STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

SILVER LAKE ASSISTED LIVING LLC
Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

RE: Brookdale Arbor Place License # 2278

Dear Administrator:

This letter addresses Compliance Determination(s) 72517 (Completion Date 02/05/2026) and 70185 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/05/2026 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-2480-1, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2600-2-n

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2278	Compliance Determination # 70185
Plan of Correction	Brookdale Arbor Place	Completion Date
Page 1 of 6	Licensee: SILVER LAKE ASSISTED LIVING LLC	12/19/2025

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 the unannounced on-site full inspection on 12/16/2025 and 12/18/2025 of:
Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

The following sample was selected for review during the unannounced on-site visit: 9 of 95 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

James Sherman
Residential Care Services

12.23.2025
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)

1/12/2026
Date

Rec'd 1/12/2026

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff B, Staff C and Staff D) completed tuberculosis (TB) testing within three days of hire. This failure placed residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Certified Nursing Assistant, was hired on 01/15/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

Staff C, Care Partner, was hired on 04/24/2025. There was no documentation in Staff C's file that they had TB testing within three days of hire.

Staff D, Care Partner, was hired on 07/17/2025. There was no documentation in Staff D's file that they had TB testing within three days of hire.

On 12/16/2025 at 3:48 PM, Staff G, Office Manager, stated that they thought an Xray provided by Staff B was enough to satisfy the TB testing requirement.

On 12/16/2025 at 3:55 PM, Staff G stated that Staff C brought a TB skin test with them at time of hire, and the ALF did not do any additional testing.

On 12/16/2025 at 4:03 PM, Staff G stated that the only TB testing they did for Staff D was a skin test on 10/27/2025. This was 102 days after hire.

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 Arbor Place is or will be in compliance with this law and / or regulation on (Date) 2/2/2026 .

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

Administrator (or Representative) — 1/6/2026 Date

Rec'd 1/6/26

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 staff (Staff C), who was provisionally employed, completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff C not having a completed fingerprint background check until 180 days after their date of hire and placed the residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff C, Care Partner, was hired on 04/24/2025. A fingerprint background check was completed on 10/21/2025, which was 180 days after their hire.

On 12/18/2025 at 5:00 PM, Staff G, Office Manager, stated that Staff C's fingerprint background check was done late because it didn't get scheduled timely by the ALF.

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 Arbor Place is or will be in compliance with this law and / or regulation on (Date) 2/2/2026.

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

Administrator (or Representative) Date 1/14/2026

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff F) had a valid Washington State name and date of birth background check completed every two years. This failure resulted in Staff F not having a cleared background check and placed the residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of the ALF's employee files showed the following:

Staff F, Care Partner, was hired on 12/14/2015. Staff F had a Washington State name and date of birth background check dated 08/07/2023 and was valid until 08/07/2025. Review of another background check showed it was not completed until 12/17/2025, which was 132 days late.

Review of the ALF's care staff schedule for December 2025 showed the ALF continued to schedule Staff C to work 12/01/2025, 12/02/2025, 12/03/2025, 12/04/2025, 12/08/2025, 12/09/2025, 12/10/2025, and 12/11/2025.

On 12/18/2025 at 5:00 PM, Staff G, Office Manager, stated that Staff F's background check wasn't done timely because it got missed.

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 Arbor Place is or will be in compliance with this law and / or regulation on (Date) 2/2/2026 .

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

Administrator (or Representative) — Date: 1/6/2026

Rec'd 1/6/2026

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement, and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to follow their policy on monitoring and documenting food temperatures for 138 of 237 meals served to residents from 10/01/2025 – 12/18/2025. This resulted in food that was not temperature checked to assess whether they were maintained at safe temperatures while being served to residents and placed the residents who received food services at risk for foodborne illnesses.

Findings included...

Review of the ALF's policy titled "Buffet Service," revised date September 2024, showed

that food temperatures must be recorded at the beginning of each meal service and again 30 minutes into service.

Review of the ALF's policy titled "Food and Beverage Temperature Control," revised date 12/24 (no year documented), showed that food temperatures should be taken at the beginning of meal service and once again 30 minutes into service. Temperatures were to be documented on the food and beverage temperature log.

On 12/17/2025 at 12:14 PM, during the lunch meal service observation in the ALF's kitchen, no temperature checks of food was observed.

Review of the ALF's food temperature logs titled "Food in Service HACCP Temperature Log," for 10/01/2025 – 12/18/2025 showed there were 138 of 237 meals with no documentation of food temperatures at the beginning of meal service and/or 30 minutes into the meal service.

On 12/17/2025 at 1:42 PM, Staff H, Dining Services Manager, stated that food temperatures were supposed to be taken right before the foods were placed on the tray line.

On 12/18/2025 at 12:15 PM, Resident 1 stated that their lunch entrée (Kielbasa) was cold.

On 12/18/2025 at 5:00 PM, Staff A, Executive Director, stated that they thought the problem was that food temperatures were taken, but not documented.

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 Arbor Place is or will be in compliance with this law and / or regulation on (Date) 2/2/2026 .

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

Angie Koe .
Administrator (or Representative)

1/16/2026
Date