STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***800 NE 136th Ave, Suite 200, Vancouver, WA 98684***

Brook House II AFH LLC
Brook House II AFH LLC
7118 Turquoise Dr SW
Lakewood, WA 98498

RE: Brook House II AFH LLC # 753871

Dear Provider:

This document references Compliance Determination 79152 (Completion Date 07/06/2026).

The Department completed a full inspection of your Adult Family Home on 07/06/2026 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Andria Underwood, LTC Surveyor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

**Consultation:**

**WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.**

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission

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

of the resident to the facility;

The Adult Family Home failed to have Residency Agreements completed for 3 of 3 [redacted] paying clients. Resident Manager sid they were not aware of this necessary documentation and would complete as soon as possible. Resident Manager completed Residency Agreements for all clients within 24 hours of inspection and sent verification to department, consultation provided.

**WAC 388-76-10221 Resident roster Requirements.**

(1) The adult family home must create, maintain, and regularly update a resident roster. The roster must include:

(a) The list of current resident names; and

(b) Room identifier assigned to each resident.

(3) The adult family home must comply with RCW 70.128.155 (1), and all related statutory requirements.

The Adult Family Home failed to have a Resident Roster completed at time of inspection. Provider said they did not know they needed this documentation and completed as soon as possible. Provider completed Resident Roster and sent verification to Department within 24 hours of inspection, consultation provided.

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

(1) Staff information such as address and contact information.

The Adult Family Home failed to have staff contact information in personnel file for 3 of 3 staff members. Provider added this information to personnel files and sent verification to Department within 24 hours of inspection, consultation provided.

**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:**

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

The Adult Family Home failed to update Resent 2's Negotiated Care Plan (NCP) after a significant change in care. At time of inspection, Resident 2 had orders to crush medication and is now on pureed food diet but this information was not included in Resident 2's current NCP (this was documented in other areas of Resident 2's file). Provider said Resident 2 had just gotten their State assessment updated and was

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

waiting for that documentation to update Resident 2's NCP and did not realize they could update NCP before getting State assessment. Provider updated Resident 2's NCP within 24 hours of inspection and sent verification to Department, consultation provided.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

---

**Provider Process for Choosing a Panel or Traditional IDR:**

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

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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