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

Dreams Haven AFH LLC
Dreams Haven AFH
910 140th St S
Tacoma, WA 98444

RE: Dreams Haven AFH License # 756134

Dear Provider:

This letter addresses Compliance Determination(s) 59579 (Completion Date 05/14/2025) and 56912 (Completion Date 03/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2025 and found that you have corrected the violations listed in the Full report dated 03/26/2025. Your home is back in compliance as of 04/30/2025 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 388-76-10135-4, WAC 388-112A-0050-1-a-iii

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
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 03/25/2025 of:

Dreams Haven AFH
910 140th St S
Tacoma, WA 98444

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

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 #: 756134	Compliance Determination # 56912
Plan of Correction	Dreams Haven AFH	Completion Date
Page 2 of 3	Licensee: Dreams Haven AFH LLC	03/26/2025

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.

Lisa Cramer
Residential Care Services

03/31/2025
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.

SARAH KAMAU
Provider (or Representative)

4/4/2025 SK
4/4/2025
Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

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).

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 3 staff (Caregiver A) completed Home Care Aide (HCA) certification within two hundred (200) days of hire. This failure placed all residents at risk for receiving care and services from an unqualified staff.

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.

Lisa Cramer
Residential Care Services

03/31/2025
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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

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).

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 3 staff (Caregiver A) completed Home Care Aide (HCA) certification within two hundred (200) days of hire. This failure placed all residents at risk for receiving care and services from an unqualified staff.

Statement of Deficiencies	License #: 756134	Compliance Determination # 56912
Plan of Correction	Dreams Haven AFH	Completion Date
Page 3 of 3	Licensee: Dreams Haven AFH LLC	03/26/2025

Findings included...

On 03/25/2025 at 9:50 AM, observation showed Caregiver A working in the AFH.

On 03/25/2025, review of personnel records revealed caregiver A, hired 08/26/2024, had not obtained HCA certification within 200 days of hire (due on 03/14/2025).

On 03/25/2025 at 1:30 PM, during interview, the Provider verified the findings and stated that they told Caregiver A to take the HCA certification test earlier.

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, Dreams Haven AFH is or will be in compliance with this law and / or regulation on (Date) 4/30/2025 .

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

SERAH KAMAU

Provider (or Representative)

4/4/2025
~~4/2/2025~~ (SK)

Date

Findings included...

On 03/25/2025 at 9:50 AM, observation showed Caregiver A working in the AFH.

On 03/25/2025, review of personnel records revealed caregiver A, hired 08/26/2024, had not obtained HCA certification within 200 days of hire (due on 03/14/2025).

On 03/25/2025 at 1:30 PM, during interview, the Provider verified the findings and stated that they told Caregiver A to take the HCA certification test earlier.

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, Dreams Haven AFH 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

Dreams Haven AFH LLC
Dreams Haven AFH
910 140th St S
Tacoma, WA 98444

RE: Dreams Haven AFH # 756134

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/26/2025 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:

Lisa Cramer, Adult Family Home 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

On 03/25/2025, record review revealed Resident 2's Negotiated Care Plan (NCP) dated 04/25/2024, did not include interventions to address their use of psychopharmacologic (for mental disorders) medications. The Provider immediately added interventions on Resident 2's NCP to correct the issue.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 03/25/2025, record review revealed Resident 2's nurse delegation notes for September 2024, December 2024, and February 2025, were not readily available for review. On 03/26/2025, the Department received via email from the Adult Family Home (AFH), copies of Resident 2's missing nurse delegation notes to correct the issue.

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)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Adult Family Home 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:
Lisa Cramer, Adult Family Home 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 IDRs** 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