



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

SUCCESS ADULT FAMILY HOME LLC
Success Adult Family Home LLC
7305 S M St
Tacoma, WA 98408

RE: Success Adult Family Home LLC License # 756240

Dear Provider:

This letter addresses Compliance Determination(s) 61790 (Completion Date 06/26/2025) and 58772 (Completion Date 04/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2025 and found that you have corrected the violations listed in the Full report dated 04/28/2025. Your home is back in compliance as of 04/28/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10650-2, WAC 388-76-10360, WAC 388-76-10161-2-b

The Department staff who did the off-site verification:

Hung Bui, Adult Family Home RN Licenser

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services



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

Statement of Deficiencies	License #: 756240	Compliance Determination # 58772
Plan of Correction	Success Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: SUCCESS ADULT FAMILY HOME LLC	04/28/2025

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 the unannounced on-site full inspection on 04/25/2025 of:

Success Adult Family Home LLC
7305 S M St
Tacoma, WA 98408

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licenser

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.

Lisa Cramer

Residential Care Services

05/02/2025

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.

STEPHEN MAINA

Provider (or Representative)

06/09/2025

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
- (d) Ensure the medical device is properly installed.

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 1 resident (Resident 3) who used a medical device [REDACTED] had an assessment of the medical device for safe use, their Negotiated Care Plan (NCP) addressed the use, and risk and benefits information of using a medical device was provided. This failure placed Resident 3 at risk for accidents, injury, or death related to the use of a medical device.

Findings included...

On 04/25/2025 at 10:41 AM, observation showed that Resident 3 had [REDACTED] attached on both the upper right and upper left sides of their bed.

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
<p>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.</p>	
Provider (or Representative)	Date

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Findings included...

On 04/25/2025 at 10:41 AM, observation showed that Resident 3 had attached on both the upper right and upper left sides of their bed.

On 04/25/2025 at 10:41 AM, during an interview, the Provider reported that they were not aware that a formal safety assessment on the use of medical devices was required.

On 04/25/2025, record review revealed no documentation indicating that the [REDACTED] for Resident 3 had been assessed for safe use. Additionally, Resident 3's negotiated care plan did not address the use of the [REDACTED] and did not outline the associated risks and benefits.

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, Success Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04/28/2025.

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

STEPHEN MAINA

06/09/2025

Provider (or Representative)

Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) was completed within 30 days from their admission date. This failure placed Resident 1 at risk for unmet care and service needs.

Findings included...

On [REDACTED] 2025, record review showed that Resident 1 was admitted to the Adult Family Home on [REDACTED] 2025, and that no NCP was available for review.

On [REDACTED] 2025 at 11:59 AM, during interview, the Provider stated that the NCP for Resident 1 had not been completed (42 days since admission).

On 04/25/2025 at 10:41 AM, during an interview, the Provider reported that they were not aware that a formal safety assessment on the use of medical devices was required.

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STEPHEN MAINA

06/09/2025

Provider (or Representative)

Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to show that 1 of 1 former staff (Former Caregiver 1 [FMR CG1]) completed a National Fingerprint Background check. This failure placed all residents at risk of unsupervised access by staff with possible disqualifying criminal history.

Findings included...

On 04/25/2025, record review showed that FMR CG1 had no documentation they completed a fingerprint check. Additional review showed that FMR CG1's date of hire was 03/11/2024.

On 04/25/2025 at 12:31 PM, during interview, the Provider stated that FMR CG1 worked in the home from March 2024 until November 2024. The Provider reported that they did not have FMR CG1's final fingerprint certificate.

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, Success Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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