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

Sapphire Adult Family Home LLC
Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

RE: Sapphire Adult Family Home License # 755140

Dear Provider:

This letter addresses Compliance Determination(s) 62845 (Completion Date 07/18/2025) and 59589 (Completion Date 05/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2025 and found that you have corrected the violations listed in the Full report dated 05/14/2025. Your home is back in compliance as of 07/05/2025 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 388-76-10146, WAC 388-76-10146-3, WAC 388-112A-0050, WAC 388-112A-0050-1, WAC 388-112A-0050-1-a, WAC 388-112A-0050-1-a-iii, WAC 388-76-10505

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 05/13/2025 of:
Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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 | 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 388-112A-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?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Caregiver A and Caregiver B) obtained their Home Care Aide (HCA) certification by the certification deadlines. This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of being cared for by unqualified AFH staff.

Findings included…

Caregiver A

On 05/13/2025, record review showed Caregiver A (CG A) was hired on 05/09/2023 and needed to obtain their HCA certification no later than 01/31/2025 (102 days ago). There was no documentation CG A received their HCA certification.

On 05/13/2025 at 8:30 AM, observation showed CG A worked in the AFH.

On 05/13/2025 at 11:27 AM, in an interview, CG A stated they need to submit their fingerprint background check to the Department of Health to finish their application.

On 05/13/2025 at 11:30 AM, in an interview, when asked why CG A had not received their HCA certification, the Provider stated CG A will get their HCA soon.

Caregiver B

On 05/13/2025, record review showed Caregiver B (CG B) was hired on 05/25/2024 (353 days ago) and had not received their HCA certification within 200 days of hire (153 days past certification deadline).

On 05/13/2025, in an interview, when asked why CG B did not have their HCA certification, the Provider stated they were not sure if CG B would be eligible.

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, Sapphire Adult Family Home 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 388-76-10505 Specialty care Admitting and retaining residents. The adult family home must not admit or keep a resident with specialty care needs, such as developmental disability, mental illness, or dementia as defined in WAC 388-76-10000 , if the provider, entity representative, resident manager and staff have not completed the specialty care training required by chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on observations, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) had documentation they completed the Development Disability Specialty training. This failure placed 2 of 2 residents (Resident 2 and Resident 4) with an [redacted] diagnosis at risk of being cared for by an unqualified AFH staff member.

Findings included…

On 05/13/2025, record review showed Resident 2's (R2) assessment dated 02/14/2024 and Resident 4's (R4) assessment dated 10/30/2023 documented an [redacted] diagnosis.

On 05/13/2025 at 8:35 AM, observation showed Resident 2 (R2) in the AFH.

On 05/13/2025 at 11:00 AM, observation showed Resident 4 (R4) in the AFH.

On 05/13/2025, record review showed Caregiver B (CG B) was hired on 05/25/2024 (353 days ago). There was no documentation CG B completed their Development Disability Specialty training.

On 05/13/2025 at 11:30 AM, when asked why CG B did not have documentation they completed the Development Disability Specialty training, the Provider stated they were not sure if CG B was eligible.

On 05/14/2025 at 1:02 PM, in an email from the Provider, there was no documentation CG B completed or had registered for the Development Disability Specialty training.

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, Sapphire Adult Family Home 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

Sapphire Adult Family Home LLC
Sapphire Adult Family Home
3302 N Shirley St
Tacoma, WA 98407

RE: Sapphire Adult Family Home # 755140

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/14/2025 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:

Jennifer LeMaster, Community Nurse Field Manger
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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

(6) Be signed and dated by the resident and kept in the resident record after signature.

On 05/13/2025, record review showed Resident 1 (R1), Resident 2 (R2), Resident 4 (R4), and Resident 5 (R5) did not have documentation the adult family home's Medicaid policy was reviewed, signed, and dated. The Provider submitted documentation they sent the Representatives for R1, R2, R4, and R5 the AFH Medicaid Policy to review, sign, and date by the end of day on 05/14/2025. R1, R2, R4, and R5 already received services paid for by the Department.

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;

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

On 05/13/2025, record review showed Caregiver A's Cardiopulmonary Resuscitation (CPR) and first-aid certification expired on 04/30/2025 and Caregiver B's CPR and first-aid certification expired on 11/19/2024. The Provider submitted new CPR and first-aid certification cards for CG A and CG B that expire 05/14/2027.

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;

On 05/13/2025, observation showed bathroom cleaning supplies (hazardous materials) in the main hallway bathroom and the bathroom in Bedroom A were not in locked storage. The Provider immediately locked up the bathroom cleaning supplies once it was brought to their attention.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manger
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:
Jennifer LeMaster, Community Nurse Field Manger
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 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 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 request and supporting documents to:

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