



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) 51318 (Completion Date 12/20/2024) and 48702 (Completion Date 11/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/20/2024 and found that you have corrected the violations listed in the Complaint report dated 11/01/2024. Your home is back in compliance as of 11/15/2024 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 388-76-10400-1, WAC 388-76-10400-2

The Department staff who did the on-site verification:
Sophia Brownie-Jarvis, AFH RN Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



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Statement of Deficiencies	License #: 753382	Compliance Determination # 48702
Plan of Correction	Road to Eden AFH	Completion Date
Page 1 of 3	Licensee: WILLY & LORI BLANCO	11/01/2024

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 an unannounced on-site complaint investigation on 10/15/2024 and 10/15/2024 of:

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

This document references the following complaint number(s): 147405

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Sophia Brownie-Jarvis, AFH RN Complaint Investigator

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.

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

Provider (or Representative)

Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

- (1) The care and services identified in the negotiated care plan.
- (2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on interviews and records review, the adult family home (AFH) failed to ensure 1 of 4 sampled residents (Resident 1) received transportation to medical appointments as identified in their negotiated care plan (NCP). This failure placed Resident 1 at risk for poor health outcomes.

Findings included...

On 10/18/2024 at 10:09 am, during an interview, the Resident 1's Representative stated that the AFH van was inoperable since January 2024, and they requested the AFH arrange alternative transportation (Paratransit) for Resident 1's medical appointments.

On 10/15/2024 at 12:04 pm, during an interview, the Provider stated that the AFH transportation van was inoperable. The Provider stated that they did not arrange Paratransit or other transportation.

Record review of Resident 1's hospital records showed that Resident 1 had "no show" for medical appointments on 07/16/2024, 08/05/2024, 09/06/2024, 10/21/2024; and "cancelled" for medical appointments on 07/12/2024, 07/30/2024, 09/15/2024, 09/18/2024, and 09/26/2024.

Record review of Resident 1's NCP dated 12/11/2023, showed that van lift transportation by the AFH was required for their medical appointments.

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, 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