



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

Blue Horizon Adult Family Home LLC
Blue Horizon Adult Family Home LLC
21320 SE 277th St
Maple Valley, WA 98038

RE: Blue Horizon Adult Family Home LLC License # 754327

Dear Provider:

This letter addresses Compliance Determination(s) 58938 (Completion Date 05/01/2025) and 53387 (Completion Date 03/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/01/2025 and found that you have corrected the violations listed in the Full report dated 03/07/2025. Your home is back in compliance as of 03/21/2025 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 388-76-10420-7-b, WAC 388-76-10900-4, WAC 388-76-10705-2-c

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Cwusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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



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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 #: 754327	Compliance Determination # 53387
Plan of Correction	Blue Horizon Adult Family Home LLC	Completion Date
Page 1 of 6	Licensee: Blue Horizon Adult Family Home LLC	03/07/2025

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 01/21/2025 of:

Blue Horizon Adult Family Home LLC
21320 SE 277th St
Maple Valley, WA 98038

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:

Marites Gatan, NCI
Dahl Kim, Field Manager

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

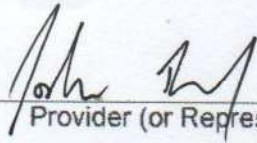
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Dahl Kim
Residential Care Services

03/12/2025
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)	3/19/25 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 4 staff (Staff C, Caregiver) when they prepared lunch for all residents in the AFH. This failure placed all current residents at risk for food borne illness.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 01/21/2025 at 9:02 AM, Staff C, Caregiver stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

Review of AFH personnel records showed that the AFH hired Staff C on 02/12/2023. Staff C had a Food Handler Card that expires on 11/2027.

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Observation on 01/21/2025 at 12:03 PM, showed Staff C donned gloves after they washed their hands with soap and water in the kitchen sink.

Observation on 01/21/2025 at 12:04 PM, showed Staff B with their gloved hands opened the refrigerator and removed the bag of bread. Staff B used tongs to remove bread from the bag. Staff B removed gloves and donned new gloves. Staff B with new gloves placed the pan on top of the stove and turned on the stove. Staff B with the same gloved hands held piece of bread and applied butter on bread. Department staff informed Staff B to stop the task.

In an interview on 01/21/2025 at 12:07 PM, Staff B had no response when department staff asked them the reason they were asked to stop the task. Department staff informed Staff B that their gloves were contaminated. Staff B then nodded in agreement that their gloves touched the handle of the pan and touched the knob of the stove before it touched the bread.

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, Blue Horizon Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 3/19/25.

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

Provider (or Representative)

Date 3/19/25

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to indicate the type of the evacuation drills for 7 of 7 evacuation drills completed in 2024. This failure resulted in department's staff inability to determine if a required full evacuation drill was conducted for the year.

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Findings included...

In an interview on 01/21/2025 at 9:02 AM, Staff C, Caregiver stated that they had four residents (Residents 1, 2, 3, and 4) who lived and received care from the AFH staff.

In an interview on 01/21/2025 at 9:33 AM, Staff B, Caregiver stated that all four residents required assistance with the evacuation drill.

Record review of the AFH's 2024 fire drill showed they completed seven drills for year 2024. A fire drill on 12/18/2024, participated by two staff, four residents for total of one minute and 14 seconds. A fire drill on 10/20/2024, participated by two staff, four residents for total of one minute and 31 seconds. A fire drill on 08/25/2024, participated by two staff, four residents for total of one minute and 39 seconds. A fire drill on 07/14/2024, participated by two staff, four residents for total of one minute and 52 seconds. A fire drill on 05/19/2024, participated by three staff, four residents for total of two minutes and 34 seconds. A fire drill on 03/21/2024, participated by two staff, four residents for total of two minutes and three seconds. A fire drill on 01/23/2024, participated by two staff, four residents for total of two minutes and six seconds. None of the fire drills had documentation on what type of fire drill was conducted.

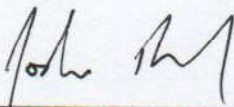
In an interview on 03/03/2025 at 10:02 AM, Staff A stated that they were aware that there were two types of emergency evacuation drills, partial and full evacuation drills. Staff A stated that they thought the type of drill was in their document. Staff A stated that they used the Synkwise (cloud-based web application of healthcare technology created for health care providers, caregivers and nurses) for the AFH emergency evacuation drill and missed to include the type of the drill.

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, Blue Horizon Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 3/21/25

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

Provider (or Representative)



Date 3/21/25

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) did not use the family room area as sleeping area. This failure placed all residents at risk for decreased quality of life.

Findings included...

In an interview on 01/21/2025 at 9:02 AM, Staff C, Caregiver stated that they had four residents who lived and received care from the AFH staff. Staff C stated that Staff A was in charge of the home.

Observation on 01/21/2025 at 9:12 AM showed Resident 1 stood up from the dining chair, walked with use of cane towards their bedroom.

Observation on 01/21/2025 at 9:13 AM showed Resident 2 stood up from the dining chair, walked to the living room area and sat in the recliner chair.

Observation on 01/21/2025 at 9:14 AM showed Staff C assisted Resident 3 used walker and walked them to the living room area. Staff C assisted Resident 3 sat in the recliner chair next to Resident 2.

Observation on 01/21/2025 at 9:22 AM showed Resident 4 stood up from the dining chair and used their cane, walked to the living room and sat in the recliner chair.

In an interview on 01/21/2025 at 9:32 AM, Staff C stated that Resident 1 and Resident 4 used cane for walking. Resident 3 used walker and Resident 2 did not use assistive device for walking.

Review of the AFH floor plan showed a family room across the kitchen area. There were three licensed bedrooms in the home.

Observation on 01/21/2025 at 10:22 AM showed that Bedroom ■ was occupied by Resident 2 and Resident 3. Further observation during bedroom tour on 01/21/2025 at 10:28 AM showed Bedroom ■ was occupied by Resident 4 and Bedroom ■ was occupied by Resident 1. There was no bedroom for caregiver.

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In an interview on 01/21/2025 at 10:38 AM, Staff A, Entity Representative/Resident Manager stated that Staff C worked full time and live on site.

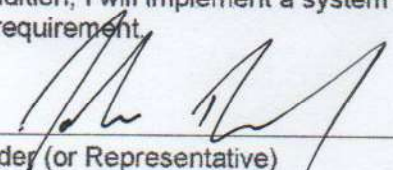
Review of Staff C's AFH orientation record showed they were hired on 02/12/2023.

In an interview on 01/21/2025 at 1:36 PM, Staff C stated that they slept and used the sofa at the family room area. Staff C stated that residents did not use the family room area. Staff C added that the residents did not come out of their bedroom at night.

In an interview on 01/21/2025 at 4:21 PM, Staff A stated that last summer, Staff C slept at the garage. Staff A stated Staff C currently slept at the family room area. Staff A stated that they were "remodeling" their garage for caregivers bedroom.

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, Blue Horizon Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 4/19/25

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


Provider (or Representative)

3/19/25
Date