



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

Dash Point Adult Family Home LLC
Dash Point Adult Family Home LLC
2738 SW 314th St
Federal Way, WA 98023

RE: Dash Point Adult Family Home LLC License # 755043

Dear Provider:

This letter addresses Compliance Determination(s) 58168 (Completion Date 04/17/2025) and 55200 (Completion Date 02/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/17/2025 and found that you have corrected the violations listed in the Full report dated 02/27/2025. Your home is back in compliance as of 03/04/2025 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 388-76-10265-1-d, WAC 388-76-10165-1-a

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensors

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 755043	Compliance Determination # 55200
Plan of Correction	Dash Point Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Dash Point Adult Family Home LLC	02/27/2025

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 02/21/2025 of:

Dash Point Adult Family Home LLC
2738 SW 314th St
Federal Way, WA 98023

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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	_____ Date
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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
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WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing for 2 of 3 staff (Staff B and C, Caregivers) were completed as required. This failure placed residents at a potential risk of exposure to a communicable disease.

Findings included...

WAC 388-76-10280 Tuberculosis—One test.

The adult family home is only required to have a person take one test if the person has any of the following:

- (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

On 02/21/2025, during a record review of personnel records, Staff B's AFH orientation documentation showed they were hired on 10/25/2024. No TB test records were located in the personnel records.

Record review on 02/21/2025, showed there was no TB testing documentation found for Staff C. Review of the AFH orientation documentation showed a hire date of 09/01/2021.

In an interview with Staff A, Provider, at 3:00 PM on 02/21/2025, Department Representative asked whether there was TB testing completed upon hire for Staff B and C, as no testing was located in the personnel records. Staff A stated, "[They] don't remember" and would locate testing records, and will send them to Department Representative.

On 02/28/2025 at 2:01 PM, TB test records for Staff B showed a two-step skin test read on 02/29/2024 and 03/03/2024, with a negative result. There was no other TB testing for Staff B.

In a discussion on 03/03/2025 at 4:05PM, Staff A reported that they will be working with Staff B and C to complete current TB testing, to meet the requirement.

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, Dash Point 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to ensure a new Department of Social and Health Services background authorization form was

submitted to the Department's background check central unit every two years for 1 of 3 staff (Staff C, Caregiver) and 1 of 1 household member (HH1). This failure placed the residents at risk of potential harm by having unsupervised access from caregivers and a household member with unknown and verified background check results.

Findings included...

Record review of the AFH's file for background checks on 02/21/2025, showed that Staff C and HH1 had an expired Washington state name and date of birth background check. Staff C's background check (BGI) expired on 08/27/2023 and HH1's BGI expired on 10/25/2023.

In an interview with Staff A, Provider, on 02/21/2025 at 3:05 PM, discussion included Staff C's and HH1's background checks being expired. Staff A stated the expired BGI's were an oversight and would immediately be renewed.

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, Dash Point 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