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 Haven AFH LLC
Blue Haven AFH II
603 SW Normandy Rd
Normandy Park, WA 98166

RE: Blue Haven AFH II License # 754592

Dear Provider:

This letter addresses Compliance Determination(s) 66451 (Completion Date 10/08/2025) and 64463 (Completion Date 09/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2025 and found that you have corrected the violations listed in the Full report dated 09/04/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10350-2-a, WAC 388-76-10350-2-b, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10365, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-4, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
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

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 08/20/2025 of:
Blue Haven AFH II
603 SW Normandy Rd
Normandy Park, WA 98166

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:

Angelica Rios, ALF Licensor

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

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 — 9-8-2025 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.

Mariza Naizgi — Provider (or Representative) — 9/12/2025 Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an assessment was reviewed at least every 12 months and updated after a significant change in condition for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included...

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH. Further review showed Resident 2 could not ambulate independently or use their walker.

Review of Resident 2's records showed Resident 2's most recent assessment was on 08/10/2024. Review of Resident 2's assessment showed that Resident 2 was able to use their walker and use the toilet with minimal assistance.

During an interview on 08/20/2025 at 1:11PM, Staff D, Resident Manager, stated that Resident 2's most current assessment was more than a year ago. Staff D further stated

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 388-76-10350 Assessment Updates required.

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(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an assessment was reviewed at least every 12 months and updated after a significant change in condition for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH. Further review showed Resident 2 could not ambulate independently or use their walker.

Review of Resident 2’s records showed Resident 2’s most recent assessment was on 06/10/2024. Review of Resident 2’s assessment showed that Resident 2 was able to use the toilet with minimal assistance.

During an interview on 08/20/2025 at 1:11PM, Staff D, Resident Manager, stated that Resident 2’s most current assessment was more than a year ago. Staff D further stated

that it had been more than six months since Resident 2 had been able to use the toilet on their own and use their walker to ambulate. Staff D additionally stated that they were working on ensuring Resident 2 had an updated assessment as soon as possible.

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 Haven AFH II is or will be in compliance with this law and / or regulation on (Date) 09/12/2025.

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

Mariza Naizgi
Provider (or Representative)

09/12/2025
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include all current care needs in the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included...

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH.

During an interview on 08/20/2025 at 11:30 AM, Staff D, Resident Manager, stated that

that it had been more than six months since Resident 2 had been able to use the toilet on their own and use their walker to ambulate. Staff D additionally stated that they were working on ensuring Resident 2 had an updated assessment as soon as possible.

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 Haven AFH II 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 _____

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(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include all current care needs in the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH.

During an interview on 08/20/2025 at 11:30 AM, Staff D, Resident Manager, stated that

Resident 2 required total assistance for transfers including the use of a [redacted]. Staff D further stated that Resident 2 was no longer able to use their walker. Staff D additionally stated that Resident 2 was incontinent and preferred to eat in their room for lunch and dinner.

Review of Resident 2's most recent assessment dated 06/10/2024, showed that Resident 2 required a Diabetic (condition where the body cannot effectively manage blood sugar levels) friendly diet.

Review of Resident 2's records showed an NCP dated 06/10/2025. Further review of Resident 2's NCP showed no information regarding a Diabetic friendly diet. Resident 2's NCP showed that Resident 2 was able to ambulate with their walker and ate meals in the dinning room. Review of Resident 2's NCP showed no information regarding the use of a [redacted]. Additional review showed Resident 2 had a wound care nurse visit the home three times a week.

During an interview on 08/20/2025 at 1:26 PM, Staff D stated that they were unaware that Resident 2 was Diabetic. Staff D further stated that Resident 2 no longer received wound care and that Resident 2 had not been able to ambulate using their walker for the past 6 months. Additionally, Staff D stated that they would update Resident 2's NCP after their new assessment was completed.

During an interview on 09/03/2025 at 5:00 PM, Collateral Contact 1 (CC1) stated that Resident 2's NCP had outdated information. CC1 further stated Resident 2's NCP did not reflect their current care needs such as their change in mobility.

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 Haven AFH II is or will be in compliance with this law and / or regulation on (Date) 09/12/2025.

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

Mariza Naizgi
Provider (or Representative)

09/12/2025
Date

WAC 388-76-10365 Negotiated care plan implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Resident 2 required total assistance for transfers including the use of a [redacted]. Staff D further stated that Resident 2 was no longer able to use their walker. Staff D additionally stated that Resident 2 was incontinent and preferred to eat in their room for lunch and dinner.

Review of Resident 2's most recent assessment dated 06/10/2024, showed that Resident 2 required a Diabetic (condition where the body cannot effectively manage blood sugar levels) friendly diet.

Review of Resident 2's records showed an NCP dated 06/10/2025. Further review of Resident 2's NCP showed no information regarding a Diabetic friendly diet. Resident 2's NCP showed that Resident 2 was able to ambulate with their walker and ate meals in the dinning room. Review of Resident 2's NCP showed no information regarding the use of a [redacted]. Additional review showed Resident 2 had a wound care nurse visit the home three times a week.

During an interview on 08/20/2025 at 1:26 PM, Staff D stated that they were unaware that Resident 2 was Diabetic. Staff D further stated that Resident 2 no longer received wound care and that Resident 2 had not been able to ambulate using their walker for the past 6 months. Additionally, Staff D stated that they would update Resident 2's NCP after their new assessment was completed.

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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 Haven AFH II 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 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement all parts of the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included...

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH.

Review of Resident 2's NCP dated 08/19/2025, showed Resident 2 received a low sodium diet.

Observation on 08/20/2025 at 1:25 PM, showed Resident 2 ate Cambells Mushroom Soup and a deli turkey meat sandwich for lunch. Further review showed the soup was high in sodium and had a 37 percent (%) daily value of sodium. Additionally, the turkey deli meat had 22% daily value of sodium.

During an interview on 08/20/2025 at 1:26 PM, Staff D, Resident Manager, stated that they were not aware a low sodium diet was listed in Resident 2's NCP. Staff D further stated that they were unaware that Resident 2 was Diabetic (condition where the body cannot effectively manage blood sugar levels) and had a history of high blood pressure. Additionally, Staff D stated that they would begin purchasing foods that were low in sodium for Resident 2.

During an interview on 09/03/2025 at 5:00 PM, Collateral Contact 1 (CC 1) stated that they had not seen Resident 2 receive a low sodium diet since they were admitted to the AFH.

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 Haven AFH II is or will be in compliance with this law and / or regulation on (Date) 08/21/2025 .

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

mariza naizgi
Provider (or Representative)

09/12/2025
Date

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement all parts of the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of unmet care needs.

Findings included…

During a visit on 08/20/2025 at 11:00 AM, observation showed Resident 2 lived in and received care from the AFH.

Review of Resident 2's NCP dated 06/10/2025, showed Resident 2 received a low sodium diet.

Observation on 08/20/2025 at 1:25 PM, showed Resident 2 ate Cambells Mushroom Soup and a deli turkey meat sandwich for lunch. Further review showed the soup was high in sodium and had a 37 percent (%) daily value of sodium. Additionally, the turkey deli meat had 22% daily value of sodium.

During an interview on 08/20/2025 at 1:26 PM, Staff D, Resident Manager, stated that they were not aware a low sodium diet was listed in Resident 2's NCP. Staff D further stated that they were unaware that Resident 2 was Diabetic (condition where the body cannot effectively manage blood sugar levels) and had a history of high blood pressure. Additionally, Staff D stated that they would begin purchasing foods that were low in sodium for Resident 2.

During an interview on 09/03/2025 at 5:00 PM, Collateral Contact 1 (CC 1) stated that they had not seen Resident 2 receive a low sodium diet since they were admitted to the AFH.

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 Haven AFH II 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have personnel records as required for 2 of 5 staff (Staff B, Caregiver and Staff D, Resident Manager). This failure delayed the department from determining if Staff B and Staff D were qualified to care for residents.

Findings included…

During a visit on 08/20/2025 at 11:00 AM, observation showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Further observation showed Staff B and Staff D provided care to all residents.

Review of Staff B's personnel records showed Staff B was hired on 03/29/2025. Further review of Staff B's records showed no Cardiopulmonary Resuscitation (CPR) and First Aid certification. Additional review showed no record of continuing education credits.

Review of Staff D's personnel records showed Staff D was hired on 05/05/2020. Further review of Staff D's records showed no fingerprint background check results.

During an interview on 08/20/2025 at 2:32 PM, Staff D stated that they worked in another AFH and their fingerprint results were at the other home. Staff D further stated that they could not find Staff B's continuing education records, CPR certification, and first aid certification. Additionally, Staff D stated that they would ensure all personnel records were available in the AFH.

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 Haven AFH II is or will be in compliance with this law and / or regulation on (Date) 09/22/2025

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

Mariza Naizgi
Provider (or Representative)

09/12/2025
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure their 1 of 1 medication cart for the home was securely locked. This failure placed 1 ambulatory resident (Resident 1) at risk of harm if medications not prescribed for their use were accidentally ingested.

Findings included...

Observation on 08/20/2025 at 11:00 AM showed Resident 1 lived in and received care from the AFH. Further observation showed there was an unlocked medication cart in the living room area of the home.

Observation at 08/20/2025 at 11:35 AM showed Resident 1 received physical therapy. Further review showed Resident 1 was able to walk independently with their walker.

During an interview on 08/20/2025 at 12:45 PM, Staff D, Resident Manager, stated that all resident medications were kept in the medication cart in the living room. Staff D stated that the medication cart lock did not currently work and they were unsure how many days the lock had been broken. Staff D further stated that they were going to call a technician to come fix the lock as soon as possible.

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 Haven AFH II 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

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Findings included…

Observation on 08/20/2025 at 11:00 AM showed Resident 1 lived in and received care from the AFH. Further observation showed there was an unlocked medication cart in the living room area of the home.

Observation at 08/20/2025 at 11:35 AM showed Resident 1 received physical therapy. Further review showed Resident 1 was able to walk independently with their walker.

During an interview on 08/20/2025 at 12:45 PM, Staff D, Resident Manager, stated that all resident medications were kept in the medication cart in the living room. Staff D stated that the medication cart lock did not currently work and they were unsure how many days the lock had been broken. Staff D further stated that they were going to call a technician to come fix the lock as soon as possible.

Statement of Deficiencies	License #: 754592	Compliance Determination #84463
Plan of Correction	Blue Haven AFH II	Completion Date
Page 8 of 8	Licensee: Blue Haven AFH LLC	09/04/2025

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, Blue Haven AFH II is or will be in compliance with this law and / or regulation on (Date) 08/20/2025

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

Mariza Naizgi
Provider (or Representative)

09/12/2025
Date

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

Provider (or Representative) Date