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

ESTHER MUNGAI
SOUTH BROOK MANOR
4720 S 285TH PLACE
AUBURN, WA 98001

RE: SOUTH BROOK MANOR License # 313902

Dear Provider:

This letter addresses Compliance Determination(s) 78811 (Completion Date 06/16/2026) and 76511 (Completion Date 04/29/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/16/2026 and found that you have corrected the violations listed in the Complaint report dated 04/29/2026. Your home is back in compliance as of 05/25/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10380-4

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 04/27/2026 of:

SOUTH BROOK MANOR
4720 S 285TH PLACE
AUBURN, WA 98001

This document references the following complaint number(s): 220977

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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| Statement of Deficiencies | License #: 313902 | Compliance Determination #:76511 |
|---|---|---|
| Plan of Correction | SOUTH BROOK MANOR | Completion Date |
| Page 2 of 3 | Licensee: ESTHER MUNGAI | 04/29/2026 |

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.

Residential Care Services — 5-5-2026 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — 05/11/2026 Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 4) at least every twelve months. This placed Resident 4 at risk for unmet care needs.

Findings included...

During a visit on 04/28/2026 at 1:28 PM, observation showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's NCP at 2:47 PM showed the AFH admitted Resident 4 to the AFH on [redacted]/2026. Further review showed Resident 4's NCP was dated 02/20/2026. Record review did not find an updated NCP for Resident 4.

In an interview at 2:54 PM, Staff A, Entity Representative stated they did not update Resident 4's NCP as they had not received Resident 4's updated annual assessment.

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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

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Provider (or Representative) | Date

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| Page 3 of 3 | Licensee: ESTHER MUNGAI | 04/29/2026 |

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, SOUTH BROOK MANOR is or will be in compliance with this law and / or regulation on (Date) 05/25/2026

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

Provider (or Representative) — Date: 05/11/2026

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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, SOUTH BROOK MANOR 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.

Provider (or Representative) Date

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