STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

"Blue Moon" AFH LLC

"Blue Moon" AFH LLC
20519 21st Pl W
Lynnwood, WA 98036

RE: "Blue Moon" AFH LLC License # 756324

Dear Provider:

This letter addresses Compliance Determination(s) 77981 (Completion Date 05/26/2026) and 75686 (Completion Date 04/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Full report dated 04/20/2026. Your home is back in compliance as of 04/22/2026 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 388-76-10750-6-c, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10165-1-a, WAC 388-76-10380-4, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10485-2, WAC 388-76-10320-8

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***



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 04/10/2026 of:
"Blue Moon" AFH LLC
20519 21st Pl W
Lynnwood, WA 98036

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

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

This document was prepared by Residential Care Services for the Locator website.

| Statement of Deficiencies | License #: 756324 | Compliance Determination # 75686 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 2 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

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.

Renee' Sturgeon
Residential Care Services

04/22/2026
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.

[signature]
Provider (or Representative)

04/27/26
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 observation and interview, the Adult Family Home (AFH) failed to ensure the sink faucet water used by residents did not exceed one hundred twenty degrees Fahrenheit (F). This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury.

Findings included...

Observation, on 04/10/2026 at 11:10 AM, of the sink water temperature in the main resident bathroom showed a temperature of one hundred twenty-two degrees F.

In an interview, on 04/10/2026 at 11:10 AM, Staff A (Provider) stated that they would adjust the hot water temperature.

This document was prepared by Residential Care Services for the Locator website.

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

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Findings included…

Observation, on 04/10/2026 at 11:10 AM, of the sink water temperature in the main resident bathroom showed a temperature of one hundred twenty-two degrees F.

In an interview, on 04/10/2026 at 11:10 AM, Staff A (Provider) stated that they would adjust the hot water temperature.

This document was prepared by Residential Care Services for the Locator website.

| Statement of Deficiencies | License #: 758324 | Compliance Determination # 75686 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 3 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

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, "Blue Moon" AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/10/26 .

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

Provider (or Representative) 04/27/26 Date

✓**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

**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 residents (Resident 3) had the required assessment, risks and benefits information and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 3 at risk of injury related to the use o[redacted].

Findings included...

Record review showed Resident 3 was admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Observation of Resident 3's bed, on 04/10/2026 at 11:20 AM, showed one-half length [redacted] on both sides of the bed in the up position and one-quarter length [redacted] on the lower half of both sides of the bed in the down position.

In an interview, on 04/10/2026 at 11:20 AM, Staff A (Provider) stated when Resident 3

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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, "Blue Moon" AFH 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.

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Provider (or Representative) Date

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(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

**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 residents (Resident 3) had the required assessment, risks and benefits information and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 3 at risk of injury related to the use of [redacted].

Findings included…

Record review showed Resident 3 was admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Observation of Resident 3's bed, on 04/10/2026 at 11:20 AM, showed one-half length [redacted] on both sides of the bed in the up position and one-quarter length [redacted] on the lower half of both sides of the bed in the down position.

In an interview, on 04/10/2026 at 11:20 AM, Staff A (Provider) stated when Resident 3

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was in bed both [redacted] on the upper half of the bed were in the up position to assist with repositioning. Staff A stated that the lower one-quarter length [redacted] were always in the down position and never used. Staff A stated Resident 3 came to the AFH with the bed.

Review of Resident 3's record showed that Resident 3's negotiated care plan (NCP), dated 09/02/2025, did not address the safe use of the [redacted], there was not a safety assessment present in the record and there was no information to indicate Resident 3 had been informed of all of the benefits and risks of using [redacted].

In an interview, on 04/10/2026 at 2:00 PM, Staff A (Provider) stated that they would get the required documents for the safe use of [redacted] in place. Staff A stated they would remove the bottom half one-quarter [redacted].

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, "Blue Moon" AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/13/26.

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

Provider (or Representative) — Date: 04/27/26

✓ **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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) had a current Washington state name and date of birth (WSNDOB) background check available to review. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

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was in bed both [redacted] on the upper half of the bed were in the up position to assist with repositioning. Staff A stated that the lower one-quarter length [redacted] were always in the down position and never used. Staff A stated Resident 3 came to the AFH with the bed.

Review of Resident 3's record showed that Resident 3's negotiated care plan (NCP), dated 09/02/2025, did not address the safe use of the [redacted], there was not a safety assessment present in the record and there was no information to indicate Resident 3 had been informed of all of the benefits and risks of using [redacted].

In an interview, on 04/10/2026 at 2:00 PM, Staff A (Provider) stated that they would get the required documents for the safe use of [redacted] in place. Staff A stated they would remove the bottom half one-quarter [redacted].

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, "Blue Moon" AFH 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.

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Provider (or Representative) Date

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Findings included…

This document was prepared by Residential Care Services for the Locator website.

Review of the AFH personnel records, on 04/10/2026 at 1:45 PM, showed that Staff B (Caregiver) had a WSNDOB background check available which had expired on 12/13/2025.

In an interview, on 04/10/2026 at 2:30 PM, Staff A (Provider) stated that Staff B would renew their WSNDOB background check.

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, "Blue Moon" AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/22/26.

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

Venaesh
Provider (or Representative)

04/27/26
Date

✓ **WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 (Resident 2's) negotiated care plan (NCP) was signed by the resident. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Review of Resident 2's NCP, dated 09/13/2025, showed that Resident 2, or their representative, did not sign the current NCP.

In an interview, on 04/10/2026 at 2:15 PM, Staff A (Provider) stated that they would review the current NCP and have the document signed.

This document was prepared by Residential Care Services for the Locator website.

Review of the AFH personnel records, on 04/10/2026 at 1:45 PM, showed that Staff B (Caregiver) had a WSNDOB background check available which had expired on 12/13/2025.

In an interview, on 04/10/2026 at 2:30 PM, Staff A (Provider) stated that Staff B would renew their WSNDOB background check.

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, "Blue Moon" AFH 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

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**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 (Resident 2's) negotiated care plan (NCP) was signed by the resident. This failure placed Resident 2 at risk of unmet care needs.

Findings included…

Review of Resident 2's NCP, dated 09/13/2025, showed that Resident 2, or their representative, did not sign the current NCP.

In an interview, on 04/10/2026 at 2:15 PM, Staff A (Provider) stated that they would review the current NCP and have the document signed.

This document was prepared by Residential Care Services for the Locator website.

| Statement of Deficiencies | License #: 756324 | Compliance Determination # 75666 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 6 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

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, "Blue Moon" AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/11/26.

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

Provider (or Representative) 04/27/26 Date

**WAC 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had their medication log (ML) kept current and received medications as ordered. This failure placed Resident 2 at risk of a medication administration error.

Findings included...

Observation, on 04/10/2026 at 1:00 PM, of Resident 2's April 2026 ML and medication bin showed the following:

1. Resident 2's April 2026 ML showed an entry for Hemorrhoidal Cream (a cream used for hemorrhoid relief) apply rectally twice daily. Resident 2's medication bin showed an empty tube of hemorrhoidal cream was not available for use.
2. Resident 2's medication bin had a half used tube of Orajel ointment (an ointment used for mouth pain relief). Resident 2's April 2026 ML did not have an order for the Orajel ointment listed.
3. Resident 2's April 2026 ML showed an entry for Senna-time (a oral laxative for the relief of constipation) 8.6 milligram tablets. Take two daily before meals and hold for constipation. The bottle of Senna-Time tablets showed the medication had expired on 02/17/2026.

This document was prepared by Residential Care Services for the Locator website.

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, "Blue Moon" AFH 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

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**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had their medication log (ML) kept current and received medications as ordered. This failure placed Resident 2 at risk of a medication administration error.

Findings included…

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1. Resident 2's April 2026 ML showed an entry for Hemorrhoidal Cream (a cream used for hemorrhoid relief) apply rectally twice daily. Resident 2's medication bin showed an empty tube of hemorrhoidal cream was not available for use.
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| Statement of Deficiencies | License #: 756324 | Compliance Determination # 75686 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 7 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

In an interview, on 04/10/2026 at 2:20 PM, Staff A (Provider) stated that they would order more cream and Senna-time tablets and clarify the use of the Orajel.

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, "Blue Moon" AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/22/26 .

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

Provider (or Representative) 4/27/26 Date

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(2) In the original container with legible and original labels; and

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had all medications stored in a container with a legible label. This failure placed Resident 2 at risk of a medication administration error.

Findings included...

Observation, on 04/10/2026 at 1:10 PM, showed a bottle of approximately 100 clear reddish small capsules with a label that was not readable.

In an interview, on 04/10/2026 at 1:10 PM, Staff A (Provider) stated the capsules were Docusate Sodium ([a medication used for constipation relief] 100 milligrams Give 1 capsule every four hours and hold if pain medication is not given). Staff A stated they will order a new label for the medication.

This document was prepared by Residential Care Services for the Locator website.

In an interview, on 04/10/2026 at 2:20 PM, Staff A (Provider) stated that they would order more cream and Senna-time tablets and clarify the use of the Orajel.

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, "Blue Moon" AFH 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

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had all medications stored in a container with a legible label. This failure placed Resident 2 at risk of a medication administration error.

Findings included…

Observation, on 04/10/2026 at 1:10 PM, showed a bottle of approximately 100 clear reddish small capsules with a label that was not readable.

In an interview, on 04/10/2026 at 1:10 PM, Staff A (Provider) stated the capsules were Docusate Sodium ([a medication used for constipation relief] 100 milligrams Give 1 capsule every four hours and hold if pain medication is not given). Staff A stated they will order a new label for the medication.

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| Statement of Deficiencies | License #: 756324 | Compliance Determination # 75686 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 8 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

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

Provider (or Representative) 4/27/26 Date

✓**WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(8) The resident's Social Security number;

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Resident 1, 2 and 3) had their Social Security number included in their resident record. This failure placed Residents 1, 2 and 3 at risk of misinformation.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed they were admitted on [redacted]2024 and their Social Security number was not available in their record.

RESIDENT 2:
Review of Resident 2's record showed they were admitted on [redacted]/2024 and their Social Security number was not available in their record.

RESIDENT 3:
Review of Resident 3's record showed they were admitted on [redacted]/2025 and their Social Security number was not available in their record.

In an interview, on 04/10/2026 at 2:10 PM, Staff A (Provider) stated that they would include the Social Security numbers in all resident records.

This document was prepared by Residential Care Services for the Locator website.

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, "Blue Moon" AFH 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

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Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Resident 1, 2 and 3) had their Social Security number included in their resident record. This failure placed Residents 1, 2 and 3 at risk of misinformation.

Findings included…

RESIDENT 1:
Review of Resident 1's record showed they were admitted on [redacted]/2024 and their Social Security number was not available in their record.

RESIDENT 2:
Review of Resident 2's record showed they were admitted on [redacted]/2024 and their Social Security number was not available in their record.

RESIDENT 3:
Review of Resident 3's record showed they were admitted on [redacted]/2025 and their Social Security number was not available in their record.

In an interview, on 04/10/2026 at 2:10 PM, Staff A (Provider) stated that they would include the Social Security numbers in all resident records.

This document was prepared by Residential Care Services for the Locator website.

| Statement of Deficiencies | License #: 756324 | Compliance Determination # 75686 |
|---|---|---|
| Plan of Correction | "Blue Moon" AFH LLC | Completion Date |
| Page 9 of 9 | Licensee: "Blue Moon" AFH LLC | 04/20/2026 |

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[signature]
Provider (or Representative)

04/22/26
Date

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