STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

LINAS ADULT FAMILY HOME INC
LINA'S ADULT FAMILY HOME
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINA'S ADULT FAMILY HOME License # 340700

Dear Provider:

This letter addresses Compliance Determination(s) 62404 (Completion Date 07/21/2025) and 59961 (Completion Date 05/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/21/2025 and found that you have corrected the violations listed in the Complaint report dated 05/29/2025. Your home is back in compliance as of 05/31/2025 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 388-76-10166, WAC 388-76-10166-1, WAC 388-76-10670, WAC 388-76-10670-4, WAC 388-76-10220, WAC 388-76-10220-1

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 340700	Compliance Determination # 59961
Plan of Correction	LINA'S ADULT FAMILY HOME	Completion Date
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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 05/21/2025 of:

LINA'S ADULT FAMILY HOME
1833 S 243RD ST
DES MOINES, WA 98198

This document references the following complaint number(s): 178528

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 — 5-30-2025 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.

Lina P. Navarro — Provider (or Representative) — May 30, 2025 Date

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 Household member (HH 1) completed and received the results of the Washington state name and date of birth background inquiry (BGI) before allowing unsupervised access. This placed all residents at risk of harm from HH 1 with an unknown current criminal background history.

Findings included...

On 05/21/2025 at 10:25 AM, observation showed Resident's 1, 2, and 3 with Staff B, Resident Manager, and Staff C, Caregiver at the AFH. Staff A, Entity Representative, arrived shortly after.

On 05/21/2025 at 10:33 AM, in an interview, Resident 1 stated that there was an older individual that lived at the AFH who was not a resident.

On 05/21/2025 at 10:41 AM, in an interview, Staff B stated that HH 1 was a friend of the owner who moved into the AFH and rented a room since 05/01/2025. Staff B stated that HH 1 had a BGI completed.

On 05/21/2025 at 10:47 AM, in an interview, Staff A stated that HH 1 moved into the AFH on 05/01/2025. Staff A stated that HH 1 interacted with Resident 1 in the hallways to just say "hi and bye". Staff A stated that they did not have a BGI completed for HH 1. Department staff asked Staff A why the BGI was not completed for HH 1, Staff A stated that the individual who performed their background check was not available until 05/22/2025. Staff A stated that HH 1 lived at the AFH since 05/01/2025 without a valid BGI.

On 05/21/2025 review of AFH records showed that HH 1 had no valid BGI. Additionally, department staff requested a written safety plan. The safety plan dated 05/21/2025 showed that Staff A would move HH 1 out of the AFH and perform a background check for HH 1 right away.

On 05/27/2025 a review of an email received by the department staff from Background Check Central Unit showed that HH 1 had no BGI's completed prior to 05/21/2025. HH 1 lived at the AFH without a valid BGI for 20 days from 05/01/2025 to 05/20/2025.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) May 30, 2025

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

Provider (or Representative) Lina P. Navarro Date May 30, 2025

WAC 388-76-10670 Prevention of abuse. The adult family home must:

(4) Prevent future potential abandonment, verbal, sexual, physical and mental abuse, exploitation, financial exploitation, neglect, and involuntary seclusion from occurring.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their "PREVENTION OF ABUSE, NEGLECT, AND EXPLOITATION POLICY" for 1 of 1 sampled resident (Resident 1) when Resident 1 reported inappropriate touching by Household member (HH 1). This placed all residents at risk of unrecognized or unreported abuse and subsequent delay in having an intervention to protect residents in case abuse, exploitation or neglect occurred. Additionally, this placed all residents at risk of exposure to unsolicited and inappropriate touching.

Findings included...

On 05/21/2025 in a record review of AFH's undated "PREVENTION OF ABUSE, NEGLECT, AND EXPLOITATION POLICY" showed that "in accordance with the law, any circumstances that lead any employee of [AFH] to believe that any vulnerable adult in their care has been subjected to intimidation, exploitation, verbal or physical abuse, neglect or is in fear of imminent harm, or a victim of abandonment, financial exploitation, physical assault or sexual assault such circumstances will immediately be reported to the Department of Social and Health Servicer Residential Care Services, Office of the ombudsman, Adult Protective Services and when appropriate the local Law Enforcement agency. Regardless of whether such circumstances occurred on the premises of or under the supervision of [AFH] or elsewhere. Further, this Mandate includes our own staff members. Should any such prohibited behavior by staff or vendors come to light they are subject to immediate termination."

On 05/21/2025 at 10:25 AM, observation showed Residents 1, 2, and 3 with Staff B, Resident Manager, and Staff C, Caregiver at the AFH. Staff A, Entity Representative, arrived shortly after.

On 05/21/2025 at 10:33 AM, in an interview, Resident 1 stated that HH 1 lived at the AFH. Resident 1 stated that HH 1 was not a resident. Resident 1 stated that they were in their room when HH 1 entered their bedroom, came up from behind, grabbed them, gave them a hug, and said, "I love you." Resident 1 stated that this occurred about a month ago and that they informed Staff A.

On 05/21/2025 at 10:41 AM, in an interview, Staff B stated that HH 1 was a friend of the owner who moved into the AFH and rented a room since 05/01/2025.

On 05/21/2025 at 10:47 AM, in an interview, Staff A stated that HH 1 was their family member who moved into the AFH on 05/01/2025. Staff A stated that a few weeks ago Resident 1 reported that allegedly HH 1 inappropriately touched them and said, "I love you." Staff A stated that they investigated the concern and did not believe that this had occurred because of Resident 1's past behaviors and [redacted] diagnoses. Staff A stated that they spoke with HH 1 who denied that they touched Resident 1 inappropriately and informed HH 1 that they should not interact. Staff A stated that HH 1 lived at the AFH since 05/01/2025 without a valid Washington stated name and date of birth background inquiry (BGI). Department staff presented to Staff A the AFH's undated "PREVENTION OF ABUSE, NEGLECT, AND EXPLOITATION POLICY" and asked why the policy was not followed. Staff A stated that it was their fault that they did not follow their own abuse policy and that they would notify all responsible parties.

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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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) May 29, 2025

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

Lina P. Navarro
Provider (or Representative)

May 29, 2025
Date

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain and document an incident of alleged abuse on the incident log for 1 of 3 sampled residents (Resident 1). This failure to document allegation of abuse resulted in no system to track incidents and delayed department staff's investigation.

Findings included...

On 05/21/2025 at 10:25 AM, observation showed Residents 1, 2, and 3 with Staff B, Resident Manager, and Staff C, Caregiver at the AFH. Staff A, Entity Representative, arrived shortly after.

On 05/21/2025 at 10:33 AM, in an interview, Resident 1 stated that HH 1 lived at the AFH. Resident 1 stated that HH 1 was not a resident. Resident 1 stated that they were in their room when HH 1 entered their bedroom, came up from behind, grabbed them, gave them a hug, and said, "I love you." Resident 1 stated that this occurred about a month ago and that they informed Staff A.

On 05/21/2025 at 10:47 AM, in an interview, Staff A stated that HH 1 was their family member who moved into the AFH on 05/01/2025. Staff A stated that a few weeks back, Resident 1 reported that allegedly HH 1 inappropriately touched them and said, "I love you". Staff A stated that they investigated the concern and did not believe that this had occurred because of Resident 1's past behaviors and [redacted] diagnoses. Staff A stated that they spoke with HH 1 who denied that they touched Resident 1 inappropriately and informed them that they should not interact. Department staff

asked Staff A why the incident was not recorded on the incident log, Staff A stated that they believed it was not true but should have reported and documented the incident.

On 05/21/2025 a review of AFH's undated "Adult Family Home Incident Log" showed that there were no accidents or incidents documented on the incident log.

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, LINA'S ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) May 31, 2025

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

Lina P. Navarro
Provider (or Representative)

May 31, 2025
Date