STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sea Glass LLC
Gloria's House
916 S Puget Sound Ave
Tacoma, WA 98405

RE: Gloria's House License # 757195

Dear Provider:

This letter addresses Compliance Determination(s) 75759 (Completion Date 04/13/2026) and 74802 (Completion Date 03/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/13/2026 and found that you have corrected the violations listed in the Full report dated 03/24/2026. Your home is back in compliance as of 04/02/2026 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 388-76-10750, WAC 388-76-10750-6, WAC 388-76-10750-6-c

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

HOME AND COMMUNITY LIVING ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 757195	Compliance Determination # 74802
Plan of Correction	Gloria's House	Completion Date
Page 1 of 3	Licensee: Sea Glass LLC	03/24/2026

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 03/24/2026 of:
Gloria's House
912 S Puget Sound Ave
Tacoma, WA 98405

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, Home and Community Living 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 — 03/26/2026 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) — 4/2/2026 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 and interview, the adult family home (AFH) failed to ensure 2 of 2 bathroom sink fixtures (Bathroom next to Bedroom A and Bathroom next to Bedroom F) had the water temperature between 105 degrees Fahrenheit (F) and 120 degrees F. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) not having access to water that is at an appropriate temperature for their safety.

Findings included...

On 03/24/2026, at 9:10 AM, observation showed the water temperature in the bathroom sink fixture next to Bedroom A was 125 degrees F (five degrees above the maximum temperature allowed) and the water temperature in the bathroom sink fixture next to Bedroom F was 124 degrees F (four degrees above the maximum temperature allowed).

On 03/24/2026 at 11:00 AM, observation showed the water temperatures coming from the sink fixtures in the bathrooms next to Bedroom A and Bedroom F were 88 degrees F (17 degrees below the minimum temperature allowed).

On 03/24/2026 at 11:46 AM, observation showed the Provider walked to the basement

to adjust the water heater temperature.

On 03/24/2026 at 11:57 AM, observation showed the water temperatures coming from the sink fixtures in the bathrooms next to Bedroom A and Bedroom F were 97 degrees F (8 degrees below the minimum temperature allowed).

On 03/24/2026 at 12:01 PM, in an interview, when asked why the water temperature in the bathroom sink fixtures were not between 105 degrees F and 120 degrees F, the Provider stated they did not test it enough.

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, Gloria's House is or will be in compliance with this law and / or regulation on (Date) 4/2/2026 .

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

Provider (or Representative) — Date: 4/2/2026

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HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sea Glass LLC
Gloria's House
916 S Puget Sound Ave
Tacoma, WA 98405

RE: Gloria's House # 757195

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/24/2026 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 calendar days of Last Date of Data Collection (03/24/2026), no later than 05/08/2026 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 388-76-10870 Resident evacuation capability levels Identification required. The adult family home must ensure that each resident's assessment, preliminary service plan, and negotiated care plan identifies and describes the resident's ability to evacuate the home according to the following descriptions:

(1) Independent: Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one cue.

On 03/24/2026, record review showed Resident 1's (R1) assessment documented that they were independent with emergency evacuations. R1's negotiated care plan (NCP) showed they required assistance during an emergency evacuation. The Provider updated the NCP to reflect R1 was independent with emergency evacuations. All other residents' NCP evacuation capability levels reflected their assessments.

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 make an IDR request and find directions on the IDR 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 supporting documents to:

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