STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 69052 (Completion Date 11/20/2025) and 63367 (Completion Date 09/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 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-2305-2

The Department staff who did the on-site verification:
Wesler Dumecquias, Community Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Arbor Place
Provider Type: Assisted Living Facility
License/Cert.#: 2278
Compliance Determination #: 63367
Intake ID: 187120
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 07/30/2025 through 09/16/2025
Complainant Contact Date(s): 07/24/2025

Allegation(s):

1. The kitchen was not maintained properly, and the food preparation area was unsanitary.
2. A section of the ALFs kitchen was missing, releasing a smell of human feces and covered only with plastic and tape.
3. There was not enough Staffing to work in the kitchen.

Investigation Methods:

Sample:
Total residents: 106
Resident sample size: 3
Closed records sample size: 0

Observations:
Dining
Kitchen
Food preparation
Residents

Interviews:
Kitchen staff
Business office manager
Residents
Nursing staff
CRS- DOH
Administrator

Record Reviews:
Facility policies
Staff patterns
Staff training records
Grievance
Food handlers certificates
proof of Kitchen cleaning
Menu
Third Party Tech inspection report
Time cards
Emails
Facility kitchen works and repairs
Facility Kitchen maintenance plans and interventions.

Investigation Summary:

1. The facility kitchen staff followed a cleaning schedule and had to accomplish their cleaning checklist. The facility hired and outside cleaning company who pressure washed and cleaned their kitchen two times since the Department's unannounced visits.
2. The facility kitchen was undergoing evaluation and repairs due to a smell coming from an undetermined source which initially were found coming from their plumbing systems during an initial repair. The facility contracted out the services of a restoration management company (RCM) to evaluate and determine the source of the odor. Review of report from RCM's Sewer Gas Screening showed the smell was a gas-like odor that had been present for eight months after the initial repairs were done to the facility's plumbing systems. The facility performed remediation based on the consultant's recommendations and were currently continuing to evaluate, work and resolve the issue based on the report. The facility had notified and been in contact with the Department of Health's Construction Review Services about the issue.
3. The facility had 14 total kitchen staff on a rotational schedule to provide meal services. The facility care staff helps during meal services escorting and delivering meals to residents rooms who have meals in their apartments. There were four kitchen staff who had no food handlers card issued by the Snohomish county Department of Health while working as dietary aides . Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2305 (2). Food Sanitation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Arbor Place
Provider Type: Assisted Living Facility
License/Cert.#: 2278
Compliance Determination #: 63367
Intake ID: 187608
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 07/30/2025 through 09/16/2025
Complainant Contact Date(s):

Allegation(s):

1. There was a persistent stench of human feces coming from a wall in the back of the facility kitchen.
2. The Kitchen was dirty and poorly managed.

Investigation Methods:

Sample:
Total residents: 106
Resident sample size: 3
Closed records sample size: 0

Observations:
Dining
Kitchen
Food preparation
Residents

Interviews:
Kitchen staff
Business office manager
Residents
Nursing staff
CRS- DOH
Administrator

Record Reviews:
Facility policies
Staff patterns
Staff training records
Grievance
Food handlers certificates
proof of Kitchen cleaning
Menu
Third Party Tech inspection report
Time cards
Emails
Facility kitchen works and repairs
Facility Kitchen maintenance plans and interventions.

Investigation Summary:

1. The facility kitchen was undergoing evaluation and repairs due to a smell coming from an undetermined source which initially were found coming from their plumbing systems during an initial repair. The facility contracted out the services of a restoration management company (RCM) to evaluate and determine the source of the odor. Review of report from RCM's Sewer Gas Screening showed the smell was a gas-like odor that had been present for eight months after the initial repairs were done to the facility's plumbing systems. The facility performed remediation based on the consultant's recommendations and were currently continuing to evaluate, work and resolve the issue based on the report. The facility had notified and been in contact with the Department of Health's Construction Review Services about the issue.
2. The facility had a schedule to ensure the routine cleaning of the Kitchen. The facility hired the services of a cleaning company who cleaned and pressure washed the floors of the Kitchen. The facility failed to ensure all their dietary and dining services staff had a valid and up-to-date food handler's card. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2305 (2). Food Sanitation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Arbor Place
Provider Type: Assisted Living Facility
License/Cert.#: 2278
Compliance Determination #: 63367
Intake ID: 193017
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 07/30/2025 through 09/16/2025
Complainant Contact Date(s):

Allegation(s):

1. The head dietitian does not follow the daily menu, and the menu changes every day.
2. Residents were supposed to get the weekly menu on a Sunday and resident waited until Tuesday to have their copy.
3. Residents had to wait for an hour for the food to be served because there was not enough help for the kitchen staff.
4. The facility staff do not clean the table very well.

Investigation Methods:

Sample:
Total residents: 106
Resident sample size: 3
Closed records sample size: 0

Observations:
Dining
Kitchen
Food preparation
Residents

Interviews:
Kitchen staff
Business office manager
Residents
Nursing staff
CRS- DOH
Administrator

Record Reviews:
Facility policies
Staff patterns
Staff training records
Grievance
Food handlers certificates
proof of Kitchen cleaning
Menu
Third Party Tech inspection report
Time cards
Emails
Facility kitchen works and repairs
Facility Kitchen maintenance plans and interventions.

Investigation Summary:

1. The facility followed a diet menu that was reviewed and approved by a Registered Dietitian. The facility followed the approved menu. No failed practice was identified.
2. Observation showed the facility posts a copy of the signed menu and had copies of the daily menu in the Dining room for resident to grab. There were copies of menu in each table where residents could chose and order the food. The Facility provided the residents with an avenue through their council meetings to discuss issues and concerns including food services. No failed practice was identified.
3. The facility had a process where residents would order foods including "a la carte" (is a French phrase that literally means "according to the menu" or "by the card") once they were seated in their tables. Observation showed the facility had two cooks and the head of the dining services to prepare the foods ordered. The kitchen had dietary and dining services who were helped by the facility's care staff to deliver and served trays to residents. The facility had a member of the management act as "dining managers" during lunch and dinner to ensure smooth flow and add staffing in the dining food services.
4. Observation showed the utensils and dining tables were cleaned by the facility staff based on their protocols. The facility failed to ensure all their dietary and dining services staff had a valid and up-to-date food handler's card. Failed practice was identified. A citation was issued for non compliance with WAC 388-78A-2305 (2). Food Sanitation.

Conclusion / Action:

- [x] 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

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

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 07/30/2025 and 09/10/2025 of:

Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

This document references the following complaint number(s): 187120, 187608, 193017

The following sample was selected for review during the unannounced on-site visit: 3 of 106 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

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

Statement of Deficiencies	License #: 2278	Compliance Determination # 63367
Plan of Correction	Brookdale Arbor Place	Completion Date
Page 2 of 4	Licensee: SILVER LAKE ASSISTED LIVING LLC	09/16/2025

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

09-24-2025
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)

9/26/2025
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 5 of 15 Dietary and Dining Services staff (Staff D, E, F, G and H) had a current and valid food handlers' card. This failure resulted in Staff D, E, F, G and H providing dining services without a current food handler's certificate and placed 106 residents at risk for foodborne illness.

Findings included...

Review of the facility's " Assisted Living Resident Characteristic Roster" dated 05/29/2025 showed the facility had 106 residents receiving care and services.

Review of the Dietary and Dining Services staff Schedule dated 09/10/2025 showed Staff D and Staff H worked on 09/10/2025 in the Kitchen as a server and as a cook respectively, at the time of the unannounced visit.

A review of the ALF's employee files showed:

a. Staff D, Server, was hired on 07/13/2022. Staff D's Washington State food worker card expired on 04/10/2025. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

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

09-24-2025
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

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

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Findings included...

Review of the facility's " Assisted Living Resident Characteristic Roster" dated 05/29/2025 showed the facility had 106 residents receiving care and services.

Review of the Dietary and Dining Services staff Schedule dated 09/10/2025 showed Staff D and Staff H worked on 09/10/2025 in the Kitchen as a server and as a cook respectively, at the time of the unannounced visit.

A review of the ALF's employee files showed:

a. Staff D, Server, was hired on 07/13/2022. Staff D's Washington State food worker card expired on 04/10/2025. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

b. Staff E, Server, was hired on 05/28/2025. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

c. Staff F, Dishwasher, was hired on 07/23/2025. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

d. Staff G, Lead Cook, was hired on 05/25/2025. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

e. Staff H, Dishwasher, was hired on 08/02/2024. No documentation of current and valid food handler's card was available for review at the time of the unannounced visit on 09/10/2025.

Observation 09/10/2025 at 12:39 PM showed Staff H plated food for residents while thawing meat at the facility's kitchen meat prep sink.

On 09/16/2025 at 3:18 PM, Staff A, Executive Director, stated that all their new hires should submit their Snohomish County food handler's card to the Business Office. If a new hire does not possess a food handler's card, the facility would assist them in completing the food handler's course. The new hire should pass the test on the first day of their orientation, or before they begin their training in providing dining services. Staff A stated that, unfortunately, the Business Office failed to follow the process.

On 09/12/2025 at 12:48 PM, Staff B, Business Office Coordinator, stated that they were responsible for monitoring and keeping track of all employees' training and certifications. Staff B acknowledged that they missed and failed to ensure Staff D, E, F, G and H had valid and up-to-date food handler's card.

Statement of Deficiencies	License #: 2278	Compliance Determination # 63367
Plan of Correction	Brookdale Arbor Place	Completion Date
Page 4 of 4	Licensee: SILVER LAKE ASSISTED LIVING LLC	09/16/2025

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) ~~11/8/2025~~ 10/31/2025

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

Administrator (or Representative) [signature] Date 9/24/2025