STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

RE: Brookdale Canyon Lakes License # 2263

Dear Administrator:

This letter addresses Compliance Determination(s) 61063 (Completion Date 06/17/2025) and 57825 (Completion Date 04/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/17/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040-1

The Department staff who did the off-site verification:
Robin Barnes, 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
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Canyon Lakes
Provider Type: Assisted Living Facility

License/Cert.#: 2263
Intake ID: 174979
Compliance Determination #: 57825
Region/Unit #: RCS Region 1 / Unit G
Investigator: Robin Barnes
Investigation Date(s): 04/14/2025 through 04/18/2025
Complainant Contact Date(s):

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

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 2 Closed records sample size: 0
Observations:	Dining Resident care equipment Resident rooms Staff to resident interactions General facility environment Electrical rooms Fire sprinklers
Interviews:	Identified staff Residents Maintenance staff Administrator
Record Reviews:	Washington State Patrol Fire Protection Bureau reports Washington State Patrol Fire Protection Bureau non-compliance letter Maintenance logs

Investigation Summary:
The department investigated notification by Washington State Patrol Fire Protection Bureau of facility failure to pass two fire inspections. Interview and record review showed the facility failed to pass two fire and life safety inspections. Failed facility practice identified for 388-78A-2040(1).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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 #: 2263	Compliance Determination # 57825
Plan of Correction	Brookdale Canyon Lakes	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	04/18/2025

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 04/14/2025 of:

Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

This document references the following complaint number(s): 173561, 174979

The following sample was selected for review during the unannounced on-site visit: 2 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor

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

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 Williamar Davis
Residential Care Services

04/28/2025
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)

4/29/2025
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 several codes on the initial inspection on 10/28/2024, and in continued violation of four codes on the reinspection of 04/09/2025. 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 10/28/2024, showed that facility failed their initial inspection. The follow up inspection on 04/09/2025 showed that facility continued to violate the following requirements:

- Fire drills did not include all the required documentation.
- Facility failed to provide documentation for the annual forward flow test.
- One exit sign was not working.
- The back up generator did not have a secondary fuel source.

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

04/28/2025
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)

Date

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(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.

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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 several codes on the initial inspection on 10/28/2024, and in continued violation of four codes on the reinspection of 04/09/2025. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.

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- Fire drills did not include all the required documentation.
- Facility failed to provide documentation for the annual forward flow test.
- One exit sign was not working.
- The back up generator did not have a secondary fuel source.

In an interview on 04/14/2025 at 12:20 PM, Staff B, Maintenance Director, acknowledged that the facility was out of compliance with the fire marshal inspection. Staff B stated that the form they used for fire drills didn't have clear directions to meet the DSFM's inspection requirements.

In an email on 04/15/2025 at 1:35 PM, Staff A, Administrator, stated that they had found some of the missing documentation cited in the DSFM report. Staff A stated that the exit sign had been fixed on the same day of the DSFM reinspection. Finally, Staff A stated that they thought the facility generator had been previously approved and, "Grandfathered in," by the previous DSFMs.

This is an uncorrected deficiency cited on 10/28/2024.

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 Canyon Lakes is or will be in compliance with this law and / or regulation on (Date) June 11, 2025

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

Administrator (or Representative) — Date: 4/29/25

In an interview on 04/14/2025 at 12:29 PM, Staff B, Maintenance Director, acknowledged that the facility was out of compliance with the fire marshal inspection. Staff B stated that the form they used for fire drills didn't have clear directions to meet the DSFM's inspection requirements.

In an email on 04/15/2025 at 1:36 PM, Staff A, Administrator, stated that they had found some of the missing documentation cited in the DSFM report. Staff A stated that the exit sign had been fixed on the same day of the DSFM reinspection. Finally, Staff A stated that they thought the facility generator had been previously approved and, "Grandfathered in," by the previous DSFMs.

This is an uncorrected deficiency cited on 10/28/2024.

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 Canyon Lakes 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