



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 Meadow Springs
770 Gage Blvd
Richland, WA 99352

RE: Brookdale Meadow Springs License # 2311

Dear Administrator:

This letter addresses Compliance Determination(s) 68338 (Completion Date 11/05/2025) and 65102 (Completion Date 09/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/05/2025 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-24642-1, WAC 388-78A-2466-1-a, WAC 388-78A-2468-1, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-3, WAC 388-78A-2474-4, WAC 388-112A-0080-5, WAC 246-980-030-1-b, WAC 246-980-030-2, WAC 388-78A-2480-1

The Department staff who did the on-site verification:

Jessica Clapp, Assisted Living Facility Licenser

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

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



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 #: 2311	Compliance Determination # 65102
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 1 of 9	Licensee: EMERITUS CORPORATION	09/09/2025

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 and complaint investigation on 09/02/2025, 09/03/2025, 09/04/2025 and 09/05/2025 of:

Brookdale Meadow Springs
770 Gage Blvd
Richland, WA 99352

This document references the following complaint numbers: 191518, 189388.

The following sample was selected for review during the unannounced on-site visit: 9 of 80 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensors
Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, Assisted Living Facility Licensors

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

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

Statement of Deficiencies	License #: 2311	Compliance Determination #65102
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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.

Laura Williams-Davis

Residential Care Services

09/17/2025

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.

B. P.

Administrator (or Representative)

09/18/2025

Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a national fingerprint background check was completed for 2 of 5 staff (Staff D and G). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff D's, Caregiver, personnel file showed that they started working at the facility on 08/09/2024. Staff D's file did not include a national fingerprint background check.

Review of Staff G's, Caregiver, personnel file showed that they started working at the facility on 10/07/2024. Staff G's file did not include a national fingerprint background check.

In an interview on 09/03/2025 at 1:55 PM, Staff H, Business Office Manager, acknowledged that Staff D and Staff G did not have a national fingerprint background check in their personnel files.

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.

_____ Residential Care Services	_____ Date
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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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WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a national fingerprint background check was completed for 2 of 5 staff (Staff D and G). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff D's, Caregiver, personnel file showed that they started working at the facility on 08/09/2024. Staff D's file did not include a national fingerprint background check.

Review of Staff G's, Caregiver, personnel file showed that they started working at the facility on 10/07/2024. Staff G's file did not include a national fingerprint background check.

In an interview on 09/03/2025 at 1:50 PM, Staff H, Business Office Manager, acknowledged that Staff D and Staff G did not have a national fingerprint background check in their personnel files.

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

Statement of Deficiencies	License #: 2311	Compliance Determination # 65102
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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 Meadow Springs is or will be in compliance with this law and / or regulation on (Date) 10/24/2025.

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

[Signature]
Administrator (or Representative)

09/18/2025

Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a valid two-year name and date of birth background check for 1 of 2 staff (Staff F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff F's Activities Director, personnel file showed that they had been hired on 11/13/2017. Staff F's file showed that their previous Washington state name and date of birth background check was completed on 06/15/2023 and expired on 06/15/2025. Staff F's file did not include a valid Washington state name and date of birth background check, 72 days after their previous one had expired.

In an interview on 09/03/2025 at 11:40 AM, Staff H, Business Office Manager, acknowledged that Staff F did not have a valid Washington state name and date of birth background check in their personnel file.

This is a repeated deficiency previously cited on 11/02/2023 for subsections (1)(a).

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 Meadow Springs 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-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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a valid two-year name and date of birth background check for 1 of 2 staff (Staff F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff F's, Activities Director, personnel file showed that they had been hired on 11/13/2017. Staff F's file showed that their previous Washington state name and date of birth background check was completed on 06/15/2023 and expired on 06/15/2025. Staff F's file did not include a valid Washington state name and date of birth background check, 72 days after their previous one had expired.

In an interview on 09/03/2025 at 11:40 AM, Staff H, Business Office Manager, acknowledged that Staff F did not have a valid Washington state name and date of birth background check in their personnel file.

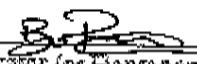
This is a repeated deficiency previously cited on 11/02/2023 for subsections (1)(a).

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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 Meadow Springs is or will be in compliance with this law and / or regulation on (Date) 10/24/2025.

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


Administrator (or Representative)

09/18/2025
Date

WAC 358-78A-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 submit a name and date of birth background check within one business day of hire for 1 of 1 staff (Staff G). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff G's, Caregiver, personnel file showed that they started working at the facility on 10/07/2024. Staff G's file showed that their Washington state name and date of birth background check was completed on 03/21/2025, 165 days after they started working at the facility.

In an interview on 09/03/2025 at 1:48 PM, Staff H, Business Office Manager, acknowledged that Staff G's Washington state name and date of birth background check was completed late.

This is a repeated deficiency previously cited on 11/02/2023 for subsection (1).

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 Meadow Springs 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-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:

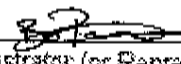
Based on interview and record review, the facility failed to submit a name and date of birth background check within one business day of hire for 1 of 1 staff (Staff G). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of Staff G's, Caregiver, personnel file showed that they started working at the facility on 10/07/2024. Staff G's file showed that their Washington state name and date of birth background check was completed on 03/21/2025, 165 days after they started working at the facility.

In an interview on 09/03/2025 at 1:49 PM, Staff H, Business Office Manager, acknowledged that Staff G's Washington state name and date of birth background check was completed late.

This is a repeated deficiency previously cited on 11/02/2023 for subsection (1).

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 Meadow Springs is or will be in compliance with this law and / or regulation on (Date) <u>10/24/2025</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>09/18/2025</u> Date

WAC 246-880-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

- (1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:
- (b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.
- (2) The long-term care worker may not work for more than two hundred calendar days from their date of hire without obtaining certification.

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0080 : Adult family homes.

- (b) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

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;
- (3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities;
- (4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide 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 Meadow Springs 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 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

- (1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:
- (b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.
- (2) The long-term care worker may not work for more than two hundred calendar days from their date of hire without obtaining certification.

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

- (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

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;
- (3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.
- (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 facility failed to ensure that caregivers completed the specialty mental health and dementia training requirement for 2 of 4 staff (Staff A and D) and failed to ensure that caregivers met the long-term care worker training requirements for 2 of 4 staff (Staff D and G). This failure placed the residents at risk of being cared for by untrained staff.

Findings included...

Review of Washington Administrative Code (WAC) 246.980.030 showed that a Long-Term Care Worker (LTCW) must submit an application for a Home Care Aid (HCA) certification within 14 days of hire. The WAC also showed that LTCW training must be completed within 120 days of hire, and the certification must be obtained within 365 days of hire.

Staff records were reviewed on 09/03/2025 at 10:30 AM, with Staff H, Business Office Manager.

<Specialty Mental Health>

Review of Staff A's, Health and Wellness Director, personnel file, showed that they started working at the facility on 03/11/2024. The file did not show that Staff A completed the required specialty mental health training.

Review of Staff D's, Caregiver, personnel file, showed that they started working at the facility on 08/09/2024. The file did not show that Staff D completed the required specialty mental health training.

<Specialty Dementia>

Review of Staff A's, Health and Wellness Director, personnel file, showed that they started working at the facility on 03/11/2024. The file did not show that Staff A completed the required specialty dementia training.

Review of Staff D's, Caregiver, personnel file, showed that they were hired on 08/09/2024. The file did not show that Staff D completed the required specialty dementia training.

<Long Term Care Worker (LTCW)>

Staff D

Review of Staff D's personnel file showed that they started working at the facility on 08/09/2024. The file showed that Staff D had not completed the required 70-hour LTCW training and had worked at the facility as a caregiver for 390 days.

Review of the facility's staff schedule for August 2025, showed that Staff D worked as a Medication Technician for 22 shifts during the month.

Staff G

Review of Staff G's personnel file showed that they started working at the facility on 10/07/2024. The file showed that Staff G had not completed the required 70-hour LTCW training and had worked at the facility as a caregiver for 331 days.

Review of the facility's staff schedule for August 2025, showed that Staff G worked as a caregiver for 17 shifts during the month.

In an interview on 09/03/2025 at 11:00 AM, Staff H acknowledged the specialty mental health and dementia training and LTCW trainings were not completed.

In an interview on 09/03/2025 at 2:03 PM, Staff I, Administrator, stated that they did not know why the LTCW training was not completed for Staff D and Staff G. Staff I stated that a previous business office manager was managing staff records and that they were no longer employed at the facility.

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

B.P.
Administrator (or Representative)

09/18/2025
Date

WAC 388-78A-2450 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 facility failed to ensure staff were screened for tuberculosis within three days of hire for 3 of 4 staff (Staff A, B, and D). This failure placed residents at risk of being exposed to a communicable disease.

Findings included...

Staff records were reviewed on 09/03/2025 at 10:30 AM, with Staff H, Business Office Manager.

Review of the personnel file for Staff A, Health and Wellness Director/Registered Nurse, showed that they started working at the facility 03/11/2024. Staff A's file showed an initial TB screening was conducted on 03/17/2025, 371 days after they started working.

Review of the personnel file for Staff B, Caregiver, showed that they started working at the facility on 06/10/2025. Staff B's file showed that they had worked 95 days at the facility and an initial TB screening was not completed.

Review of the personnel file for Staff D, Caregiver, showed that they started working at the facility on 06/09/2024. Staff D's file showed an initial TB screening was conducted on 04/09/2025, 243 days after they started working.

In an interview on 09/03/2025 at 10:40 AM, Staff H acknowledged that initial TB screening was not completed for Staff A, Staff B and Staff D.

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 Meadow Springs 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-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 facility failed to ensure staff were screened for tuberculosis within three days of hire for 3 of 4 staff (Staff A, B, and D). This failure placed residents at risk of being exposed to a communicable disease.

Findings included...

Staff records were reviewed on 09/03/2025 at 10:30 AM, with Staff H, Business Office Manager.

Review of the personnel file for Staff A, Health and Wellness Director/Registered Nurse, showed that they started working at the facility 03/11/2024. Staff A's file showed an initial TB screening was conducted on 03/17/2025, 371 days after they started working.

Review of the personnel file for Staff B, Caregiver, showed that they started working at the facility on 06/10/2025. Staff B's file showed that they had worked 85 days at the facility and an initial TB screening was not completed.

Review of the personnel file for Staff D, Caregiver, showed that they started working at the facility on 08/09/2024. Staff D's file showed an initial TB screening was conducted on 04/09/2025, 243 days after they started working.

In an interview on 09/03/2025 at 10:40 AM, Staff H acknowledged that initial TB screening was not completed for Staff A, Staff B and Staff D.

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This is a repeated deficiency previously cited on 11/02/2023 for subsection (1).

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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 Meadow Springs is or will be in compliance with this law and / or regulation on (Date) <u>10/24/2025</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>09/18/2025</u> _____ Date

This is a repeated deficiency previously cited on 11/02/2023 for subsection (1).

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