STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

#* 1st Edmonds Bowl Adult Family Home LLC
Brierwood Adult Family Home
2795 214th St SW
Brier, WA 98036

RE: Brierwood Adult Family Home License # 755513

Dear Provider:

This letter addresses Compliance Determination(s) 65310 (Completion Date 09/09/2025) and 63611 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/09/2025 and found that you have corrected the violations listed in the Full report dated 08/13/2025. Your home is back in compliance as of 08/05/2025 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 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 08/05/2025 of:
Brierwood Adult Family Home
2795 214th St SW
Brier, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 755513	Compliance Determination #63511
Plan of Correction	Brierwood Adult Family Home	Completion Date
Page 2 of 4	Licensee #: 1st Edmonds Bowl Adult Family Home LLC	08/13/2025

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

08/13/2025
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)

8/20/25
Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure Resident 4 had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 4 at risk of harm from injury if the [redacted] were not used properly and they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 08/05/2025 at 9:25 AM, showed Resident 4 lived in and received care from the AFH. Further observation showed Resident 4 ambulated with a medical device

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

08/13/2025
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 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure Resident 4 had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 4 at risk of harm from injury if the [redacted] were not used properly and they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 08/05/2025 at 9:25 AM, showed Resident 4 lived in and received care from the AFH. Further observation showed Resident 4 ambulated with a medical device

(walker) independently in the AFH.

Observation of Resident 4's bedroom, on 08/05/2025 at 11:30 AM, showed Resident 4 had 1/2 length [redacted] on both sides of their bed. Observation showed the right [redacted] was in the down position and the left [redacted] was in the up position.

Review of Resident 4's dual assessment and Negotiated Care Plan, dated 07/08/2025, did not address Resident 4's [redacted]. There was no document of a consent form for safety and risks of [redacted] use in Resident 4's records.

In an interview, on 08/05/2025 at 12:20 PM, Staff E, Caregiver, stated that Resident 4's family recently bought a [redacted] with attached [redacted]. Staff E stated that Resident 4 did not need to use [redacted], and they would remove [redacted] from Resident's beds. Staff E further stated that Resident 4 and their representatives would not communicate with staff properly regarding Resident 4's appointments and bringing new items for Resident 4. When asked about the requirements for safely using the medical devices. Staff E stated that they were aware of the requirements. The AFH staff removed the [redacted] from Resident 4's [redacted] during the visit.

In an interview, on 08/05/2025 at 12:30 PM, Resident 4 stated that they were unhappy the AFH staff removed the [redacted]. Resident 4 stated that they had hip surgery in March 2025 and they needed knee replacement surgery soon. Resident 4 stated that their physical therapist ordered a [redacted] and their family purchased it over a week ago. Resident 4 stated that they used the right-[redacted] at night to transfer and reposition in bed. Resident 4 further stated that they would have their physical therapy (PT) assessed today (08/05/2025) for the [redacted] use.

Review of an email received by the department from Staff E on 08/06/2025 showed the PT completed an assessment for Resident 4's [redacted] use on 08/05/2025.

Statement of Deficiencies	License #: 755513	Compliance Determination #63611
Plan of Correction	Brierwood Adult Family Home	Completion Date
Page 4 of 4	Licensee: #1 1st Edmonds Bowl Adult Family Home LLC	08/13/2025

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, Brierwood Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 8/5/25

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

Provider (or Representative) — Date: 8/20/25

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, Brierwood 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/13/2025

#* 1st Edmonds Bowl Adult Family Home LLC
Brierwood Adult Family Home
2795 214th St SW
Brier, WA 98036

RE: Brierwood Adult Family Home # 755513

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/13/2025 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:

Renee Bourque, 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

• Complete correction(s) within 45 days, 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:
(1) In locked storage;

The Adult Family Home (AFH) failed to ensure to keep over the counter (OTC) medications locked in Resident 4's room (bedroom [redacted]. Staff E, Caregiver, stated that they were unaware of the mediations in Resident 4's room. The AFH staff removed unlocked medications from Resident 4's room to the locked storage.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, 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:
Renee Bourque, 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 find this form and directions on the IDR Adult Family Home 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 **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s 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 request and supporting documents to:

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