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

Brier Village Senior Care LLC

Brier Village Senior Care LLC
23213 32nd Ave W
Brier, WA 98036

RE: Brier Village Senior Care LLC License # 756718

Dear Provider:

This letter addresses Compliance Determination(s) 84260 (Completion Date 09/23/2026) and 82486 (Completion Date 08/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/23/2026 and found that you have corrected the violations listed in the Full report dated 08/24/2026. Your home is back in compliance as of 09/21/2026 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 388-76-10315-1-c, WAC 388-76-10315-1-e, WAC 388-76-10585-1-b, WAC 388-76-10730-2-a

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/19/2026 of:
Brier Village Senior Care LLC
23213 32nd Ave W
Brier, WA 98036

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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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Statement of Deficiencies	License #: 756718	Compliance Determination #82486
Plan of Correction	Brier Village Senior Care LLC	Completion Date
Page 2 of 6	Licensee: Brier Village Senior Care LLC	08/24/2026

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.

Renee' Bourque
Residential Care Services

08/27/2026
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)

09/03/26
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 6 of 6 resident (Residents 1, 2, 3, 4, 5 and 6) records containing private medical information were stored in a confidential manner or were protected from loss, alteration, destruction or unauthorized use. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of a loss of privacy.

Findings included...

Observation, on 08/18/2026 at 11:10 AM, showed Residents 1, 2, 3, 4, 5 and 6 records located in an unlocked hall closet in the resident area of the AFH.

In an interview, on 08/19/2026 at 11:10 AM, Staff B (Provider) stated that all the resident records were in the unlocked hall closet. Staff A stated they would secure the resident records.

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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.

Renee' Bourgue
Residential Care Services

08/27/2026
Date

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Provider (or Representative)

Date

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure 6 of 6 resident (Residents 1, 2, 3, 4, 5 and 6) records containing private medical information were stored in a confidential manner or were protected from loss, alteration, destruction or unauthorized use. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of a loss of privacy.

Findings included...

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In an interview, on 08/19/2026 at 11:10 AM, Staff B (Provider) stated that all the resident records were in the unlocked hall closet. Staff A stated they would secure the resident records.

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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, Brier Village Senior Care LLC is or will be in compliance with this law and/ or regulation on (Date) 09/21/26.

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

Provider (or Representative) — Date: 09/03/26

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the most recent complaint investigation and follow up reports were available to be reviewed by residents or their representatives, the department or anyone interested without having to ask for the reports. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk for a lack of knowledge related to citations received by the AFH.

Findings included:

Record review of the AFH inspection and complaint investigation reports showed the most recent complaint investigation (with resultant reports) occurred on 12/05/2024.

Observation, on 08/19/2026 at 11:15 AM, showed a plastic container on a common area wall with a sign indicating past inspections could be found in the enclosed binder. The enclosed binder did not have the 12/05/2024 complaint investigation reports available to be reviewed.

In an interview, on 08/19/2026 at 11:25 AM, Staff A (Provider) stated they would get the most recent complaint investigation reports in the binder to be reviewed.

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Provider (or Representative) Date

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Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the most recent complaint investigation and follow up reports were available to be reviewed by residents or their representatives, the department or anyone interested without having to ask for the reports. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk for a lack of knowledge related to citations received by the AFH.

Findings included...

Record review of the AFH inspection and complaint investigation reports showed the most recent complaint investigation (with resultant reports) occurred on 12/05/2024.

Observation, on 08/19/2026 at 11:15 AM, showed a plastic container on a common area wall with a sign indication past inspections could be found in the enclosed binder. The enclosed binder did not have the 12/05/2024 complaint investigation reports available to be reviewed.

In an interview, on 08/19/2026 at 11:25 AM, Staff A (Provider) stated they would get the most recent complaint investigation reports in the binder to be reviewed.

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

Provider (or Representative) — Date: 09/23/26

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(a) Bathing facilities such as tubs and showers; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure vertical grab bars were installed in 3 of 3 shower stalls available for resident use. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of injury.

Findings included...

Review of the AFH records showed that the AFH was licensed to provide care to 6 residents on 09/27/2023 by Staff A (Provider).

Observation, on 08/19/2026 at 11:00 AM showed three shower stalls available for residents use in the AFH. All the shower stalls had three horizontal grab bars, one installed on each of the shower stall interior walls. There were no vertical shower stall grab bars installed.

In an interview, on 08/19/2026 at 1:30 PM, Staff A (Provider) stated all residents used the shower stalls for bathing. Staff A stated they were not aware of the vertical shower stall grab bar requirements and had passed the prior required inspection. Staff A stated the AFH could have the vertical shower stall grab bars installed.

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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, Brier Village Senior Care LLC 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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Findings included...

Review of the AFH records showed that the AFH was licensed to provide care to 6 residents on 09/27/2023 by Staff A (Provider).

Observation, on 08/19/2026 at 11:00 AM showed three shower stalls available for residents use in the AFH. All the shower stalls had three horizontal grab bars, one installed on each of the shower stall interior walls. There were no vertical shower stall grab bars installed.

In an interview, on 08/19/2026 at 1:30 PM, Staff A (Provider) stated all residents used the shower stalls for bathing. Staff A stated they were not aware of the vertical shower stall grab bar requirements and had passed the prior required inspection. Staff A stated the AFH could have the vertical shower stall grab bars installed.

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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, Brier Village Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/21/26.

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

_____ _____

Provider (or Representative) Date

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PLAN OF CORRECTION

09/03/2026

Brier Village Senior Care LLC
23213 32nd Avenue West
Brier, WA 98036
License#756718

Failure to meet the requirements of WAC 388-76-10315 for maintaining the confidentiality of records and preventing loss, alteration, destruction, and unauthorized use. Per WAC 388-76-10315, resident records must be kept confidential from unauthorized view, destruction, and alteration. The home has corrected this failure as of 08.24.2026.

Failure to meet the requirements of WAC 388-76-10585 to keep a copy of all compliant investigation reports, any related follow-up reports, and any cover letters received in an appropriate common area where they can be easily accessed and viewed by residents, resident representatives, the department, and anyone interested. This was also corrected on 08.24.2026.

Failure to meet the requirements of WAC 388-76-10730 for installing vertical grab bars and handrails at the shower entrance for stability during step-in/step-out. This issue was not identified during the initial inspection in 2023, and the home did not identify it since then. This is scheduled to be corrected and completed by 09/03/2026.

Aster Zewedie

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