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

Pure Bliss Adult Family Home LLC

Pure Bliss Adult Family Home LLC
1602 Milton Way
Milton, WA 98354

RE: Pure Bliss Adult Family Home LLC License # 756310

Dear Provider:

This letter addresses Compliance Determination(s) 55174 (Completion Date 02/21/2025) and 54039 (Completion Date 01/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/21/2025 and found that you have corrected the violations listed in the Full report dated 01/30/2025. Your home is back in compliance as of 01/29/2025 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 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a

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)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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Sincerely,

Lisa Cramer, Adult Family Home 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 01/29/2025 and 01/30/2025 of:

Pure Bliss Adult Family Home LLC
1602 Milton Way
Milton, WA 98354

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

**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 4 AFH staff (Provider) had a valid Washington State Background Check. This failure placed 3 of 3 residents (Resident 1, Resident 2, and Resident 3) at risk of being cared for by an unqualified staff member.

Findings included…

On 01/29/2025, record review showed the Provider’s Washington State Background Check expired on 12/22/2024. There was no documentation they renewed it.

On 01/29/2025 at 9:45 AM, observation showed the Provider working in the AFH.

On 01/29/2025 at 1:30 PM, when asked why their Washington State Background Check was not renewed, the Provider stated they will do that.

On 01/29/2025, record review of Department email showed the Provider renewed their Washington State Background Check on 01/29/2025. There were no findings.

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, Pure Bliss 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

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



Pure Bliss Adult Family Home LLC
Pure Bliss Adult Family Home LLC
1602 Milton Way
Milton, WA 98354

RE: Pure Bliss Adult Family Home LLC # 756310

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/30/2025 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:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax:
Email:
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 388-76-10650 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:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

On 01/29/2025, record review showed Resident 1 (R1), or their Representative, did not review the risks and benefits of [redacted] and [redacted] ([redacted]) before they were installed. On 01/30/2025, the Provider emailed documentation that R1's Representative signed and dated the risks and benefits of medical devices. R1 was assessed for the medical devices, the medical devices were documented in their care plan, and the medical devices were properly installed.

**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, 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:
Email:
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