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

Sunset Bliss Adult Family Home LLC

Sunset Bliss Adult Family Home LLC
1435 S Sunset Dr
Tacoma, WA 98465

RE: Sunset Bliss Adult Family Home LLC License # 755040

Dear Provider:

This letter addresses Compliance Determination(s) 33666 (Completion Date 12/13/2023) and 29746 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/13/2023 and found that you have corrected the violations listed in the Full report dated 09/26/2023. Your home is back in compliance as of 11/22/2023 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 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10161, WAC 388-76-10161-1, WAC 388-76-10161-1-a, WAC 388-76-10161-1-b, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-3, WAC 388-76-10475-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10135-4, WAC 388-112A-0240, WAC 388-112A-0240-1, WAC 388-112A-0240-1-a, WAC 388-112A-0240-1-b, WAC 388-112A-0240-1-c, WAC 388-112A-0240-1-d, WAC 388-112A-0240-1-e, WAC 388-112A-0240-1-f, WAC 388-112A-0240-2, WAC 388-76-10135-4, WAC 388-112A-0720-1-c, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-76-10135-7, WAC 388-76-10135-8

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensor

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

Sincerely,

Lisa Cramer, 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 # 755040	Compliance Determination # 29746
Plan of Correction	Sunset Bliss Adult Family Home LLC	Completion Date
Page 1 of 10	Licensee: Sunset Bliss Adult Family Home LLC	09/26/2023

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 09/21/2023 and 09/21/2023 of:
Sunset Bliss Adult Family Home LLC
1436 S Sunset Dr
Tacoma, WA 98465

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

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licensor

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

10/02/2023
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) 11/8/23 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the water temperature in 2 of 2 resident bathrooms (Bathroom 1, and Bathroom 2) met the minimum temperature of one hundred and five degrees (105) Fahrenheit (F) and did not exceed one hundred twenty degrees (120) F. This failed placed residents at risk of having too cold or too hot water to use for bathing and hygiene purposes.

Findings included...

On 09/21/2023 at 12:50 pm, observation showed the water temperature in Bathroom 1 to be 101.3 degrees F.

On 09/21/2023 at 12:55 pm, observation showed the water temperature in Bathroom 2 to be 101.3 degrees F.

On 09/21/2023 at 1:00 pm in an interview, the Provider stated they thought the water temperature felt cold. The Provider adjusted the water heater temperature in an attempt to meet the regulation.

On 09/21/2023 at 3:50 pm, observation showed the water temperature in Bathroom 1 to be 123.0 degrees F.

On 09/21/2023 at 3:55 pm, observation showed the water temperature in Bathroom 2 to be 123.0 degrees F.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23.

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

Provider (or Representative) 11/8/22 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

(b) If applying after January 7, 2012, a national fingerprint background check.

(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:

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

(b) A national fingerprint background check.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observations, interview and record reviews, the adult family home (AFH) failed to ensure 4 of 4 staff (Provider, Caregiver A, Caregiver B, Caregiver C) and 2 of 2 household members (Household Member 1, and Household Member 2) had a Washington state name and date of birth background check or a national fingerprint background check. This failure placed both residents at risk of harm allowing a staff member or a household member access to them, with a potential disqualifying criminal background.

Provider
Review of the Provider's personnel records showed no documentation available verifying a Washington state name and date of birth background check or a national fingerprint check was completed and current for the Provider.

On 09/21/2023 during the inspection, the Provider was observed providing

direct and unsupervised care to residents in the home.

Caregiver A (CG-A)
Review of Caregiver A's (CG-A) personnel records showed CG-A was hired on 06/2023. There was no documentation available verifying a Washington state name and date of birth background check was completed for CG-A. There was no documentation available verifying a national fingerprint background check was completed or in pending status for CG-A.

Caregiver B (CG-B)
Review of Caregiver B's (CG-B) personnel records showed CG-B was hired on 06/2023. There was no documentation available verifying a Washington state name and date of birth background check was completed for CG-B. There was no documentation available verifying a national fingerprint background check was completed or in pending status for CG-B.

Caregiver C (CG-C)
Review of Caregiver C's (CG-C) personnel records showed CG-C was hired on 05/2023. There was no documentation available verifying a Washington state name and date of birth background check was completed for CG-C. There was no documentation available verifying a national fingerprint background check was completed or in pending status for CG-C.

Household Member 1 (HHM1)
On 09/21/2023 at 10:00 am, the door of the AFH was answered by HHM1. When HHM1 was asked where the Provider was, HHM1 stated they were upstairs. Observation showed HHM1 was present with the two residents of the home with no supervision by a qualified staff.

On 09/21/2023 at 10:20 am in an interview, HHM1 stated they were married to the Provider and lived upstairs. HHM1 stated they did not provide care and services to residents.

Review of records showed no Washington state name and date of birth background check was completed for HHM1.

Household Member 2 (HHM2)
On 09/21/2023 at 1:10 pm in an interview, CG-B stated HHM2 lived upstairs with the Provider.

Review of records showed no Washington state name and date of birth background check was completed for HHM2.

On 09/21/2023 at 1:30 pm in an interview, the Provider stated HHM2 did not live upstairs but "stays" with them sometimes and when HHM2 stayed they slept upstairs. The Provider stated they completed criminal history checks by Washington State Patrol for HHM1, HHM2, CG-A, and CG-B. They were not aware there was a specific background and fingerprint check needed to meet regulation.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23.

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

Provider (or Representative) — Date: 11/8/22

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure the medication administration records (MARs) for 1 of 2 residents (Resident 1) were kept current. This failure placed Resident 1 at risk for medical complications and made it unclear if medications were being received as prescribed.

Findings included...

On 09/26/2023, review of Resident 1's assessment dated 07/19/2023, showed their medication management level as assistance.

On 09/21/2023, review of Resident 1's September 2023 MAR showed the following daily medications were not initialed on the medication log:
Metformin 500 mg (milligram) for diabetes, had not been signed as given since 09/12/2023 at 8 AM;
Amlodipine 5 mg (milligram) for hypertension, had not been signed as given since 09/12/2023 at 8 AM;
Pravastatin 40 mg (milligram) for hyperlipidemia, had not been signed as given since 09/12/2023 at 8 PM;
Sertraline 50 mg (milligram) for mental health, had not been signed as given since 09/12/2023 at 8 PM.

On 09/21/2023 @ 10:40 am in an interview, the Provider stated Resident 1 received all their prescribed medications daily as prescribed. Staff failed to sign the MAR.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23.

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

Provider (or Representative) 11/8/22 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to complete the required tuberculosis (TB, an infectious disease) testing for 3 of 4 staff (Caregiver A, Caregiver B and the Provider). This failure placed both residents at risk of exposure to infectious disease.

Findings included...

On 09/21/2023, review of Caregiver A's (CG-A) personnel records showed CG-A was hired on 08/2023. Review of CG-A's records showed no documentation to verify any TB testing was completed.

On 09/21/2023, review of Caregiver B's (CG-B) personnel records showed CG-B was hired on 08/2023. Review of CG-B's records showed no documentation to verify any TB testing was completed.

On 09/21/2023, review of the Provider's records showed no documentation to verify any TB testing was completed.

On 09/21/2023 at 2:20 pm in an interview, the Provider stated they did not have TB testing for CG-A or CG-B. They think they have records of their own TB testing and will email it. As of 09/26/2023 at noon, no verification of TB testing for the Provider had been received.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23.

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

Provider (or Representative) — Date: 11/8/22

WAC 388-112A-0240 What documentation is required for facility orientation training?

(1) The adult family home, enhanced services facility, and assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility and must include:

(a) The name of the student;

(b) The title of the training;

(c) The number of hours of the training;

(d) The signature of the instructor providing facility orientation training;

(e) The student's date of hire; and

(f) The date(s) of facility orientation.

(2) The documentation required under this section must be kept in a manner consistent with chapter 388-76 WAC for adult family homes, chapter 388-107 WAC for enhanced services facilities, and chapter 388-78A WAC for assisted living facilities.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure that 3 of 3 staff (Caregiver A, Caregiver B, and Caregiver C) completed facility orientation before providing personal care to residents in the home. This failure placed both residents at risk of unmet care needs.

Findings included...

On 09/21/2023, review of records showed no documentation to verify that Caregiver A, Caregiver B or Caregiver C had received facility orientation.

On 09/21/2023 at 3:00 pm in an interview, the Provider stated they did not know facility orientation was required.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23 .

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

Provider (or Representative) 11/2/23 Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 755040	Compliance Determination # 29746
Plan of Correction	Sunset Bliss Adult Family Home LLC	Completion Date
Page of 10	Licensee: Sunset Bliss Adult Family Home LLC	09/26/2023

Based on interview and record reviews, the adult family home (AFH) failed to ensure that 1 of 4 staff (Caregiver A) maintained their cardio-pulmonary resuscitation (CPR) and First Aid training. This failure placed both residents at risk of harm in the event that CPR or first aid was necessary.

Findings included...

On 09/21/2023, review of Caregiver A's (CG-A) personnel files showed no verification of current CPR or First Aid training. CG-A was hired by the AFH on 06/2023.

On 09/21/2023 at 2:35 pm in an interview, the Provider stated CG-A had current First Aid/CPR training and they will provide the documentation in 24 hours. As of 09/26/2023 at noon, documentation had not been received.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/22/23.

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

Provider (or Representative) — Date: 11/8/23

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

Sunset Bliss Adult Family Home LLC
Sunset Bliss Adult Family Home LLC
1435 S Sunset Dr
Tacoma, WA 98465

RE: Sunset Bliss Adult Family Home LLC # 755040

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/26/2023 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 Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99260

Lakewood, WA 98498

• 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The adult family home (AFH)
failed to maintain toxic substances in locked storage. This was corrected during the inspection.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The adult family home (AFH) did not have three gallons of emergency drinking water to accommodate its licensed resident capacity and caregivers for seventy-two hours as required. AFH staff obtained the required amount of emergency drinking water before the completion of the licensing inspection.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2006. A long-term* care worker who completed basic or modified basic training after June 30, 2006 is not required to have a food handler's permit.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

The adult family home (AFH) failed to ensure Caregiver A and Caregiver B had food handling training. This was corrected during 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)983-3826.

Sincerely,

Lisa Cramer, 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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98498

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 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 request and supporting documents to the address below or email to residr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600