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

Pioneer House Care Home LLC
Pioneer House Care Home AFH
2210 E Pioneer
Puyallup, WA 98372

RE: Pioneer House Care Home AFH License # 756551

Dear Provider:

This letter addresses Compliance Determination(s) 63293 (Completion Date 07/29/2025) and 62022 (Completion Date 07/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2025 and found that you have corrected the violations listed in the Full report dated 07/03/2025. Your home is back in compliance as of 07/15/2025 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, WAC 388-76-10165-1-b, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

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 07/01/2025 of:

Pioneer House Care Home AFH
2210 E Pioneer
Puyallup, WA 98372

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:

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 — 7-15-2025 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) — 07-15-2025 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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Provider and Caregiver B) submitted a DSHS background authorization form every two years. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) having contact with a staff member with a disqualifying criminal background check.

Findings included...

Provider

On 07/01/2025, record review showed the AFH opened on 08/09/2023. There was no documentation of the Washington state name and date of birth background check for the Provider.

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

07/25/2025
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 388-76-10165 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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Provider and Caregiver B) submitted a DSHS background authorization form every two years. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) having contact with a staff member with a disqualifying criminal background check.

Findings included...

Provider

On 07/01/2025, record review showed the AFH opened on 08/09/2023. There was no documentation of the Washington state name and date of birth background check for the Provider.

On 07/01/2025 at 9:00 AM, observation showed the Provider worked in the AFH.

On 07/01/2025 at 12:30 PM, in an interview, when asked why there was no Washington State name and date of birth background check, the Provider stated they couldn't find it

Caregiver B

On 07/01/2025, record review of Caregiver B's (CG B) personnel file showed their Washington State name and date of birth background check expired on 04/17/2025.

On 07/01/2025, in an interview with the Provider, when asked why CG B's background check was not renewed every two years, the Provider did not answer.

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, Pioneer House Care Home AFH is or will be in compliance with this law and / or regulation on (Date) 7-15-2025 .

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

Provider (or Representative) 07-15-2025 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) had documentation they completed a two-step tuberculosis (TB, an infectious disease) within three days of hire. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) having contact with a staff member that was not tested for TB upon hire.

Findings included...

On 07/01/2025 at 9:00 AM, observation showed the Provider worked in the AFH.

On 07/01/2025 at 12:30 PM, in an interview, when asked why there was no Washington State name and date of birth background check, the Provider stated they couldn't find it

Caregiver B

On 07/01/2025, record review of Caregiver B's (CG B) personnel file showed their Washington State name and date of birth background check expired on 04/17/2025.

On 07/01/2025, in an interview with the Provider, when asked why CG B's background check was not renewed every two years, the Provider did not answer.

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, Pioneer House Care Home 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

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure 1 of 3 AFH staff (Caregiver B) had documentation they completed a two-step tuberculosis (TB, an infectious disease) within three days of hire. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) having contact with a staff member that was not tested for TB upon hire.

Findings included...

On 07/01/2025, record review showed Caregiver B (CG B) was hired on 09/01/2023 and completed a tuberculosis blood test on 08/06/2022. There was no documentation CG B completed a two-step TB test after their date of hire.

On 07/01/2025 at 10:35 AM, when asked why CG B did not get a two-step TB test completed within three days of hire, the Provider stated the previous Provider told them TB blood tests are good for 10 years.

On 07/01/2025 at 12:30 PM, in an interview, the Provider stated CG B will get the TB test process started.

On 07/02/2025, record review of Department email showed CG B started the two-step TB test process on 07/02/2025.

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, Pioneer House Care Home AFH is or will be in compliance with this law and / or regulation on (Date) 7-15-2025 .

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

[signature] 07-15-2025

Provider (or Representative) Date

On 07/01/2025, record review showed Caregiver B (CG B) was hired on 09/01/2023 and completed a tuberculosis blood test on 08/06/2022. There was no documentation CG B completed a two-step TB test after their date of hire.

On 07/01/2025 at 10:35 AM, when asked why CG B did not get a two-step TB test completed within three days of hire, the Provider stated the previous Provider told them TB blood tests are good for 10 years.

On 07/01/2025 at 12:30 PM, in an interview, the Provider stated CG B will get the TB test process started.

On 07/02/2025, record review of Department email showed CG B started the two-step TB test process on 07/02/2025.

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, Pioneer House Care Home 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

Pioneer House Care Home LLC
Pioneer House Care Home AFH
2210 E Pioneer
Puyallup, WA 98372

RE: Pioneer House Care Home AFH # 756551

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/03/2025 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:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

On 07/01/2025, record review showed Caregiver A (CG A) was hired on 04/02/2025 and completed a two-step tuberculosis (TB, an infectious disease) test on 02/14/2025. There was no documentation CG A received a TB test after they were hired. On 07/02/2025, the Provider emailed documentation CG A started a one-step TB test dated 07/01/2025.

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 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