STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

LOY AND NENE LIMITED LIABILITY COMPANY
BROWNS POINT ADULT FAMILY HOME
5128 BEVERLY AVE NE
TACOMA, WA 98422

RE: BROWNS POINT ADULT FAMILY HOME License # 661000

Dear Provider:

This letter addresses Compliance Determination(s) 68138 (Completion Date 11/03/2025) and 66571 (Completion Date 10/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/03/2025 and found that you have corrected the violations listed in the Complaint report dated 10/10/2025. Your home is back in compliance as of 10/16/2025 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Nadine Shon, Community Complaint Investigator

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
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
PO Box 99250, Lakewood, WA 98496

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 10/02/2025 of:

BROWNS POINT ADULT FAMILY HOME
5128 BEVERLY AVE NE
TACOMA, WA 98422

This document references the following complaint number(s): 195930

The following sample was selected for review during the unannounced on-site visit: 0 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nadine Shon, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

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

Provider (or Representative) _____ Date _____

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the full amount of its' annual licensing fee of $2700.00 was paid when it was due on 08/15/2025. This failure placed potential residents of the AFH at risk for being displaced from their home due to closure of an unlicensed home.

Findings included . . .

Department records showed the AFH annual licensing fee of $2700.00 was due on 08/15/2025. On 08/18/2025, records showed a payment of $2250.00 with a balance of $450.00 remaining.

During interview on 10/02/2025 at 11:10 AM, the AFH provider said they were reducing bed capacity to 5 beds from 6 beds, so the new annual fee was $2250.00. The provider was asked if a Change of Capacity Form was submitted to the Department, as records showed AFH bed capacity remaining at 6. The provider did not remember and was sent

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

a form to submit to the Department. The provider said currently there were no residents residing in the AFH because the residents were moved out after the resident area was damaged by flooding, but they planned to readmit residents as soon the AFH was repaired.

Records showed the bed capacity was reduced to 5 beds on 10/08/2025.

During contact on 10/10/2025 at 11:10 AM, a Department representative indicated the remainder of the annual fee of $450.00 was still owed because the capacity change happened after the fee was due.

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, BROWNS POINT ADULT FAMILY HOME 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

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