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

WILLY & LORI BLANCO
Road to Eden AFH
525 20th Ave SE
Puyallup, WA 98372

RE: Road to Eden AFH License # 753382

Dear Provider:

This letter addresses Compliance Determination(s) 62844 (Completion Date 07/21/2025) and 60952 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/21/2025 and found that you have corrected the violations listed in the Full report dated 06/10/2025. Your home is back in compliance as of 07/26/2025 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 388-76-10161, WAC 388-76-10161-1, WAC 388-76-10161-1-a, WAC 388-76-10161-2, WAC 388-76-10161-2-b, WAC 388-76-10191, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-3, WAC 388-76-10650, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10460, WAC 388-76-10460-2, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10850, WAC 388-76-10850-3, WAC 388-76-10255, WAC 388-76-10255-1, WAC 388-76-101631, WAC 388-76-101631-1, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10540, WAC 388-76-10540-1, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

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

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 06/09/2025 of:

Road to Eden AFH
525 20th Ave SE
Puyallup, WA 98372

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

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

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 388-76-10161 Background checks Who is required to have.

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 1 of 4 AFH staff (Provider) had documentation of a Washington State Name and Date of Birth Background Check and 2 of 4 AFH staff (Caregiver B and Caregiver C) had a National Fingerprint Background Check. This failure placed 4 of 4 Residents' (Resident 1, Resident 2, Resident 3, and Resident 4) safety at risk by having contact with staff members with unknown criminal backgrounds.

Findings included…

Provider

On 06/09/2025, record review showed the Provider did not have documentation of a Washington State Name and Date of Birth Background Check.

On 06/09/2025 at 10:00 AM, observation showed the Provider worked in the AFH.

On 06/09/2025 at 2:14 PM, in an interview, the Provider stated they may have forgotten to print it out.

On 06/10/2025, record review of Department email and fax showed the Washington State Name and Date of Birth Background Check had not been sent.

Caregiver B and Caregiver C

On 06/09/2025, record review showed Caregiver B (CG B) was hired on 03/12/2025 and Caregiver C (CG C) was hired on 07/11/2022. There was no documentation CG B and CG C completed their National Fingerprint Background Check.

On 06/09/2025 at 2:14 PM, in an interview, when asked why CG B and CG C did not have documentation they completed a National Fingerprint Background Check, the Provider stated they know they had printed them out.

On 06/10/2025, record review of Department email and fax showed the Provider did not send the Department any National Fingerprint Background Checks for CG B and CG C.

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, Road to Eden AFH 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

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure they maintained commercial and professional liability insurance and had evidence of liability insurance when requested by the Department. This failure placed 4 of 4 Residents' (Resident 1, Resident 2, Resident 3, and Resident 4) safety at risk by residing in an AFH without documentation of commercial and professional liability insurance.

Findings included…

On 06/09/2025, at 8:34 AM, observation showed Resident 1, Resident 2, and Resident 3 were in the AFH at the time of inspection.

On 06/09/2025, record review showed the AFH's Commercial and Professional liability insurance expired on 02/12/2025. There was no documentation it had been renewed.

On 06/09/2025 at 2:14 PM, in an interview, the Provider stated they did not know why the renewed insurance certificate was not in there.

On 06/10/2025, record review of Department email showed the Provider had not submitted proof they renewed their Commercial and Professional liability insurance.

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, Road to Eden AFH 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

WAC 388-76-10650 Medical devices.

(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 observations, interviews, and record reviews, the adult family home (AFH) failed to ensure 2 of 2 Residents (Resident 1 and Resident 3) who had a [redacted] and [redacted] ([redacted]) were assessed prior to their use, documentation in their negotiated care plans how the devices were used and reviewed the risks and benefits form. This failure placed Resident 1 (R1) and Resident 3 (R3) at risk of injury.

Findings included…

Resident 1

On 06/09/2025 at 8:39 AM, observation showed a [redacted] in R1's bedroom.

On 06/09/2025 at 8:39 AM, in an interview, R1 stated they grab it to get up from their bed.

On 06/09/2025, record review of R1's file showed the [redacted] was not documented in R1's negotiated care plan (NCP) and had not been assessed on how the [redacted] was used.

On 06/09/2025 at 2:14 PM, in an interview, the Provider stated R1 does not use the [redacted].

Resident 3

On 06/09/2025, at 8:54 AM, observation showed [redacted] attached to R3's bed and were in the upright position.

On 06/09/2025 at 8:54 AM, in an interview, R3 stated they used the [redacted] to hold onto when being changed.

On 06/09/2025, record review of R3's file showed they had not been assessed on how the [redacted] were used and there was no documentation they reviewed the risks

and benefits of [redacted].

On 06/09/2025 at 2:14 PM, in an interview, the Provider stated the will make sure to get the documents done.

On 06/10/2025, record review of Department email showed the Provider did not send the Department the documents.

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, Road to Eden AFH 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

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(2) How the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medications is not available.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 4 Residents (Resident 1 and Resident 2) had documentation in their negotiated care plan (NCP) how they would get their medications when away from the home. This failure placed Resident 1 (R1) and Resident 2 (R2) at risk for not receiving their medications when away from the AFH.

Findings included…

On 06/09/2025, record review showed R1's NCP dated 04/28/2025 and R2's NCP dated 10/30/2024 did not have documentation how they would receive their medications when away from the AFH.

On 06/09/2025 at 2:14 PM, in an interview, when asked why R1 and R2's NCP did not have documentation of how they would receive their medications when away from the

AFH, the Provider stated they did not check to make sure it was documented.

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, Road to Eden AFH 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

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 interview and record reviews, the adult family home (AFH) failed to ensure 1 of 4 residents (Resident 1) had their negotiated care plan (NCP) signed and dated by the Resident and the Adult Family Home. This failure placed Resident 1 (R1) at risk of not agreeing to the care they received in the adult family home.

Findings included…

On 06/09/2025, record review showed the signature page for R1's NCP dated 04/28/2025 was missing. There was no other documentation the NCP had been signed or dated by R1 and the AFH.

On 06/09/2025, in an interview, when asked why the signature page of R1's NCP was missing and why R1 and the AFH had not signed the NCP, the Provider stated they know they had signed it.

On 06/10/2025, record review of Department email and fax showed the signature page for R1's NCP had not been sent to the Department.

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, Road to Eden AFH 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

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure there was a first aid manual with emergency medical supplies. This failure placed 4 of 4 Residents' (Resident 1, Resident 2, Resident 3, and Resident 4) safety at risk by not getting basic first aid during an emergency or disaster.

Findings included…

On 06/09/2025, at 9:50 AM, observation showed the first aid manual was missing from the AFH's emergency medical supply box.

On 06/09/2025 at 2:14 PM, in an interview, when asked why the first aid manual was missing, the Provider stated they will get another one.

On 06/10/2025, record review of Department email and fax showed no documentation the AFH had a first aid manual.

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, Road to Eden AFH 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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to have a supply of N-95 masks (respiratory mask) and medical gowns in the AFH. This failure placed 4 of 4 Residents' (Resident 1, Resident 2, Resident 3, and Resident 4) at risk of contracting an infectious disease during an outbreak in the AFH.

Findings included…

On 06/09/2025 at 9:51 AM, observation showed there were no N-95 masks or medical gowns in the AFH.

On 06/09/2025 at 2:14 PM, when asked why the AFH did not have N-95 masks and medical gowns, the Provider stated the supplies are at their home.

On 06/10/2025, record review of Department fax and email showed the Provider did not submit any proof the AFH had N-95 masks and medical gowns to use in the event of an infectious disease outbreak.

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, Road to Eden AFH 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

WAC 388-76-101631 Background checks Washington state name and date of birth background check. If the results of the Washington state name and date of birth background check indicate an individual has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action listed in WAC 388-76-10180 then:

(1) If the individual is a caregiver, entity representative or resident manager, the adult family home must not employ the individual, either directly or by contract; and

This requirement was not met as evidenced by:

Based on interviews, and record reviews, the adult family home (AFH) failed to ensure Caregiver C (whom had a disqualifying finding on their Washington State Background Check) did not have unsupervised access to vulnerable adults. This failure placed 4 of 4 Residents' (Resident 1, Resident 2, Resident 3, and Resident 4) safety at risk by having unsupervised contact with an AFH caregiver with a disqualifying finding on their Washington State Background Check.

Findings included…

On 06/09/2025, record review of Department database showed Caregiver C (CG C) had a substantiated finding of neglect of a vulnerable adult from an Adult Protective Services investigation completed on 08/20/2020.

On 06/09/2025, record review showed Caregiver C (CG C) was hired on 07/11/2022. A Washington State Name and Date of Birth Background Check completed on 07/19/2022 and 01/25/2024 showed a disqualifying finding and could not have unsupervised access to vulnerable adults.

On 06/09/2025, record review of Resident 1 (R1), Resident 2 (R2), and Resident 3's (R3) Medication Log showed CG C administered their medications on 06/01/2025 and 06/04/2025 through 06/08/2025.

On 06/09/2025 at 12:07 PM, in an interview, R3 stated CG C had delivered them food and medications unsupervised.

On 06/09/2025 12:13 PM, in an interview, R2 stated CG C had delivered them medications and responded to their call bell unsupervised.

On 06/09/2025 at 12:51 PM, in an interview, Caregiver B stated if they were cooking a meal or with another resident, CG C provided care to other residents unsupervised.

On 06/09/2025, at 1:35 PM, in an interview, Caregiver A stated CG C had unsupervised contact with residents.

On 06/09/2025 at 2:09 PM, in an interview, the Provider requested a copy of the Washington Administrative Code's (WAC) definition of "unsupervised".

On 06/09/2025 at 2:09 PM, record review of Department email showed the Provider was emailed a copy of the WAC's definition list as requested.

On 06/09/2025 at 2:14 PM, in an interview, when asked why CG C was given unsupervised access to R1, R2, R3, and R4 knowing CG C had a disqualifying Washington State Background Check, the Provider stated they misunderstood the definition of "unsupervised".

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, Road to Eden AFH 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

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once

every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

This requirement was not met as evidenced by:

Based on interview and record reviews the adult family home (AFH) failed to ensure the Notice of Services had been provided to 1 of 4 residents (Resident 2). This failure prevented Resident 2 (R2) of knowing services and rights in the AFH.

Findings included…

On 06/09/2025, record review showed R2 admitted to the AFH on [redacted]/2024. There was no documentation of the Notice of Services in R2's file.

On 06/09/2025 at 2:14 PM, in an interview, when asked why the Notice of Services was not in R2's record, the Provider stated the nurse delegator may have it.

This deficiency was previously cited on 05/17/2023.

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, Road to Eden AFH 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

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

This requirement was not met as evidenced by:

Based on interview and record reviews the adult family home (AFH) failed to ensure the Disclosure of Charges had been provided to 1 of 4 residents (Resident 2). This failure potentially prevented Resident 2 (R2) of knowing charges for services the AFH provided.

Findings included…

On 06/09/2025, record review showed R2 admitted to the AFH on [redacted]/2024. There was no documentation of the Disclosure of Charges in R2's file.

On 06/09/2025 at 2:14 PM, in an interview, when asked why the Disclosure of Charges form was not in R2's record, the Provider stated the nurse delegator may have it.

This deficiency was previously cited on 05/17/2023.

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, Road to Eden AFH 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

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure the Medicaid policy form had been provided to 1 of 4 residents (Resident 2). This failure potentially prevented Resident 2 (R2) from knowing the AFH's policy on accepting [redacted] residents.

On 06/09/2025, record review showed R2 admitted to the AFH on [redacted]/2024. There was no documentation of the Medicaid policy form in R2's file.

On 06/09/2025 at 2:14 PM, in an interview, when asked why the Medicaid policy form was not in R2's record, the Provider stated the nurse delegator may have it.

This deficiency was previously cited on 05/17/2023.

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, Road to Eden AFH 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

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 4 Residents (Resident 1 and Resident 2) had an inventory of their personal belongings. This failure placed Resident 1 (R1) and Resident 2 (R2) at risk of having personal belongings missing.

Findings included…

On 06/09/2025, record review showed R1 admitted to the AFH on [redacted]/2023 and R2 admitted to the AFH on [redacted]/2024. There was no documentation a personal belongings inventory form had been completed for both residents.

On 06/09/2025 at 2:14 PM, in an interview, when asked why R1 and R2's personal belongings inventory lists were missing, the Provider did not answer.

This deficiency was previously cited on 05/17/2023.

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, Road to Eden AFH 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
PO Box 99250, Lakewood, WA 98496

WILLY & LORI BLANCO
Road to Eden AFH
525 20th Ave SE
Puyallup, WA 98372

RE: Road to Eden AFH # 753382

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/10/2025 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:

Jennifer LeMaster, Community Nurse 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 following deficiency or deficiencies not listed on the enclosed report.

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.

On 06/09/2025, there was no documentation Resident 1 (R1) had a negotiated care plan (NCP) for 2024. R1 had a care plan for the 2025 calendar year. All other residents had documentation they had care plans for 2024.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets 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 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . 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 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

On 06/09/2025, record review showed Caregiver C (CG C) was hired on 07/11/2022. There was no documentation CG C received their Home Care Aide Certification by 10/31/2024. The Provider faxed a letter to the Department that stated CG C had separated from employment on 06/09/2025.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse 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:
Jennifer LeMaster, Community Nurse 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 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