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

NEW DAWN OVERFLOW AFH LLC

NEW DAWN OVERFLOW AFH LLC
7241 S Monroe St
Tacoma, WA 98409

RE: NEW DAWN OVERFLOW AFH LLC License # 757261

Dear Provider:

This letter addresses Compliance Determination(s) 69803 (Completion Date 12/09/2025) and 60862 (Completion Date 10/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/09/2025 and found that you have corrected the violations listed in the Complaint report dated 10/14/2025. Your home is back in compliance as of 11/17/2025 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 388-76-10655-1, WAC 388-76-10655-2, WAC 388-76-10655-3, WAC 388-76-10655-4, WAC 388-76-10655-4-a, WAC 388-76-10655-4-b, WAC 388-76-10655-4-c, WAC 388-76-10655-5, WAC 388-76-10655, WAC 388-76-10146-2, WAC 388-76-10146-2-c, WAC 388-76-10146

The Department staff who did the on-site verification:
Keyondra Okeke, AFH Compliant Investigator

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

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Statement of Deficiencies	License #: 757261	Compliance Determination #60862
Plan of Correction	NEW DAWN OVERFLOW AFH LLC	Completion Date
Page 1 of 4	Licensee: NEW DAWN OVERFLOW AFH LLC	10/14/2025

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 complaint investigation on 06/10/2025 of:

NEW DAWN OVERFLOW AFH LLC
7241 S Monroe St
Tacoma, WA 98409

This document references the following complaint number(s): 180927

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Keyondra Okeke, AFH Compliant Investigator

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 — 10/16/2025 (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) — 11/16/2025 (Date)

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

(4) If physical or mechanical restraints are used to treat a resident's medical symptoms, the restraints are applied and immediately supervised on-site by a:

(a) Licensed registered nurse;

(b) Licensed practical nurse; or

(c) Licensed physician.

(5) For the purposes of this section, "immediately supervised" means that the licensed person is in the home and quickly and easily available.

This requirement was not met as evidenced by:

Based on interviews, observation, and record reviews, the Adult Family Home (AFH) used physical restraints on 1 out of 6 sampled residents (Resident 1) without the required oversight from a licensed nurse or physician and without documentation of restraint use in the Negotiated Care Plan (NCP). This failure resulted in Resident 1 being restrained without the necessary documentation and the supervision of a licensed professional.

Findings included...

Review of Resident 1's (R1) NCP, dated 04/28/2025, showed R1 had a current medical history of dementia. The NCP showed a lack of documentation to justify the use of physical restraints.

Review of R1's AFH file showed that there were no doctor's orders indicating that AFH staff should prevent R1 from leaving or entering their bedroom.

Review of photos submitted to the Department showed that a shoelace was tied to a nail in the wall and secured to R1's bedroom door to keep it closed.

In an observation on 06/10/2025 at 4:05 p.m., a screw was found in the wall near R1's bedroom.

In an interview on 06/17/2025 at 4:47 p.m. with the Provider, the Provider stated that Caregiver A had informed them that the doctor visiting R1 at the AFH recommended that R1 should not sleep in their room during the day. After that conversation with the doctor, Caregiver A placed a string on R1's door to prevent them from entering the room during the day.

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, NEW DAWN OVERFLOW AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/17/2025.

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

Provider (or Representative) — Date: 11/17/2025

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure that caregivers had dementia specialty training while caring for 1 of 6 sampled residents (Resident 1). This failure resulted in Resident 1 being cared for by an unqualified caregiver.

Findings included...

Review of Resident 1's (R1) NCP, dated 04/28/2025, showed R1 had a current medical history of dementia.

Review of AFH personnel records showed that Caregiver A did not have dementia specialty training.

In an interview on 06/17/2025 at 4:47 p.m. with the Provider, the Provider stated that Caregiver A cared for R1 but did not have dementia specialty training.

Review of the safety plan, dated 06/18/2025, showed the Provider planned to ensure caregivers have dementia specialty training before hire and that caregivers would be trained on resident rights.

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, NEW DAWN OVERFLOW AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/17/2025 .

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

Provider (or Representative) — Date: 11/17/2025