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

Forest Rim Adult Family Home LLC

Forest Rim Adult Family Home LLC
3017 Forest Rim Ct S
Puyallup, WA 98374

RE: Forest Rim Adult Family Home LLC License # 757731

Dear Provider:

This letter addresses Compliance Determination(s) 81208 (Completion Date 07/29/2026) and 80441 (Completion Date 07/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2026 and found that you have corrected the violations listed in the Full report dated 07/14/2026. Your home is back in compliance as of 07/27/2026 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 388-76-10280, WAC 388-76-10280-1, WAC 388-76-10280-2, WAC 388-112A-0050, WAC 388-112A-0050-1, WAC 388-112A-0050-1-a, WAC 388-112A-0050-1-a-i, WAC 388-76-10129, WAC 388-76-10129-1, WAC 388-76-10129-1-a, WAC 388-76-10129-1-e

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,

Jennifer LeMaster Adult Family Home Field Manager, 3F

For: Rathana Duong, AFH Field Manager
Region 3, Unit A
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

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 07/13/2026 of:

Forest Rim Adult Family Home LLC
3017 Forest Rim Ct S
Puyallup, WA 98374

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:

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

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 — 07/21/2026 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) — 7/27/2026 Date

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

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure 3 of 3 AFH staff (Provider, Caregiver A, and Caregiver B) had documentation they completed a one-step TB (Tuberculosis, an infectious disease) test after their date of hire. This failure resulted in 3 of 3 residents (Resident 1, Resident 2, and Resident 3) being cared for by AFH staff with an unknown TB infection status.

Findings included...

On 07/13/2026, record review showed the Provider opened the AFH on 12/04/2024 (over 19 months ago) and had documentation they completed a one-step TB test on 01/21/2026 (over a year later after their AFH opened).

On 07/13/2026, at 3:25 PM, in a phone call with the Provider, when asked about if there are any other TB test documentation, the Provider stated they will send everything to the Department.

On 07/14/2026 at 10:35 AM, in an email to the Department, the Provider submitted documentation they started a one-step TB test on 07/13/2026 (the day of the

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

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure 3 of 3 AFH staff (Provider, Caregiver A, and Caregiver B) had documentation they completed a one-step TB (Tuberculosis, an infectious disease) test after their date of hire. This failure resulted in 3 of 3 residents (Resident 1, Resident 2, and Resident 3) being cared for by AFH staff with an unknown TB infection status.

Findings included…

On 07/13/2026, record review showed the Provider opened the AFH on 12/04/2024 (over 19 months ago) and had documentation they completed a one-step TB test on 01/21/2026 (over a year later after their AFH opened).

On 07/13/2026, at 3:25 PM, in a phone call with the Provider, when asked about if there are any other TB test documentation, the Provider stated they will send everything to the Department.

On 07/14/2026 at 10:35 AM, in an email to the Department, the Provider submitted documentation they started a one-step TB test on 07/13/2026 (the day of the

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inspection).

Caregiver A

On 07/13/2026, record review showed Caregiver A (CG A) completed a one-step TB test on 01/21/2026. There was no other TB documentation available to review. CG A's hiring date was not available to review.

On 07/13/2026 at 9:00 AM, observation showed CG A worked in the AFH. Resident 1, Resident 2, and Resident 3 were in the AFH.

On 07/13/2026 at 11:15 AM, in an interview with CG A, when asked if they have any other documentation of CG A's TB tests, CG A stated they may have another one.

On 07/13/2026, at 3:25 PM, in a phone call with the Provider, when asked if there are any other TB test documentation for CG A, the Provider stated they will send everything to the Department.

On 07/14/2026 at 10:35 AM, in an email to the Department, the Provider submitted documentation CG A was hired on 01/05/2026 (over six months ago) and CG A started a one-step TB test on 07/13/2026 (the day of the inspection). The email also contained documentation CG A completed a two-step TB test on 07/14/2021 (five years ago). The results were negative for TB.

Caregiver B

On 07/13/2026, record review showed Caregiver B (CG B) completed a one-step TB test on 06/11/2026 (32 days ago). There was no documentation CG B returned within two or three weeks to begin the second step in the TB process. There was no other TB documentation available to review. CG B's hiring date was not available to review.

On 07/13/2026 at 9:00 AM, observation showed CG B worked in the AFH. Resident 1, Resident 2, and Resident 3 were in the AFH.

On 07/13/2026, at 3:25 PM, in a phone call with the Provider, when asked if there are any other TB test documentation for CG B, the Provider stated they will send everything to the Department.

On 07/14/2026 at 10:35 AM, in an email to the Department, the Provider submitted documentation CG B was hired on 07/07/2026 (a week ago) and CG B started a one-step TB test on 07/14/2026 (the day after the inspection).

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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, Forest Rim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/27/2026 .

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

Provider (or Representative) — Date: 07/27/2026

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Provider and Caregiver A) completed 12 hours of continuing education units (CEUs) by their birthdays in 2025 and 2026. This failure resulted in 3 of 3 residents (Resident 1, Resident 2, and Resident 3) living in an AFH that was operated

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

_____ _____

Provider (or Representative) Date

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

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(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 2 of 3 AFH staff (Provider and Caregiver A) completed 12 hours of continuing education units (CEUs) by their birthdays in 2025 and 2026. This failure resulted in 3 of 3 residents (Resident 1, Resident 2, and Resident 3) living in an AFH that was operated

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by a Provider that did not meet the minimum qualifications and received care from a caregiver that did not meet the minimum qualifications.

Findings included…

Provider

On 07/13/2026, record review of AFH personnel files showed the Provider had a Nursing Assistant Certified (NAC) license and their birthday was 07/11. The Provider had documentation they completed 4.5 hours of CEUs by their 2026 birthday (07/11/2026). There was no documentation they completed 12 hours of CEUs by their 2025 birthday (07/11/2025).

On 07/13/2026 at 3:25 PM, in a phone call with the Provider, when asked why they did not have documentation they completed 12 hours of CEUs by their birthday in 2025 and why they did not have documentation of an additional 7.5 hours of CEUs completed by their birthday in 2026, the Provider stated they thought about that and their birthday was two days ago. The Provider stated they will send the Department everything.

On 07/14/2026 at 10:35 AM, record review of Department email showed the Provider sent the Department they completed 12 hours of CEUs. The certificates were dated 07/13/2026 and 07/14/2026 (the day of and the day after the inspection). There was no documentation the Provider completed an additional 7.5 hours of CEUs to fulfill the 12 hour CEU requirement for their 2025 and 2026 birthdays.

Caregiver A

On 07/13/2026, record review of AFH personnel records show Caregiver A ‘s (CG A) not have a copy of their NAC license on file and their birthday was 06/15. There was no documentation CG A completed 12 hours of CEUs by their birthday in 2025 (06/15/2025) and 2026 (06/15/2026).

On 07/13/2026 at 9:00 AM, observation showed CG A worked in the AFH. Resident 1, Resident 2, and Resident 3 were in the AFH.

On 07/13/2026 at 11:15 AM, in an interview with CG A, when asked if they completed 12 hours of CEUs by their birthday in 2025 and 2026, CG A stated they did not.

On 07/14/2026 at 10:35 AM, record review of Department email showed the Provider submitted documentation CG A completed two hours of CEUs. The certificates were dated 07/14/2026 (the day after the inspection). There was no other documentation that showed CG A completed an additional 22 hours of CEUs to fulfill the 12 hour CEU

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requirement for their 2025 and 2026 birthdays. The email also contained documentation CG A had a NAC license.

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, Forest Rim Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/27/2026 .

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

Provider (or Representative) 07/27/2026 Date

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requirement for their 2025 and 2026 birthdays. The email also contained documentation CG A had a NAC license.

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, Forest Rim 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

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

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Forest Rim Adult Family Home LLC
Forest Rim Adult Family Home LLC
3017 Forest Rim Ct S
Puyallup, WA 98374

RE: Forest Rim Adult Family Home LLC # 757731

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/14/2026 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 (07/14/2026), no later than 08/28/2026 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 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

On 07/13/2026, observation showed the AFH did not have an emergency food supply to last at least 72 hours for the AFH's licensed capacity, caregiving staff, and household members. On 07/14/2026, the Provider submitted pictures they purchased an additional supply of emergency food to meet this requirement.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

On 07/13/2026, observation showed the AFH did not have enough emergency drinking water to last at least seventy-two hours and at least three gallons of emergency drinking water for the home's licensed capacity, every household member, and caregiving staff. On 07/14/2026, the Provider submitted pictures they purchased additional bottles of emergency drinking water to meet these requirements.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to

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legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

On 07/13/2026, record review showed Resident 1, Resident 2, and Resident 3 received [redacted] services and did not have documentation they signed and dated they were informed of their legal rights to legal representation upon discharge or transfer from the adult family home (AFH). On 07/14/2026, the Provider submitted documentation all three residents signed and dated their Resident Agreement that informed them of their legal right to legal representation upon discharge or transfer from the AFH.

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.

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legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

On 07/13/2026, record review showed Resident 1, Resident 2, and Resident 3 received [redacted] services and did not have documentation they signed and dated they were informed of their legal rights to legal representation upon discharge or transfer from the adult family home (AFH). On 07/14/2026, the Provider submitted documentation all three residents signed and dated their Resident Agreement that informed them of their legal right to legal representation upon discharge or transfer from the AFH.

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.

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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 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 supporting documents to:

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

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