



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Timber Ridge OpCo LLC
Briarwood at Timber Ridge
100 Timber Ridge Way NW
Issaquah, WA 98027

RE: Briarwood at Timber Ridge License # 2602

Dear Administrator:

This letter addresses Compliance Determination(s) 63942 (Completion Date 08/11/2025) and 60730 (Completion Date 06/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/11/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3, WAC 388-78A-2462-2-b, WAC 388-78A-2474-2-c, WAC 388-112A-0060-1-a, WAC 388-112A-0060-1-a-i, WAC 388-112A-0060-1-a-ii, WAC 388-112A-0060-1-a-iii, WAC 388-112A-0400-4-b, WAC 388-112A-0400-4-c, WAC 388-112A-0400-5, WAC 388-78A-2484-2

The Department staff who did the on-site verification:

Thomas Forkgen, ALF Licensors
Steven Garrett, LTC Licensors

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2602	Compliance Determination # 60730
Plan of Correction	Briarwood at Timber Ridge	Completion Date
Page 1 of 8	Licensee: Timber Ridge OpCo LLC	06/18/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 06/10/2025 and 06/12/2025 of:

Briarwood at Timber Ridge
100 Timber Ridge Way NW
Issaquah, WA 98027

The following sample was selected for review during the unannounced on-site visit: 5 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License # 2662	Compliance Determination # 60730
Plan of Correction	Bearwood at Timber Ridge	Completion Date
Page 2 of 8	Licenses Timber Ridge OpCo LLC	06/18/2025

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.

Laurie Anderson

Residential Care Services

06/18/2025

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times

[Signature]

Administrator (or Representative)

6/30/2025

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to update 2 of 5 sampled residents (Resident 1 and Resident 2) service plan. This failure placed Resident 1 and Resident 2 at risk for unmet care needs and a diminished quality of life.

Findings included ...

RESIDENT 1

Review of Resident 1's undated "Admission Record, Resident information" document showed that the facility admitted Resident 1 in [REDACTED] 2024.

Observation on 06/11/2025 at 3:02 PM showed Resident 1 seated in a Recliner chair in their apartment. Observation of Resident 1's bedroom showed a hospital bed with two half-length bedrails, attached at the head of the bed on each side.

Review of a Bed Rail Evaluation document, dated 02/17/2025, showed that Resident 1 and Resident 1's family requested the bedrails be installed. The bed rail assessment

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
<p>I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.</p>	
<p>_____ Administrator (or Representative)</p>	<p>_____ Date</p>

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to update 2 of 5 sampled residents (Resident 1 and Resident 2) service plan. This failure placed Resident 1 and Resident 2 at risk for unmet care needs and a diminished quality of life.

Findings included...

RESIDENT 1

Review of Resident 1's undated "Admission Record, Resident information" document showed that the facility admitted Resident 1 in [REDACTED] 2024.

Observation on 06/11/2025 at 3:02 PM showed Resident 1 seated in a Recliner chair in their apartment. Observation of Resident 1's bedroom showed a hospital bed with two half-length bedrails, attached at the head of the bed on each side.

Review of a Bed Rail Evaluation document, dated 02/17/2025, showed that Resident 1 and Resident 1's family requested the bedrails be installed. The bed rail assessment

showed Resident 1 used the bedrail to assist with turning side to side and moving up and down in bed.

Review of Resident 1's Service Plan, dated 12/07/2024, showed Resident 1 previously slid out of the bed and Resident 1 requested the bedside rails for mobility. The service plan showed no documentation that Resident 1 used a hospital bed with half-length bedrails and no documentation of the purpose for the bedrails. The plan showed no guidance for the caregivers for when the bedrails were to be used and how to ensure the rails were safe and secured to the bed to prevent entrapment and injury.

During an interview on 06/11/2025 at 3:02 PM, Resident 1 stated that they requested the bedside rails be installed on the hospital bed for their own safety. Resident 1 stated that they were afraid they may fall out of bed. Resident 1 stated that the bedside rails made them feel safe when they slept at night.

During an interview on 06/12/2025 at 12:39 PM, Staff B, Licensed Practical Nurse, Assisted Living/Memory Care Manager, stated that Resident 1's half-length bedrails were not documented on Resident 1's service plan. Staff B stated that they were aware the bedrails needed to be documented in Resident 1's service plan.

RESIDENT 2

Review of the facility's undated Characteristics Roster showed that the facility admitted Resident 2 in [REDACTED] 2023.

Observation on 06/11/2025 at 11:15 AM, Resident 2 attended the Resident Group meeting. Observation showed that Resident 2 was not using oxygen.

Observation of Resident 2's apartment on 06/11/2025 at 2:46 PM, showed Resident 2 seated in a recliner with a nasal cannula (a medical device used to deliver supplemental oxygen to individuals who need it, consisting of a thin tube with two prongs that fit into the nostrils) inserted into their nostrils. Observation showed an oxygen concentrator (a medical device that provides supplemental oxygen to individuals with breathing difficulties by filtering nitrogen from the air and delivering a concentrated stream of oxygen) near Resident 2's recliner. The concentrator was turned on. Observation showed a sticky note attached to the regulator gauge of the oxygen concentrator that showed the air flow was to be set between two to three liters per minute. Observation showed a pacemaker monitor on top of a small beside table.

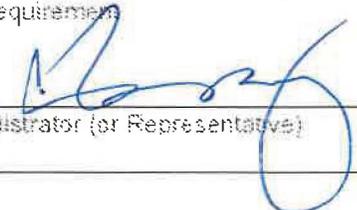
Review of Resident 2's June 2025 electronic medication administration record (eMAR) showed no documentation that Resident 2 used supplemental oxygen. The eMAR showed no documentation that Resident 2 had a pacemaker monitor in their apartment. The eMAR showed that Resident 2 received Eliquis (a blood thinner), five milligrams, twice a day.

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Review of Resident 2's Service Plan, dated 12/20/2024, showed no documentation that Resident 2 used supplemental oxygen and used an oxygen concentrator. There was no guidance for the staff on the frequency of when Resident 2 used oxygen and the oxygen concentrator. The plan provided no staff guidance about who was responsible to manage the oxygen concentrator or the pacemaker monitor. The plan provided conflicting information about Resident 2's showers. One part of the plan showed Resident 2 was independent with showers. Another part of the plan showed Resident 2 required standby assistance with showers. The service plan showed Resident 2 received Eliquis for treatment of atrial fibrillation (a medical condition of an irregular heartbeat). There was no guidance about the possible side effects from the medication, such as an increased risk of bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 2 experienced any side effects from the medication.

During an interview on 06/11/2025 at 2:46 PM, Resident 2 stated that the device on the stand monitored their pacemaker to ensure it was functioning correctly. Resident 2 stated that they used supplemental oxygen to breathe.

During an interview on 06/11/2025 at 3:45 PM, Staff B stated that they were unaware that Resident 2's service plan was missing information about Resident 2's use of the pacemaker monitor and who was responsible to manage the monitor. Staff B stated that they were unaware the plan did not show information on Resident 2's oxygen usage and the usage of the concentrator. Staff B stated that they were unaware that the plan did not show that Resident 2 received Eliquis as a blood thinner and did not provide staff with guidance to monitor Resident 2 for possible side effects from the daily use of Eliquis. Staff B stated that Resident 2 required staff assistance with showers, and they were unsure why Resident 2's service plan showed conflicting information.

Plan/Attestation Statement	
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, Briarwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date) <u>7/25/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>6/30/2025</u> _____ Date

WAC 398-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks.

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

Review of Resident 2’s Service Plan, dated 12/20/2024, showed no documentation that Resident 2 used supplemental oxygen and used an oxygen concentrator. There was no guidance for the staff on the frequency of when Resident 2 used oxygen and the oxygen concentrator. The plan provided no staff guidance about who was responsible to manage the oxygen concentrator or the pacemaker monitor. The plan provided conflicting information about Resident 2’s showers. One part of the plan showed Resident 2 was independent with showers. Another part of the plan showed Resident 2 required standby assistance with showers. The service plan showed Resident 2 received Eliquis for treatment of atrial fibrillation (a medical condition of an irregular heartbeat). There was no guidance about the possible side effects from the medication, such as an increased risk of bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 2 experienced any side effects from the medication.

During an interview on 06/11/2025 at 2:46 PM, Resident 2 stated that the device on the stand monitored their pacemaker to ensure it was functioning correctly. Resident 2 stated that they used supplemental oxygen to breathe.

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Plan/Attestation Statement	
<p>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, Briarwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____</p> <p>Administrator (or Representative)</p>	<p>_____</p> <p>Date</p>

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

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(b) A national fingerprint background check

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 staff (Staff C) completed a national fingerprint background check. This failure placed all 23 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

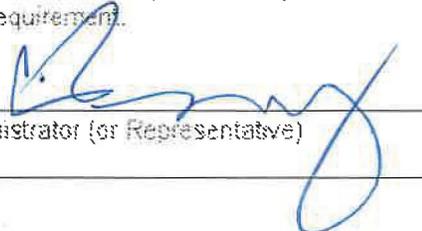
Review of the facility's undated personnel records showed the facility hired Staff C, Caregiver/Certified Nurse Assistant (CNA), on 12/09/2024. Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents. Review of Staff C's personnel records showed no documentation that Staff C completed a national fingerprint background check.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that they were aware of the fingerprint background check requirements. Staff A stated that they were unaware the facility failed to complete the required fingerprint background check for Staff C, as required.

Plan/Attestation Statement

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, Briarwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date) 7/25/2025.

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


 Administrator (or Representative) 6/30/2025
Date

WAC 399-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility
Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff C) completed a national fingerprint background check. This failure placed all 23 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

Review of the facility's undated personnel records showed the facility hired Staff C, Caregiver/Certified Nurse Assistant (CNA), on 12/09/2024. Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents. Review of Staff C's personnel records showed no documentation that Staff C completed a national fingerprint background check.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that they were aware of the fingerprint background check requirements. Staff A stated that they were unaware the facility failed to complete the required fingerprint background check for Staff C, as required.

Plan/Attestation Statement	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Administrator (or Representative)	Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility:
 Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

(5) Specialty training may be used to meet the requirements for the basic training population specific component if completed within one hundred twenty days of the date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 staff (Staff C) completed all required training to perform their job duties and responsibilities. This failure placed all 23 residents at risk of unmet care needs from staff with incomplete

Statement of Deficiencies	License # 2002	Compliance Determination # 60730
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training.

Findings included ..

Review of facility's personnel records showed the facility hired Staff C, Caregiver/Certified Nurse Assistant (CNA), on 12/09/2024

SPECIALTY TRAINING

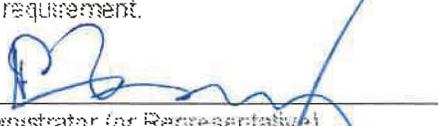
Review of the facility's personnel records showed no documentation that Staff C completed the required specialty training for dementia and mental health.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that the facility provided care and services to residents with primary diagnoses of [REDACTED] and [REDACTED]. Staff A stated they were aware of the specialty training requirements for caregiver staff. Staff A stated that they were unaware that Staff C had not completed the required specialty training requirements

Plan/Attestation Statement

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, Briarwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date) 7/25/2025.

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

 _____

Administrator (or Representative)

6/30/2025

Date

WAC 388-79A-2494 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (2) A second test done one to three weeks after the first test

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 8 staff (Staff D) completed screening for Tuberculosis (TB) as required. This failure placed all 23 residents at risk of exposure to TB, an infectious disease

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

training.

Findings included...

Review of facility's personnel records showed the facility hired Staff C, Caregiver/Certified Nurse Assistant (CNA), on 12/09/2024.

SPECIALTY TRAINING

Review of the facility's personnel records showed no documentation that Staff C completed the required specialty training for dementia and mental health.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that the facility provided care and services to residents with primary diagnoses of [REDACTED] and [REDACTED]. Staff A stated they were aware of the specialty training requirements for caregiver staff. Staff A stated that they were unaware that Staff C had not completed the required specialty training requirements

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Administrator (or Representative)	Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 6 staff (Staff D) completed screening for Tuberculosis (TB) as required. This failure placed all 23 residents at risk of exposure to TB, an infectious disease.

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Findings included:

Review of the facility's undated personnel records showed that facility hired Staff D, Housekeeper, on 04/09/2025. Review of Staff D's personnel records showed documentation that on 04/04/2025 Staff D completed the first step of a two-step TB skin test. There was no documentation that showed Staff D completed the second step of the two-step TB skin test. Review of the facility's staff schedule showed that from 06/01/2025 to 06/13/2025, Staff D worked in the facility and was allowed direct access to residents.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that they were aware of the TB screening requirements. Staff A stated that they were unaware that Staff D did not complete the second step of the TB skin test to finish the screening requirements, as required.

Plan/Attestation Statement

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, Bearwood at Timber Ridge is or will be in compliance with this law and / or regulation on (Date) 7/25/2025.

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

 _____

Administrator (or Representative)

6/30/2025

Date

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

Findings included...

Review of the facility's undated personnel records showed that facility hired Staff D, Housekeeper, on 04/09/2025. Review of Staff D's personnel records showed documentation that on 04/04/2025, Staff D completed the first step of a two-step TB skin test. There was no documentation that showed Staff D completed the second step of the two-step TB skin test. Review of the facility's staff schedule showed that from 06/01/2025 to 06/13/2025, Staff D worked in the facility and was allowed direct access to residents.

During an interview on 06/11/2025 at 2:50 PM, Staff A, Associate Executive Director/Administrator, stated that they were aware of the TB screening requirements. Staff A stated that they were unaware that Staff D did not complete the second step of the TB skin test to finish the screening requirements, as required.

Plan/Attestation Statement

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Administrator (or Representative)

Date