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) 69094 (Completion Date 11/20/2025) and 67932 (Completion Date 10/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/20/2025 and found that you have corrected the violations listed in the Full report dated 10/28/2025. Your home is back in compliance as of 10/30/2025 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 388-76-10805, WAC 388-76-10805-4, WAC 388-76-10135, WAC 388-76-10135-7, WAC 388-112A-0050, WAC 388-112A-0050-4, WAC 388-112A-0050-4-a

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 10/27/2025 of:

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

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 — 10/30/2025 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) — 11/12/2025 Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observations, interview, and record review, the adult family home (AFH) failed to ensure 1 of 11 automatic smoke alarms (Outside Bedroom 1) functioned properly. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) living in an AFH with an improperly functioning smoke alarm that would not alert them to evacuate in the event of an emergency.

Findings included...

On 10/27/2025, record review of the AFH floor plan showed Bedroom 1 (B1) was a licensed bedroom.

On 10/27/2025, at 9:15 AM, observation showed the automatic smoke alarm outside B1 started to beep after testing the automatic smoke alarms in the AFH. The automatic smoke alarm outside B1 beeped every 30 seconds.

On 10/27/2025 at 11:15 AM, observation showed Household Member 1 (HH1) attempted to fix the automatic smoke alarm by changing the battery. The automatic smoke alarm continued to beep.

On 10/27/2025 at 12:45 PM, observation showed HH1 attempted to activate the automatic smoke alarm outside B1. The automatic smoke alarm did not activate to

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 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observations, interview, and record review, the adult family home (AFH) failed to ensure 1 of 11 automatic smoke alarms (Outside Bedroom 1) functioned properly. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) living in an AFH with an improperly functioning smoke alarm that would not alert them to evacuate in the event of an emergency.

Findings included…

On 10/27/2025, record review of the AFH floor plan showed Bedroom 1 (B1) was a licensed bedroom.

On 10/27/2025, at 9:15 AM, observation showed the automatic smoke alarm outside B1 started to beep after testing the automatic smoke alarms in the AFH. The automatic smoke alarm outside B1 beeped every 30 seconds.

On 10/27/2025 at 11:15 AM, observation showed Household Member 1 (HH1) attempted to fix the automatic smoke alarm by changing the battery. The automatic smoke alarm continued to beep.

On 10/27/2025 at 12:45 PM, observation showed HH1 attempted to activate the automatic smoke alarm outside B1. The automatic smoke alarm did not activate to

perform a test of its functionality.

On 10/27/2025 at 12:45 PM, when asked why the automatic smoke alarm outside B1 did not function properly the Provider stated they will fix it.

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) 10/30/25

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

Provider (or Representative) — Date 11/12/25

WAC 388-112A-0060 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?

(4) The following training requirements are not listed in the charts in subsections (1) and (2) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

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

(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;

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver A) maintained valid first-aid training. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) being cared for by an AFH staff member with expired first-aid training.

Findings included:

On 10/27/2025, record review showed Caregiver A's (CG A) first aid training expired 09/16/2025 (41 days ago).

On 10/27/2025 at 8:50 AM, observation showed CG A worked in the AFH.

perform a test of its functionality.

On 10/27/2025 at 12:45 PM, when asked why the automatic smoke alarm outside B1 did not function properly the Provider stated they will fix it.

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)_____ .

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

_____ _____
Provider (or Representative) Date

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?

(4) The following training requirements are not listed in the charts in subsections (1) and (2) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

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

(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;

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver A) maintained valid first-aid training. This failure resulted in 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) being cared for by an AFH staff member with expired first-aid training.

Findings included…

On 10/27/2025, record review showed Caregiver A's (CG A) first aid training expired 09/16/2025 (41 days ago).

On 10/27/2025 at 8:50 AM, observation showed CG A worked in the AFH.

On 10/27/2025 at 12:45 PM, when asked why CG A did not have documentation they renewed their first-aid training, the Provider stated they were supposed to remind them.

On 10/28/2025 at 12:31 PM, the Provider submitted documentation of CG A's Cardiopulmonary Resuscitation training certificate dated 10/22/2025. The certificate did not include first-aid training.

On 10/28/2025 at 12:31 PM, in a phone call, the Provider was notified the certificate was for CPR only and did not meet the first-aid training requirements. The Provider stated CG A will take a first aid class.

On 10/28/2025 at 4:47 PM, record review showed the Provider sent an email that included CG A's CPR and first-aid training card. The card was dated 10/28/2025. There was no documentation CG A completed first-aid training prior to this inspection.

This is a repeated deficiency that was previously cited on 08/26/2023.

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, Sunset Bliss Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/30/2025

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

Provider (or Representative) — Date: 11/12/2025

On 10/27/2025 at 12:45 PM, when asked why CG A did not have documentation they renewed their first-aid training, the Provider stated they were supposed to remind them.

On 10/28/2025 at 12:31 PM, the Provider submitted documentation of CG A's Cardiopulmonary Resuscitation training certificate dated 10/22/2025. The certificate did not include first-aid training.

On 10/28/2025 at 12:31 PM, in a phone call, the Provider was notified the certificate was for CPR only and did not meet the first-aid training requirements. The Provider stated CG A will take a first aid class.

On 10/28/2025 at 4:47 PM, record review showed the Provider sent an email that included CG A's CPR and first-aid training card. The card was dated 10/28/2025. There was no documentation CG A completed first-aid training prior to this inspection.

This is a repeated deficiency that was previously cited on 09/26/2023.

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, Sunset Bliss Adult Family Home LLC 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

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 10/28/2025 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:

Rathana Duong, AFH 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 10/27/2025, record review showed the most recent NCP for Resident 2 (R2) was 09/15/2024. The Provider submitted an NCP that was reviewed, signed, and dated on 10/28/2025 by R2's representative.

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)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

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 10/27/2025, record review showed the most recent NCP for Resident 2 (R2) was 09/15/2024. The Provider submitted an NCP that was reviewed, signed, and dated on 10/28/2025 by R2's representative.

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)208-3090.

Sincerely,

Rathana Duong, AFH 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:
Rathana Duong, AFH 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 make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

---

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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225