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) 67372 (Completion Date 10/17/2025) and 62803 (Completion Date 08/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/17/2025 and found that you have corrected the violations listed in the Complaint report dated 08/29/2025. Your home is back in compliance as of 09/10/2025 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 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 an unannounced on-site complaint investigation on 07/18/2025 of:

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

This document references the following complaint number(s): 183771

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

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

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 resident (Resident 1) received their pain control medication as ordered. This failure caused Resident 1 to receive a higher dose of pain medication with could have led to increased health complications for Resident 1.

Findings included…

Review of Resident 1's Medication Administration Record (MAR) for June 2025 showed they were ordered to receive Morphine (narcotic pain medication) 0.25 milliliters (ml) every six hours as needed for pain. This order was started on 06/20/2025 and discontinued on 06/21/2025.

Review of physician's orders showed a new order which increased the Morphine to 0.5ml every six hours as needed for pain issued on 06/25/2025.

In an interview on 07/18/2025 at 4:05 PM, Staff A, Provider stated that Staff B, Caregiver made a mistake when administering the first dose of Morphine (narcotic pain medication) to Resident 1 on 06/20/2025.

When asked on 07/18/2025 at 4:28 PM, Staff B stated that they mistakenly gave Resident 1, 0.5ml of Morphine instead of the ordered dose of 0.25 ml. Staff B stated that they did not have the correct syringe to draw out the medication which caused them to give the higher dose accidentally.

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