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

Dawn Adult Family Home LLC

Dawn Adult Family Home LLC
11237 SE 321st Pl
Auburn, WA 98092

RE: Dawn Adult Family Home LLC License # 755062

Dear Provider:

This letter addresses Compliance Determination(s) 65642 (Completion Date 09/16/2025) and 61945 (Completion Date 07/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2025 and found that you have corrected the violations listed in the Full report dated 07/21/2025. Your home is back in compliance as of 07/22/2025 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 388-76-10290-2, WAC 388-76-10895-2-b

The Department staff who did the off-site verification:
Marites Gatan, NCI

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

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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 the unannounced on-site full inspection on 06/30/2025 of:
Dawn Adult Family Home LLC
11237 SE 321st Pl
Auburn, WA 98092

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:

Marites Gatan, NCI

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 — Date: 7-23-2023

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: 7/26/2023

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis [(TB) a communicable disease affecting lungs] test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB.

Findings included...

Observation on 06/30/2025 at 9:35 AM showed Staff A, Entity Representative with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 06/30/2025 at 9:36 AM, Staff A stated that Staff C worked part time and was not scheduled to work that day.

Review of Staff C's personnel records showed a hire date of 04/21/2025. Staff C had a negative chest x-ray, dated 11/16/2022 with an indication of positive TB skin test. Further review showed no record of TB signs and symptoms evaluation completed when they were hired.

In an interview on 06/30/2025 at 4:04 PM, Staff A stated they thought that Staff C's

11/16/2022 chest x-ray was adequate.

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, Dawn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/04/2025.

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

Provider (or Representative) — Date: 7/26/2025

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH)'s 1 of 1 provider failed to conduct full emergency evacuation drill at least once each calendar year, with all 4 of 4 residents participating. This failure placed all residents at risk for potential harm from delays in the event of a fire or other emergency requiring evacuation.

Findings included...

Observation on 06/30/2025 at 9:35 AM showed Staff A, Entity Representative with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

Review of the AFH 2024 evacuation drills showed six drills completed. A fire drill completed on 12/17/2024, marked as every two months, participated by one staff and four residents that took four minutes. A fire drill on 10/17/2024 marked as every two months, participated by one staff and four residents that took four minutes. A fire drill on 08/17/2024, marked as every two months, participated by one staff and four residents that took four minutes. A fire drill on 06/17/2024 marked as every two months, participated by one staff and four residents that took four minutes. A fire drill on 04/18/2024, marked as full evacuation, participated by one staff and three residents that took four minutes. A fire drill on 02/06/2024, marked as every two months, was participated by one staff and four residents that took four minutes. The fire drill on

04/18/2024 marked as full evacuation was missing one resident (Resident 3).

In an interview on 06/30/2025 at 4:54 PM, Staff A stated they thought that full evacuation meant they all had to go to the meeting place. Staff A added that Resident 3 was probably at the hospital during the drill.

Review of the Comprehensive Assessment Reporting System on 07/16/2025 showed an entry that on 04/18/2024, Case Manager was informed by Staff A that Resident 3 "fell yesterday at 11:11 AM."

Review of the Secure Tracking and Reporting System on 07/16/2025 showed an online report made on 04/18/2024 at 11:22 AM. The report stated Resident 3 fell at 11: 11 AM with no injury and their primary physician had visited them at the AFH at 12:00 PM.

In an interview on 07/21/2025 at 11:29 AM, Staff A stated that on 04/18/2024 at 11:00 AM, Resident 3 fell, and their primary physician evaluated them at AFH at 12:00 PM. Staff A confirmed that Resident 3 did not go to the hospital on 04/18/2024 and was at the AFH, however, did not participate with the fire drill due to pain.

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, Dawn Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/28/2025.

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

Provider (or Representative) — Date: 07/26/2025