of R8's records showed that they were admitted to the ALF on [redacted]/2025 with various diagnoses including [redacted].

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Record review of R8's MARs, dated 05/01/2026 through 07/14/2026, showed all medications on 05/27/2026 was not marked as given or not given, and no corresponding explanation as to why the medication was not documented.

Resident 9 (R9)
Review of R9's records showed that they were admitted to the ALF on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's MARs, dated 05/01/2026 through 07/14/2026, showed the following:

- Montelukast Sodium (medication to treat allergies) was marked as medication not available from 05/13/2026 through 05/28/2026 and 07/01/2026 through 07/03/2026. There was no documentation found to explain why the medication was not available for over two weeks or the ALF's efforts to obtain the medication in a timely manner.
- Torsemide (medication to treat fluid overload) was marked as medication not available from 05/14/2026 through 05/28/2026. The medication was marked as given on 05/17/2026, 05/21/2026 and 05/26/2026. No corresponding information was found to show how the medication was given between the time it was documented as not available. There was also no documentation found to explain why the medication was not available for two weeks or the ALF's efforts to obtain the medication in a timely manner.
- Lactobacillus (probiotic supplement medication) was marked as medication not available from 05/13/2026 through 06/14/2026. The medication was marked as given on 05/15/2026, 05/17/2026, 05/25/2026, 05/29/2026 and 06/13/2026. No corresponding information was found to show how the medication was given between the time it was documented as not available. There was also no documentation found to explain why the medication was not available for two weeks or the ALF's efforts to obtain the medication in a timely manner.
- Miconazole (medication to treat fungal skin infections) was marked as medication not available from 05/09/2026 through 06/14/2026 and held from 05/12/2026 through 05/22/2026. There was no documentation found to explain why the medication was not available for over a month, why the medication was held for 11 days, or the ALF's efforts to obtain the medication in a timely manner.
- Zinc Oxide (medication to treat skin irritation) was documented as medication not available at 8:00 AM on 05/14/2026 and 05/18/2026 and at 8:00 PM on 05/08/2026, 05/17/2026 and 05/22/2026. The medication was blank on 06/18/2026 at 8:00 PM and on 06/29/2026 at 8:00 AM. There was no documentation found to explain why the medication was unavailable sporadically throughout the month of May and why it wasn't charted on for the two days in June.
- Sennosides (medication to treat constipation) was documented as medication not available on 06/01/2026, 06/12/2026, 06/14/2026, 06/15/2026, 06/20/2026 – 06/22/2026, 06/28/2026, 07/04/2026, 07/05/2026, and 07/10/2026. There was no documentation found to explain why the medication was unavailable sporadically throughout the months of June and July.

In an observation on 07/16/3036 at 11:40 AM, the medication cart for the second floor,

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was found at the top of the main stairs across from the elevator, was unlocked and unsupervised. In the top drawer of the medication cart, topical, optical, and nasal medications were found that were opened and used, and had no documentation on the sticker to label the date at which the medication was opened. In the narcotic drawer, a bottle of liquid morphine, with a broken seal, had no date labeled at which it was opened. The following medications were found to be expired:

- Iron (supplement) with an expiration date of 12/2025
- Aspirin (medication for heart health) with an expiration date of 05/2025
- Loperamide (medication for diarrhea) with an expiration date of 06/01/2026
- Acetaminophen (pain medication) with an expiration date of 06/01/2026
- Gabapentin (medication for nerve pain) with an expiration date of 06/01/2026

In an exit interview on 07/16/2026 at 1:13 PM, Staff B, Health and Wellness Coordinator, acknowledged that the medication cart was unlocked and unsupervised. Staff A, Executive Director, acknowledged the department's findings of expired medications in the medication cart, medications not labeled when opened, medications given outside physician parameters, and missing documentation.

This is a recurring citation previously cited on 04/16/2026, 03/07/2025, and 10/18/2024 for subsection (1)(b).

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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 9/4/26.

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

Administrator (or Representative) — Date: 8/4/26

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff, however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law.

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to obtain written consent from the resident or representative prior to implementing nurse

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was found at the top of the main stairs across from the elevator, was unlocked and unsupervised. In the top drawer of the medication cart, topical, optical, and nasal medications were found that were opened and used, and had no documentation on the sticker to label the date at which the medication was opened. In the narcotic drawer, a bottle of liquid morphine, with a broken seal, had no date labeled at which it was opened. The following medications were found to be expired:

- Iron (supplement) with an expiration date of 12/2025
- Aspirin (medication for heart health) with an expiration date of 05/2025
- Loperamide (medication for diarrhea) with an expiration date of 06/01/2026
- Acetaminophen (pain medication) with an expiration date of 06/01/2026
- Gabapentin (medication for nerve pain) with an expiration date of 06/01/2026

In an exit interview on 07/16/2026 at 1:13 PM, Staff B, Health and Wellness Coordinator, acknowledged that the medication cart was unlocked and unsupervised. Staff A, Executive Director, acknowledged the department's findings of expired medications in the medication cart, medications not labeled when opened, medications given outside physician parameters, and missing documentation.

This is a recurring citation previously cited on 04/16/2026, 03/07/2025, and 10/18/2024 for subsection (1)(b).

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

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to obtain written consent from the resident or representative prior to implementing nurse

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delegation for 2 of 3 sampled resident (Resident 5 and 9). This failure placed these two residents at risk of not being informed prior to receiving delegated tasks.

Findings included...

WAC (Washington Administrative Code) 246-840-930
Criteria for delegation:
"... (10) If the registered nurse delegator determines delegation is appropriate, the nurse:...
(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process...."

Resident 5 (R5)
Review of R5's records showed that they admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Review of the ALF's resident characteristics roster (RCR), dated 06/26/2026, showed documentation that R5 required nurse delegation.

Review of R5's negotiated service agreement (NSA), dated 01/23/2026, documented that R5 required nurse delegation for diabetes management.

Review of R5's nurse delegation records showed no nurse delegation consent signed by R5 and/or their representative.

Resident 9 (R9)
Review of R9's records showed that they admitted to the ALF on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Review of the ALF's RCR, dated 06/26/2026, showed documentation that R9 required nurse delegation.

Review of R9's NSA, dated 06/05/2026, documented that R9 required nurse delegation for diabetes management.

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Review of R9's nurse delegation records showed no nurse delegation consent signed by R9 and/or their representative.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged that there was no documentation that R5 and R9 had written consent for nurse delegation.

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: 8/4/26

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as smoking or self-administering medications for 3 of 4 sampled residents (Resident 2, 4, and 7). This failure placed these residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)
Review of R2's records showed that they admitted to the ALF on [redacted]/2023 with various diagnoses including [redacted]

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Review of R9's nurse delegation records showed no nurse delegation consent signed by R9 and/or their representative.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged that there was no documentation that R5 and R9 had written consent for nurse delegation.

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

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(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as smoking or self-administering medications for 3 of 4 sampled residents (Resident 2, 4, and 7). This failure placed these residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)
Review of R2's records showed that they admitted to the ALF on [redacted]/2023 with various diagnoses including [redacted]

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

Record review of the ALF's resident characteristics roster (RCR), dated 06/26/2026, showed documentation that R2 was independent with medication administration.

Record review of R2's medication administration records, dated 05/01/2026 through 07/14/2026, documented that R2 was independent with medication administration.

Review of R2's records showed no self-administration of medication assessment.

Resident 4 (R4)
Review of R4's records showed that they admitted to the ALF on [redacted]/2025 with various diagnoses including [redacted].

Record review of the ALF's RCR, dated 06/26/2026, showed documentation that R4 was independent with medication administration.

Review of R4's records showed no self-administration of medication assessment.

Resident 7 (R7)
Review of R7's records showed that they admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of the ALF's RCR, dated 06/26/2026, showed documentation that R7 smoked.

Record review of R7's negotiated service agreement, dated 01/02/2026, documented that R7 smoked.

Review of R7's records showed no smoking assessment.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged that the required safety assessments for R2, R4, and R7 were not completed per regulation.

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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) 8/4/26 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 2 of 3 sampled staff (Staff C and D) had completed and/or had documentation of them completing their required training. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

Staff C

Record review for Staff C, Caregiver, showed that Staff C was hired on 11/26/2025. Review of Staff C's employee records showed no documentation that Staff C had completed dementia and/or mental health specialty training.

Staff D

Record review for Staff D, Medication Technician, showed that Staff D was hired on 08/28/2025. Review of Staff D's employee records showed no documentation that Staff D had completed a facility orientation, and Staff D's dementia and mental health specialty training had been completed past the required timeframe of 120 days from hire, on 07/07/2026 and 07/08/2026.

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 Fishers Landing 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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(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 2 of 3 sampled staff (Staff C and D) had completed and/or had documentation of them completing their required training. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

Staff C

Record review for Staff C, Caregiver, showed that Staff C was hired on 11/26/2025. Review of Staff C's employee records showed no documentation that Staff C had completed dementia and/or mental health specialty training.

Staff D

Record review for Staff D, Medication Technician, showed that Staff D was hired on 08/28/2025. Review of Staff D's employee records showed no documentation that Staff D had completed a facility orientation, and Staff D's dementia and mental health specialty training had been completed past the required timeframe of 120 days from hire, on 07/07/2026 and 07/08/2026.

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

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged staff did not have the required trainings completed or completed on time.

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 8/4/26

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 observation, interview and record review, the facility failed to ensure 3 of 29 observed fire extinguishers had been inspected monthly to verify they were operating adequately. This failure placed all residents at risk for injury and possible harm from defective or non-functioning extinguishers in the event of a fire in the facility.

Findings included..

State Fire Marshall regulation code IFC (Internation Fire Code) 906.2 2015,2018
".. Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10."

On 07/16/2026 at 12:00 PM, the fire extinguishers were observed both upstairs and downstairs, each with inspection tags. All inspection tags documented that the fire extinguishers had maintenance completed in September of 2025. The following was observed.

The fire extinguisher on the first floor across from the stairs had tags that documented that it was inspected on 10/14/2025, 04/30/2026, 05/04/2026, and 06/01/2026. No documentation was found to show that the fire extinguisher had been inspected in

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

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged staff did not have the required trainings completed or completed on time.

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 Fishers Landing 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-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 observation, interview and record review, the facility failed to ensure 3 of 20 observed fire extinguishers had been inspected monthly to verify they were operating adequately. This failure placed all residents at risk for injury and possible harm from defective or non-functioning extinguishers in the event of a fire in the facility.

Findings included...

State Fire Marshall regulation code IFC (Internation Fire Code) 906.2 2015,2018
"...Portable fire extinguishers shall be selected, installed, and maintained in accordance with this section and NFPA 10."

On 07/16/2026 at 12:00 PM, the fire extinguishers were observed both upstairs and downstairs, each with inspection tags. All inspection tags documented that the fire extinguishers had maintenance completed in September of 2025. The following was observed:

The fire extinguisher on the first floor across from the stairs had tags that documented that it was inspected on 10/14/2025, 04/30/2026, 05/04/2026, and 06/01/2026. No documentation was found to show that the fire extinguisher had been inspected in

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November of 2025 through March of 2026.

The fire extinguisher on the first floor between room 116 and room 118 had tags that documented that it was inspected on 10/14/2025, 11/14/2025, 12/19/2025, 01/15/2026, 02/16/2026, and 06/01/2026. No documentation was found to show that the fire extinguisher had been inspected in March of 2026 through May of 2026.

The fire extinguisher on the first floor between room 127 and room 129 had tags that documented that it was inspected on 10/09/2025, 11/19/2025, 12/17/2025, 01/21/2026, 02/16/2026, 04/30/2026, 05/06/2026, and 01/01/2026. No documentation was found to show that it had been inspected in March of 2026.

Six of the ten fire extinguishers on the first floor had not been inspected one or more months since maintenance.

Five of the ten fire extinguishers on the second floor had not been inspected one or more months since maintenance.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged the fire extinguishers were not documented as inspected as required.

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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 9/4/26.

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

Administrator (or Representative) — Date: 8/4/26

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

This requirement was not met as evidenced by:

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

November of 2025 through March of 2026.

The fire extinguisher on the first floor between room 116 and room 118 had tags that documented that it was inspected on 10/14/2025, 11/14/2025, 12/19/2025, 01/15/2026, 02/16/2026, and 06/01/2026. No documentation was found to show that the fire extinguisher had been inspected in March of 2026 through May of 2026.

The fire extinguisher on the first floor between room 127 and room 129 had tags that documented that it was inspected on 10/09/2025, 11/19/2025, 12/17/2025, 01/21/2026, 02/16/2026, 04/30/2026, 05/06/2026, and 01/01/2026. No documentation was found to show that it had been inspected in March of 2026.

Six of the ten fire extinguishers on the first floor had not been inspected one or more months since maintenance.

Five of the ten fire extinguishers on the second floor had not been inspected one or more months since maintenance.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged the fire extinguishers were not documented as inspected as required.

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 Fishers Landing 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-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to ensure the two-step tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing was read within 48 to 72 hours from when it was given for 2 of 3 sampled staff (Staff D and E).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Staff D
Record review for Staff D, Medication Technician, showed that Staff D was hired on 08/28/2025. Review of Staff D's TB test records showed that the first step of the TB test was completed on 08/28/2025 and read the next day on 08/29/2025. There was no other documentation to show that the first step was read within 48 to 72 hours for Staff D.

Staff E
Record review for Staff E, Medication Technician, showed that Staff E was hired on 10/24/2025. Review of Staff E's TB test records showed that the second step of the TB test was completed on 11/19/2025 and read four days later, on 11/22/2025. There was no other documentation to show that the second step was read within 48 to 72 hours for Staff E.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director acknowledged that Staff D's and E's TB test results were not read within the required timeframe.

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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 9/4/26 .

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

Administrator (or Representative) 8/4/26 Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others, and

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Based on interview and record review, the facility failed to ensure the two-step tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing was read within 48 to 72 hours from when it was given for 2 of 3 sampled staff (Staff D and E).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Staff D
Record review for Staff D, Medication Technician, showed that Staff D was hired on 08/28/2025. Review of Staff D's TB test records showed that the first step of the TB test was completed on 08/28/2025 and read the next day on 08/29/2025. There was no other documentation to show that the first step was read within 48 to 72 hours for Staff D.

Staff E
Record review for Staff E, Medication Technician, showed that Staff E was hired on 10/24/2025. Review of Staff E's TB test records showed that the second step of the TB test was completed on 11/19/2025 and read four days later, on 11/22/2025. There was no other documentation to show that the second step was read within 48 to 72 hours for Staff E.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director acknowledged that Staff D's and E's TB test results were not read within the required timeframe.

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 Fishers Landing 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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others; and

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(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 4 of 9 sampled residents (Residents 1, 3, 7, and 9). This failure placed these residents at risk for unmet care needs.

Findings included...

On 07/14/2026 at 10:30 AM, a resident sample was selected from the ALF's resident characteristic roster (RCR), dated 06/26/2026, to review their records. Staff A, Executive Director, stated two of the residents from the request were no longer residents at the facility and that the RCR needed to be updated.

Resident 1 (R1)
Review of R1's records showed that they admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of R1's assessment, dated 06/30/2026, documented that R1 had nighttime bladder incontinence.

Record review of R1's negotiated service agreement (NSA), dated 06/25/2026, showed documentation that R1 had bladder incontinence.

Record review of the ALF's RCR, dated 06/26/2026, showed no documentation that R1 had any urinary incontinence.

Resident 3 (R3)
Review of R3's records showed that they admitted to the ALF on [redacted]/2016 with various diagnoses including [redacted].

Record review of R3's assessment and NSA, dated 03/20/2026, documented that R3 had wounds and supplemental oxygen.

Review of R3's records showed third party provider notes, dated 06/18/2026 and 07/09/2026, for wound care to R3's right second toe.

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Record review of the ALF's RCR, dated 06/26/2026, showed no documentation that R3 had wounds or utilized supplemental oxygen.

Resident 7 (R7)
Review of R7's records showed that they admitted to the ALF on [redacted]2026 with various diagnoses including [redacted].

Record review of R7's assessment and NSA, dated 01/02/2026, documented that R7 had diabetes.

Record review of the facility's RCR, 06/26/2026, showed no documentation that R7 had diabetes.

Resident 9 (R9)
Review of R9's records showed that they admitted to the ALF on [redacted]2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's assessment and NSA, dated 06/05/2026, documented that R9 received home health services.

Review of R9's records showed documentation of a hospitalization on 05/21/2026 and from [redacted]/2026 through [redacted]/2026. On 07/15/2026, R9 was again sent to the hospital for evaluation for their 36 pound weight gain.

Record review of R9's progress notes, dated 05/01/2026 through 07/14/2026, showed alert charting for aggression towards staff, unsafe behaviors, and suicidal comments.

Record review of the facility's RCR, dated 06/26/2026, showed no documentation that R9 had behavioral issues, received home health services, and had recent hospitalizations.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director acknowledged that the ALF's RCR had not been updated.

This is a recurring citation previously cited on 10/18/2024.

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

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) 8/4/26 Date

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility (ALF) failed to ensure that a copy of the report including the cover letter, and plan of correction of the most recent full inspection conducted by the department was available for the public to review for 1 of 1 ALFs. This failure placed all residents at risk of not knowing the facilities' deficiencies.

Findings included...

In an observation on 07/16/2026 at 12:00 PM, the ALF state survey binder by the front desk, showed the last full inspection present was from 2022.

Record review of the department records showed the ALF's previous full inspection was completed on 10/15/2024.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged the inspection report and related documents were not updated and available as required.

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Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility (ALF) failed to ensure that a copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department was available for the public to review for 1 of 1 ALFs. This failure placed all residents at risk of not knowing the facilities' deficiencies.

Findings included...

In an observation on 07/16/2026 at 12:00 PM, the ALF state survey binder by the front desk, showed the last full inspection present was from 2022.

Record review of the department records showed the ALF's previous full inspection was completed on 10/15/2024.

On 07/16/2026 at 1:13 PM, Staff A, Executive Director, acknowledged the inspection report and related documents were not updated and available as required.

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

Statement of Deficiencies	License #: 2261	Compliance Determination #:80412
Plan of Correction	Brookdale Fishers Landing	Completion Date
Page 17 of 17	Licensee: EMERITUS CORPORATION	07/24/2026

Plan/Attestation Statement

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Administrator (or Representative) 8/4/26 Date

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Plan/Attestation Statement

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Administrator (or Representative) Date

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