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

Love Care Puyallup LLC

Love Care Puyallup LLC
11108 Morning Side Dr E
Puyallup, WA 98372

RE: Love Care Puyallup LLC License # 755441

Dear Provider:

This letter addresses Compliance Determination(s) 70171 (Completion Date 12/16/2025) and 68238 (Completion Date 11/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/16/2025 and found that you have corrected the violations listed in the Follow up report dated 11/04/2025. Your home is back in compliance as of 11/04/2025 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 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

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 an unannounced on-site follow-up on 11/04/2025 of:

Love Care Puyallup LLC
11108 Morning Side Dr E
Puyallup, WA 98372

This document references the following SOD dated: 11/04/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 2 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

Statement of Deficiencies	License #: 755441	Compliance Determination # 68238
Plan of Correction	Love Care Puyallup LLC	Completion Date
Page 2 of 3	Licensee: Love Care Puyallup LLC	11/04/2025

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.

Rebecca Lane — 11/10/2025

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) [signature] Date 11/19/2025

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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 1) medication log was kept current and Resident 1 (R1) received their medication as required. This failure resulted in R1 not having their medication log accurate and not receiving medications as required.

Findings included...

On 11/04/2025, record review of R1's medication log showed D-Mannose (a supplement) was to be given twice a day at 8:00 AM and 8:00 PM. A note from the pharmacy showed the family was to supply this supplement. Caregiver A (CG A) initialed D-Mannose was given at 8:00 AM on 11/04/2025.

On 11/04/2025 at 1:05 PM, observation showed CG A worked in the AFH. There were no other AFH staff in the home.

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.

Rebecca Kane

Residential Care Services

11/10/2025

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)

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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 1) medication log was kept current and Resident 1 (R1) received their medication as required. This failure resulted in R1 not having their medication log accurate and not receiving medications as required.

Findings included...

On 11/04/2025, record review of R1's medication log showed D-Mannose (a supplement) was to be given twice a day at 8:00 AM and 8:00 PM. A note from the pharmacy showed the family was to supply this supplement. Caregiver A (CG A) initialed D-Mannose was given at 8:00 AM on 11/04/2025.

On 11/04/2025 at 1:05 PM, observation showed CG A worked in the AFH. There were no other AFH staff in the home.

On 11/04/2025 at 1:08 PM, observation of R1's medication box showed D-Mannose could not be located.

On 11/04/2025 at 1:08 PM, in an interview with CG A, they confirmed their initials were on R1's medication log that showed D-Mannose was given to R1 on 11/04/2025 at 8:00 AM. When asked if they verified D-Mannose was given, CG A did not answer.

On 11/04/2025 at 1:10 PM, observation showed CG A searched the medication storage drawer for D-Mannose and spoke to the Provider on the phone. CG A was unable to locate the medication.

On 11/04/2025 at 1:13 PM, in a phone call with the Provider, the Provider stated they had D-Mannose yesterday (11/03/2025).

This is an uncorrected deficiency previously cited on 09/30/2025.

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, Love Care Puyallup LLC is or will be in compliance with this law and / or regulation on (Date) 11/04/2025 .

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

Provider (or Representative) [signature] Date 11/19/2025

On 11/04/2025 at 1:08 PM, observation of R1's medication box showed D-Mannose could not be located.

On 11/04/2025 at 1:08 PM, in an interview with CG A, they confirmed their initials were on R1's medication log that showed D-Mannose was given to R1 on 11/04/2025 at 8:00 AM. When asked if they verified D-Mannose was given, CG A did not answer.

On 11/04/2025 at 1:10 PM, observation showed CG A searched the medication storage drawer for D-Mannose and spoke to the Provider on the phone. CG A was unable to locate the medication.

On 11/04/2025 at 1:13 PM, in a phone call with the Provider, the Provider stated they had D-Mannose yesterday (11/03/2025).

This is an uncorrected deficiency previously cited on 09/30/2025.

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, Love Care Puyallup 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

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 09/29/2025 of:

Love Care Puyallup LLC
11108 Morning Side Dr E
Puyallup, WA 98372

The following sample was selected for review during the unannounced on-site visit: 2 of 2 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

Statement of Deficiencies	License #: 755441	Compliance Determination # 66450
Plan of Correction	Love Care Puyallup LLC	Completion Date
Page 2 of 7	Licensee: Love Care Puyallup LLC	09/30/2025

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 — 10/03/2025 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.

Addisaiem Bogale — Provider (or Representative) — 10/07/2025 Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure the Resident Manager (RM) had documentation they met the minimum qualifications to be the RM. This failure placed 2 of 2 Residents (Resident 1 and Resident 2) at risk of being cared for by an unqualified AFH staff member and palced the day to day operations of

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

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(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;

(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;

(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;

(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or

(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure the Resident Manager (RM) had documentation they met the minimum qualifications to be the RM. This failure placed 2 of 2 Residents (Resident 1 and Resident 2) at risk of being cared for by an unqualified AFH staff member and palced the day to day operations of

the AFH at risk, should the RM need take over as the successor.

Findings included..,

On 09/29/2025, record review showed the RM started 07/25/2025. There was no documentation they met the education requirements of the position.

On 09/29/2025 at 1:15 PM, when asked why there was no documentation the RM met the education qualifications for the RM position, the Provider stated they will make sure to get it done and send it to the Department.

On 09/29/2025 at 2:50 PM, in a phone call to the Provider, the Provider verified they had the educational requirements for the RM on a list of things to send to the Department.

On 09/30/2025, record review of Department email showed the Provider submitted a Caregiver Attestation Form completed, signed, dated, and notarized on 09/30/2025. There was no documentation included to show RM met the education requirements. The Provider submitted the succession plan that named the RM as the successor of the AFH should the Provider be unable to complete their duties as well as referenced the regulations that stated the education requirements for the position.

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, Love Care Puyallup LLC is or will be in compliance with this law and / or regulation on (Date) 11/03/2025 .

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

~~AAAA~~ Addisalem Bogale 10/07/2025
Provider (or Representative) Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

the AFH at risk, should the RM need take over as the successor.

Findings included…

On 09/29/2025, record review showed the RM started 07/25/2025. There was no documentation they met the education requirements of the position.

On 09/29/2025 at 1:15 PM, when asked why there was no documentation the RM met the education qualifications for the RM position, the Provider stated they will make sure to get it done and send it to the Department.

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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, Love Care Puyallup 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 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 5 AFH staff (Provider) had documentation they completed a National Fingerprint Background Check. This failure resulted in 2 of 2 Residents (Resident 1 and Resident 2) having contact with an AFH staff member with an unknown criminal background.

Findings included...

On 09/29/2025, record review of Department database showed the Provider was hired on 12/18/2023 (21 months ago) after a change in ownership of the AFH. A review of their personnel file showed there was no documentation they completed a National Fingerprint Background Check.

On 09/29/2025 at 11:00 AM, observation showed the Provider worked in the AFH.

On 09/29/2025 at 1:15 PM, the Provider stated they will email the National Fingerprint Background Check

On 09/30/2025, record review of Department email showed the Provider scheduled to get National Fingerprint Background Check completed on 10/01/2025 at 11:00 AM. There was no documentation the Provider completed a National Fingerprint Background Check prior to 09/29/2025.

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, Love Care Puyallup LLC is or will be in compliance with this law and / or regulation on (Date) 11/03/2025 .

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

[redacted] Addisalem Bogale 10/07/2025
Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 5 AFH staff (Provider) had documentation they completed a National Fingerprint Background Check. This failure resulted in 2 of 2 Residents (Resident 1 and Resident 2) having contact with an AFH staff member with an unknown criminal background.

Findings included…

On 09/29/2025, record review of Department database showed the Provider was hired on 12/18/2023 (21 months ago) after a change in ownership of the AFH. A review of their personnel file showed there was no documentation they completed a National Fingerprint Background Check.

On 09/29/2025 at 11:00 AM, observation showed the Provider worked in the AFH.

On 09/29/2025 at 1:15 PM, the Provider stated they will email the National Fingerprint Background Check

On 09/30/2025, record review of Department email showed the Provider scheduled to get National Fingerprint Background Check completed on 10/01/2025 at 11:00 AM. There was no documentation the Provider completed a National Fingerprint Background Check prior to 09/29/2025.

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, Love Care Puyallup 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 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

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 5 sinks (Bedroom A bathroom sink) had water temperature that measured between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed future residents of Bedroom A at risk of suffering burns from water that was too hot.

Findings included...

On 09/29/2025, record review showed Bedroom A had a licensed capacity of two residents.

On 09/29/2025 at 9:45 AM, observation showed the water temperature in Bedroom A's bathroom sink measured 140.1 (20 degrees above the maximum allowed) degrees F.

On 09/29/2025 at 12:55 PM, observation showed the AFH staff had the faucet in Bedroom A turned on for 10 minutes.

On 09/29/2025 at 1:08 PM, observation showed the water temperature in Bedroom A's bathroom sink measured 90 (15 degrees below the minimum allowed) degrees F.

On 09/29/2025 at 1:15 PM, in an interview, when asked why the water temperature in Bedroom A's bathroom sink was above 120 degrees F, the Provider stated they have two water heaters and Bedroom A is connected to a separate water heater.

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, Love Care Puyallup LLC is or will be in compliance with this law and / or regulation on (Date) 11/03/2025 .

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

Addisalem Bogale 10/07/2025
Provider (or Representative) Date

(c) Sinks;

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 5 sinks (Bedroom A bathroom sink) had water temperature that measured between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed future residents of Bedroom A at risk of suffering burns from water that was too hot.

Findings included…

On 09/29/2025, record review showed Bedroom A had a licensed capacity of two residents.

On 09/29/2025 at 9:45 AM, observation showed the water temperature in Bedroom A's bathroom sink measured 140.1 (20 degrees above the maximum allowed) degrees F.

On 09/29/2025 at 12:55 PM, observation showed the AFH staff had the faucet in Bedroom A turned on for 10 minutes.

On 09/29/2025 at 1:08 PM, observation showed the water temperature in Bedroom A's bathroom sink measured 90 (15 degrees below the minimum allowed) degrees F.

On 09/29/2025 at 1:15 PM, in an interview, when asked why the water temperature in Bedroom A's bathroom sink was above 120 degrees F, the Provider stated they have two water heaters and Bedroom A is connected to a separate water heater.

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, Love Care Puyallup 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 388-76-10430 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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure the medication log was kept current and AFH residents received medications as required. This failure resulted in 2 of 2 residents (Resident 1 and Resident 2) not having their medication log accurate and received medications as required.

Findings included…

Resident 1

On 09/29/2025, record review of Resident 1's (R1) Medication Log showed AFH staff had initialed Ascorbic Acid (an antioxidant) 500 MG was given 09/01/2025 through 09/29/2025 at 8:00 AM. Caregiver A initialed it was given at 8:00 AM on 09/29/2025.

On 09/29/2025 at 10:00 AM, observation showed Caregiver A worked in the AFH.

On 09/29/2025 at 11:50 AM, observation showed Ascorbic Acid could not be located in R1's medication storage.

On 09/29/2025 at 1:15 PM, in an interview, when asked why Ascorbic Acid could not be located, the Provider stated it was their responsibility to verify it was there and it was overlooked.

Resident 2

On 09/29/2025, record review of Resident 2's (R2) Medication Log showed Calmoseptine Ointment (skin ointment for healing and irritation) was administered 09/01/2025 through 09/29/2025. Caregiver A initialed it was given at 8:00 AM on 09/29/2025.

On 09/29/2025 at 10:00 AM, observation showed Caregiver A worked in the AFH.

On 09/29/2025 at 11:50 AM, observation showed Calmoseptine Ointment could not be located in R2's medication storage.

On 09/29/2025, record review of R2's file showed there was a physician order dated 09/11/2025 to discontinue Calmoseptine Ointment.

On 09/29/2025 at 1:15 PM, in an interview, when asked why Calmoseptine Ointment was initialed as being given from 09/12/2025 through 09/29/2025, the Provider stated it was it was overlooked.

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, Love Care Puyallup LLC is or will be in compliance with this law and / or regulation on (Date) 11/03/2025 .

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

Addisalem Bogale 10/07/25
Provider (or Representative) Date

On 09/29/2025 at 10:00 AM, observation showed Caregiver A worked in the AFH.

On 09/29/2025 at 11:50 AM, observation showed Calmoseptine Ointment could not be located in R2's medication storage.

On 09/29/2025, record review of R2's file showed there was a physician order dated 09/11/2025 to discontinue Calmoseptine Ointment.

On 09/29/2025 at 1:15 PM, in an interview, when asked why Calmoseptine Ointment was initialed as being given from 09/12/2025 through 09/29/2025, the Provider stated it was it was overlooked.

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, Love Care Puyallup 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

Love Care Puyallup LLC
Love Care Puyallup LLC
11108 Morning Side Dr E
Puyallup, WA 98372

RE: Love Care Puyallup LLC # 755441

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/30/2025 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 388-76-10280 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:

(2) A documented negative result from one skin or blood test in the previous twelve months.

On 09/29/2025, record review showed Caregiver A (CG A) had a one-step Tuberculosis (TB, an infectious disease) completed on 10/09/2023 and was hired 10/02/2024. There was no documentation CG A completed an additional TB test after their date of hire. On 09/30/2025, the Provider submitted proof CG A started the one-step TB test process on 09/30/2025.

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

On 09/29/2025, record review showed Resident 1 and Resident 2 did not have an assessment for the use of [redacted] and documentation in their negotiated care plan (NCP) how [redacted] were used. On 09/30/2025, the Provider submitted documentation the primary care provider had ordered an in-home physical therapy evaluation on 09/30/2025 and updated R1 and R2's NCP on how [redacted] were used.

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 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