STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

1st Brier Senior and Adult Care Home LLC

1st Brier Senior and Adult Care Home LLC
2640 232nd St SW
Brier, WA 98036

RE: 1st Brier Senior and Adult Care Home LLC License # 754627

Dear Provider:

This letter addresses Compliance Determination(s) 80987 (Completion Date 07/23/2026) and 79535 (Completion Date 07/01/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2026 and found that you have corrected the violations listed in the Full report dated 07/01/2026. Your home is back in compliance as of 07/20/2026 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, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2

The Department staff who did the off-site verification:
Chrissy Exe, Long-Term Care Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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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 the unannounced on-site full inspection on 06/25/2026 of:

1st Brier Senior and Adult Care Home LLC
2640 232nd St SW
Brier, WA 98036

The following sample was selected for review during the unannounced on-site visit: 1 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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 — 07/06/2026 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) — 7/7/2026 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 record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were updated at least every 12 months for 2 of 3 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of experiencing unrecognized or unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Review showed Resident 2's NCP was most recently updated on 04/12/2024.

Record review showed the AFH admitted Resident 3 on [redacted]/2022. Review showed Resident 3's NCP was most recently updated on 04/22/2025.

In an interview, on 06/25/2026 at 11:15 AM, Staff A, Entity Representative and Resident Manager, stated that they believed NCPs must be updated at least every two years. Staff A stated that they would update Resident 2's NCP.

In a telephonic interview, on 06/29/2026 at 12:42 PM, Staff A stated that they are working on updating Resident 3's NCP.

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Statement of Deficiencies	License #: 754627	Compliance Determination # 79535
Plan of Correction	1st Brier Senior and Adult Care Home LLC	Completion Date
Page 3 of 4	Licensee: 1st Brier Senior and Adult Care Home LLC	07/01/2026

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, 1st Brier Senior and Adult Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/20/2026

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

Provider (or Representative) 7/7/2026 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) was signed by the AFH and the resident or their representative for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of experiencing unrecognized or unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review showed Resident 1 had a representative who signed on their behalf. Further review showed Resident 1's NCP, dated 12/23/2025, was not signed by the AFH or Resident 1's representative.

In an interview, on 06/25/2026 at 11:06 AM, Staff A, Entity Representative and Resident Manager, stated that the AFH and Resident 1's representative did not sign Resident 1's NCP when it was updated on 12/23/2025. Staff A stated that they would obtain the necessary signatures on Resident 1's NCP.

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Statement of Deficiencies	License #: 754627	Compliance Determination # 79535
Plan of Correction	1st Brier Senior and Adult Care Home LLC	Completion Date
Page 4 of 4	Licensee: 1st Brier Senior and Adult Care Home LLC	07/01/2026

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, 1st Brier Senior and Adult Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/20/2026

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

Provider (or Representative) 7/7/2026 Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

07/06/2026

1st Brier Senior and Adult Care Home LLC
1st Brier Senior and Adult Care Home LLC
2640 232nd St SW
Brier, WA 98036

RE: 1st Brier Senior and Adult Care Home LLC # 754627

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/01/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/01/2026), no later than 08/15/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage. Observation of the kitchenette and bathroom showed a child lock device was used to secure cleaning supplies. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative and Resident Manager. Staff A removed the cleaning supplies and placed them in a locked storage area.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The Adult Family Home (AFH) failed to ensure an emergency evacuation floor plan was posted on the upper level of the home (private, non-licensed area). This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative and Resident Manager. Staff A posted an emergency evacuation floor plan on the upper level of the home.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication

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disposal;

The Adult Family Home (AFH) failed to ensure the AFH's medication disposal policy complied with all state and federal laws and regulations. This deficiency was corrected over the course of inspection by Staff A, Entity Representative and Resident Manager. Staff A updated the AFH's medication disposal policy.

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 of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

The Adult Family Home (AFH) failed to ensure a signed, dated residency agreement was kept in Resident 1, Resident 2, and Resident 3's records. This deficiency was corrected over the course of inspection by Staff A, Entity Representative and Resident Manager. Staff A had Resident 2 sign and date a residency agreement. Staff A had Resident 1 and Resident 3's representatives sign and date a residency agreement.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (253)234-6033.

Sincerely,



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

Cecile Leano, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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Provider Process for Choosing a Panel or Traditional IDR:

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

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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

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