STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

EMERITUS CORPORATION
Brookdale Montclair Poulsbo
1250 NE Lincoln Rd
Poulsbo, WA 98370

RE: Brookdale Montclair Poulsbo License # 2274

Dear Administrator:

This letter addresses Compliance Determination(s) 74198 (Completion Date 03/12/2026) and 73000 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/12/2026 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-2468-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4

The Department staff who did the on-site verification:
Alena Gimlin, Assisted Living Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2274	Compliance Determination #73000
Plan of Correction	Brookdale Montclair Poulsbo	Comp'etion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	02/25/2026

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 the unannounced on-site full inspection on 02/17/2026 and 02/19/2026 of:
Brookdale Montclair Poulsbo
1250 NE Lincoln Rd
Poulsbo, WA 98370

The following sample was selected for review during the unannounced on-site visit: 12 of 110 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Alena Gimlin, Assisted Living Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Laurie Anderson — Residential Care Services

02/26/2026 — 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)

3/2/2026 — Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington State name and date of birth background check for 1 of 5 staff (Staff D). This failure placed all residents at risk of potential abuse, neglect, or exploitation from caregivers with unknown backgrounds.

Findings included...

Review of the facility employee records showed the facility hired Staff D on 02/06/2024. The records showed the facility completed the background check on 05/13/2024, 97 days after date of hire.

During an interview on 02/18/2025 at 12:56 PM, Staff A, Executive Director, acknowledged that the facility did not complete the background check at the time of hire. Staff A stated that it slipped through the cracks and they missed it.

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 Montclair Poulsbo is or will be in compliance with this law and / or regulation on (Date) 3/2/2026.

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

Administrator (or Representative) — Date: 3/2/2026

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:

(b) Basic;

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

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff D) met all the training requirements for long-term care workers. This failure placed all residents at risk of harm and receiving care from untrained staff.

Findings included...

BASIC TRAINING
Review of the facility's personnel files showed the facility hired Staff D (Caregiver) on 02/06/2024. There was no documentation that showed Staff D completed the seventy-hour long-term care worker basic training within 120 days of the date of hire, as required.

SPECIALTY TRAINING FOR DEMENTIA and MENTAL HEALTH
Review of the facility personnel files showed Staff D did not complete specialty training

for dementia and mental health within 120 days of hire, as required.

CONTINUING EDUCATION
Review of the facility's personnel files showed Staff D did not complete 12 hours of continuing education between their March 2024 and March 2025 birthday.

HOME CARE AID CERTIFIATION (HCA)
Review of the facility personnel records showed no documentation that Staff D obtained their HCA certification.

During an interview on 02/17/2026 at 3:20 PM, Staff B, Health and Wellness Director, stated that they were aware Staff D did not complete their required trainings or obtain their HCA certification.

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 Montclair Poulsbo is or will be in compliance with this law and / or regulation on (Date) 3/2/2026.

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

Administrator (or Representative) — Date: 3/2/2026

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

02/26/2026

EMERITUS CORPORATION
Brookdale Montclair Poulsbo
1250 NE Lincoln Rd
Poulsbo, WA 98370

RE: Brookdale Montclair Poulsbo # 2274

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/25/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/25/2026), no later than 04/11/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at al' times; and

The facility failed to ensure water temperatures were kept between105 -120 degrees. This deficiency was corrected prior to completion of the inspection.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises.

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The facility failed to ensure all pets that lived in the facility received regular examinations and immunizations, appropriate for the species. This deficiency was corrected prior to completion of the inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure