STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Rise and Shine Adult Family Home LLC

Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

RE: Rise and Shine Adult Family Home LLC License # 753138

Dear Provider:

This letter addresses Compliance Determination(s) 70406 (Completion Date 12/19/2025) and 68012 (Completion Date 10/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/19/2025 and found that you have corrected the violations listed in the Full report dated 10/30/2025. Your home is back in compliance as of 11/05/2025 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 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10181-1

The Department staff who did the off-site verification:
Hung Bui, Adult Family Home RN Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Clinton Fridley RN

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753138	Compliance Determination # 68012
Plan of Correction	Rise and Shine Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Rise and Shine Adult Family Home LLC	10/30/2025

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 10/28/2025 of:
Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 753138	Compliance Determination # 68012
Plan of Correction	Rise and Shine Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Rise and Shine Adult Family Home LLC	10/30/2025

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.

Residential Care Services

11/04/2025
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.

L. Hebbardt
Provider (or Representative)

11/06/25
Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that a Character, Competence and Suitability (CCS) document was completed for 1 of 6 former caregivers (former caregiver 4 [FCG4]). This failure placed all residents at risk for unsupervised access by a staff member with multiple non-disqualifying criminal history records.

Findings included:

Record reviews showed no documentation that the Provider completed the CCS for review or a statement in writing explaining the basis for making the decision that the employee was suitable to work with vulnerable adults. A background report showed that FCG4 had non-disqualifying crimes from 2022 and 2023.

On 10/28/2025 at 1:45 PM, in an interview, the Provider stated that they did not know what CCS document was and acknowledged that they had not completed the form.

State of Washington

Statement of Deficiencies	License #: 753138	Compliance Determination # 68012
Plan of Correction	Rise and Shine Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Rise and Shine Adult Family Home LLC	10/30/2025

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, Rise and Shine Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/5/25.

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

Provider (or Representative) Y. Hebhaeelt Date 11/06/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Rise and Shine Adult Family Home LLC
Rise and Shine Adult Family Home LLC
2139 7th Ave SW
Puyallup, WA 98371

RE: Rise and Shine Adult Family Home LLC # 753138

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/30/2025 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

On 10/28/2025, observation showed that the fire extinguisher located on the top floor was last purchased on 07/07/2023 and was not serviced annually. The top floor is a private residence, and residents do not have access to this area. The Provider acknowledged the deficiency. To correct the issue, the Provider submitted documentation showing that the fire extinguisher was serviced by Pierson Fire Protection after the inspection was completed.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

Record review showed that the Provider's cat (Peanut), had a rabies vaccination that expired on 11/29/2024. The Provider acknowledged the deficiency. To correct the issue, the Provider scheduled a rabies vaccination appointment for Peanut on 11/04/2025, by the end of the inspection.

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)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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 **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

Rise and Shine Adult Family Home LLC
2139 7th AVE SW
Puyallup, WA 98371
253-841-4844
License #: 753138
Compliance Determination #68012

Plan of Correction - Statement of Deficiencies Dated November 5, 2025, Date of inspection visit 10/28/2025.

Deficiency: WAC 388-76-10181 Background checks Employment Nondisqualifying Information.

In order to address the deficiency of the inspection conducted on 10/28/2025 at the Rise and Shine Adult Family Home LLC the below plan of correction has been completed.

1) To address the deficiency the actions below were taken. Since the employee in question no longer works for Rise and Shine I will address actions taken to prevent this from happening again.
   a) The form DSHS 15-456 (CCS) was downloaded and retained on file for future employment decisions for a person with a background check showing pending or convicted criminal charges that are not disqualifying under chapter 388-113 WAC.
   b) In the future when a background check comes back with criminal charges either pending or convicted the following steps will be taken:
      i) Until a decision can be made the potential employee will be put on administrative leave immediately.
      ii) First a determination if they are disqualifying under chapter 388-113 WAC will be made and if the charges are disqualifying that employment applicant will NOT be hired.
      iii) Otherwise, the CCS form will be utilized to document the decision to employ or not.
      iv) If we do decide that employment is possible, we will verify with RSC staff our decision process was sound and to get a second opinion of that. If there are any concerns at all we will NOT hire that applicant.

Date completed 11/5/2025

Entity Representative/Resident Manager Y. Gebhardt

Yelena Gebhardt
253-230-2418