STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73480 (Completion Date 06/16/2026) and 71681 (Completion Date 01/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2040-1

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit G
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Meadow Springs **Provider Type:** Assisted Living Facility

License/Cert.#: 2311
Intake ID: 208056
Compliance Determination #: 71681
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 01/21/2026 through 01/21/2026
Complainant Contact Date(s):

Allegation(s):
The facility failed their fire and life safety inspection.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 76 Closed records sample size: 0
Observations:	Residents
Interviews:	Staff
Record Reviews:	Fire marshal inspection reports. Facility invoices.

Investigation Summary:
The facility staff interview confirmed the facility was working on completing the non-compliant items. The fire inspection report showed the facility had corrected 23 of the 33 items found during the initial inspection. Failed practice identified, please see the Statement of Deficiency dated 01/21/2026 for Washington Administrative Code 388-78A-2040.

Conclusion / Action:

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

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2311	Compliance Determination # 71681
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	01/21/2026

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 an unannounced on-site complaint investigation on 01/21/2026 of:

Brookdale Meadow Springs
770 Gage Blvd
Richland, WA 99352

This document references the following complaint number(s): 208056

The following sample was selected for review during the unannounced on-site visit: 76 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License # 2311	Compliance Determination #71681
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 2 of 3	Licensee: EMERITUS CORPORATION	01/21/2026

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

02/02/2026 — 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)

2/5/2026 — 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 continued violation of fire codes on reinspection. 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 01/07/2026, showed that facility failed their initial inspection on 08/17/2025. Further review, included the follow-up inspection on 01/07/2025, showed that the facility continued to violate the following requirements:

> Wall penetrations were observed in the dining supervisor's office/electrical room.
> Ceiling penetrations were observed in the laundry room, mechanical room and staff break room.
> Cracks were observed in the cross-corridor fire doors near room 217 and 238.
> Cracks were observed in the emergency exit door by room 208.
> Fire rated caulk was failing in the electrical room.
> The fire caulk used to repair holes was not fire rated.
> Facility was unable to provide two inspection reports verifying the kitchen suppression system had no deficiencies or documentation that all deficiencies have

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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.

Residential Care Services | 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-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.

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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 continued violation of fire codes on reinspection. 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 01/07/2026, showed that facility failed their initial inspection on 06/17/2025. Further review, included the follow-up inspection on 01/07/2025, showed that the facility continued to violate the following requirements:

> Wall penetrations were observed in the dining supervisor's office/electrical room.
> Ceiling penetrations were observed in the laundry room, mechanical room and staff break room.
> Cracks were observed in the cross-corridor fire doors near room 217 and 238.
> Cracks were observed in the emergency exit door by room 208.
> Fire rated caulk was failing in the electrical room.
> The fire caulk used to repair holes was not fire rated.
> Facility was unable to provide two inspection reports verifying the kitchen suppression system had no deficiencies or documentation that all deficiencies have

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Statement of Deficiencies	License # 2311	Compliance Determination #71691
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 3 of 3	Licensee: EMERITUS CORPORATION	01/21/2026

been corrected.
> Facility was unable to provide documentation on monthly testing of single station smoke alarms for the past 12 months.

In an interview on 01/21/2026 at 10:10 AM, Staff A, Executive Director, stated that they had completed many of the items and were in communication with the DSFM regarding the status of the remaining items.

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) 2/5/2026

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

Administrator (or Representative) — Date: 2/5/2026

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been corrected.
> Facility was unable to provide documentation on monthly testing of single station smoke alarms for the past 12 months.

In an interview on 01/21/2026 at 10:10 AM, Staff A, Executive Director, stated that they had completed many of the items and were in communication with the DSFM regarding the status of the remaining items.

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

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

Plan of Correction- License # 2311

Brookdale Meadow Springs

770 Gage Boulevard

Richland, WA 99352

The following statement is in response to the Statement of Deficiency from the visit on 1/21/2026.

The following items were listed as deficient per this letter. The items are not individual items but fall under the following categories as cited by the State Fire Marshal.

11. Owners Responsibility

>wall penetrations were observed in the dining supervisor's office/electrical room.

>ceiling penetrations were observed in the laundry room, mechanical room and staff break room

>Fire rated caulk was failing in the electrical room

>The fire caulk used to repair holes was not fire rated.

All wall penetrations were corrected with the proper fire rated caulk as of January 31, 2026

12. Inspection and Maintenance

> Cracks were observed in the cross-corridor fire doors near room 217 & 238

>Cracks were observed in the emergency exit door by room 208. (Fire marshal report states Room 209)

Doors have been measured and ordered from manufacturer- Timeline from January 31 is 4-6 weeks for delivery of parts and doors and installation. All Doors has been hired to repair/replace doors.

17. Extinguishing System Service

>Facility was unable to provide two inspection reports verifying the kitchen suppression system had no deficiencies or documentation that all deficiencies have been corrected.

The fire suppression system has been repaired and facility has an inspection report showing system has no deficiencies.

System was corrected as of January 31, 2026

19. Inspection, Testing and Maintenance

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>Facility was unable to provide documentation on monthly testing of single station smoke alarms for the past 12 months.

Facility has a plan to inspect and test single station smoke alarms. These tests will be done on a monthly basis going forward.

This was corrected on or before January 31, 2026

Laura Peterson, ED

Brookdale Meadow Springs

770 Gage Boulevard

Richland, WA 99352

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