STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Shi's Home, Inc
SHI'S HOME
16529 8TH AVE NE
SHORELINE, WA 98155

RE: SHI'S HOME License # 75000

Dear Provider:

This letter addresses Compliance Determination(s) 68410 (Completion Date 11/06/2025) and 67195 (Completion Date 10/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2025 and found that you have corrected the violations listed in the Full report dated 10/17/2025. Your home is back in compliance as of 10/15/2025 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 388-76-10161-2-a, WAC 388-76-10015-1, WAC 388-76-10129-1-b, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 75000	Compliance Determination #67195
Plan of Correction	SHI'S HOME	Completion Date
Page 1 of 7	Licensee: Shi's Home, Inc	10/17/2025

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 10/14/2025 and 10/15/2025 of:
SHI'S HOME
16529 8TH AVE NE
SHORELINE, WA 98155

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

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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' Bourque
Residential Care Services

10/21/2025
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)

Nov. 1st 2025
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:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a valid Washington Name and Date of Birth (WNDOB) Background Inquiry (BGI) for 3 of 3 staff (Staff A, Entity Representative, Staff B, Caregiver, and Staff C, Caregiver). This failure placed Residents 1 and 2 at risk of receiving care from someone with an unknown history.

Findings included...

Record review of personnel records showed WNDOB BGIs were completed for Staff A, Staff B, and Staff C. Record review showed Staff A's WNDOB BGI was completed on 10/05/2023 and expired on 10/05/2025. Record review showed Staff B's WNDOB BGI was completed on 10/03/2023 and expired on 10/03/2025. Record review showed Staff C's WNDOB BGI was completed on 10/04/2023 and expired on 10/04/2025.

In an interview, on 10/14/2025 at 2:53 PM, Staff A stated that they renewed their own WNDOB BGI within the past year but that it was not present at the AFH. Staff B stated that the WNDOB BGIs for Staff B and Staff C had expired and were not renewed.

In an additional field visit, on 10/15/2025 at 1:56 PM, Staff B provided the updated

WNDOB BGIs for Staff A, Staff B, and Staff C. The WNDOB BGIs for all three staff members were completed on 10/14/2025 and expire on 10/14/2027.

In a telephonic interview, on 10/16/2025 at 1:20 PM, Staff A stated that their recent WNDOB BGI was completed by a nurse delegation agency. Staff A stated that they did not receive a copy of the WNDOB BGI.

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/14/2025

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

Provider (or Representative) — Date: 11/1/2025

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 1 of 2 residents (Resident 1) at risk of infection or illness due to unsafe medical testing.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2018. Further review showed Resident 1 had a diagnosis of [redacted].

Observation, on 10/14/2025 at 9:00 AM, showed Staff B, Caregiver, assisting Resident 1 with testing Resident 1's blood glucose. Observation showed Resident 1 used the lancing device to draw blood. Further observation showed Staff B assisted with obtaining a sample of blood on the test strip and obtaining the blood glucose results.

In an interview, on 10/14/2025 at 9:05 AM, Staff B stated that blood glucose testing for Resident 1 was completed two times per day. Staff B stated that Resident 1 previously used a device which automatically obtained their blood glucose reading. Staff B stated that this device was broken so the AFH assists Resident 1 with measuring their blood glucose with strips.

In an interview, on 10/14/2025 at 3:12 PM, Staff A, Entity Representative, stated that the AFH does not have a MTSW. Staff A stated that they would apply for a MTSW.

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/2025.

MTSW application mailed 10/8/25

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

Provider (or Representative)

Nov. 1st 2025
Date

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:

(b) Entity representative;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a valid food handler permit or continuing education was obtained for 1 of 2 sampled staff (Staff A, Entity Representative). This failure placed Residents 1 and 2 at risk of illness due to unsafe food handling and preparation.

Findings included...

Record review of the AFHs personnel records showed a food handler permit for Staff A. Further review showed the permit was issued on 10/10/2019 and expired on 10/10/2022.

In an interview, on 10/14/2025 at 2:52 PM, Staff A stated that they had renewed their

food handler permit. Staff A stated that they would email the current food handler permit.

In a text message, received by the Department on 10/15/2025, Staff A provided a photograph of their food handler permit. Record review of this food handler permit showed it was valid from 10/15/2025 to 10/15/2027.

In a telephonic interview, on 10/15/2025 at 11:21 AM, Staff A stated that they could not locate their food handler permit. Staff A stated that they completed the training on 10/14/2025

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/14/2025.

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

Provider (or Representative) — Date: Nov. 1st 2025

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Notice of Rights and Services (admission agreement) was updated at least every 24 months for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk of not being fully aware of their rights or of the services provided by the AFH.

Findings included...

Record review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2018. Further review showed Resident 1's admission agreement was last signed and dated by Resident 1on 07/30/2018.

In an interview, on 10/14/2025 at 12:00 PM, Staff A, Entity Representative, stated that Admission Agreements must be updated at least every 24 months.

Staff A provided a copy of a letter, dated 12/30/2022, from the AFH to Resident 1's representative. Record review of this letter showed Resident 1's cost of services would increase on 02/01/2023.

In an interview, on 10/14/2025 at 1:55 PM, Staff A stated that this letter was the updated Admission Agreement. Staff A stated that an admission agreement was faxed to Resident 1's representative in 2021 for them to review and sign. Staff A stated they did not receive the updated admission agreement from Resident 1's representative. Staff A stated that they would follow up with Resident 1's representative to review the admission agreement.

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, SHI'S HOME is or will be in compliance with this law and / or regulation on (Date) 10/15/2025.

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

Provider (or Representative)

Nov 1st 2025
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

10/21/2025

CERTIFIED MAIL

9489009000276383899589

Shi's Home, Inc
SHI'S HOME
16529 8TH AVE NE
SHORELINE, WA 98155

RE: SHI'S HOME # 75000

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/17/2025 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:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, 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 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

The Adult Family Home (AFH) failed to ensure smoke detectors were installed in the immediate vicinity of resident bedrooms. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver, who installed smoke detectors in the immediate vicinity of all resident bedrooms.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all toxic substances and cleaning supplies were kept in locked storage. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver, who moved all the unlocked cleaning supplies to locked storage.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written succession plan. This deficiency was corrected over the course of the inspection by Staff A, Entity Representative, who wrote a succession plan.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

The Adult Family Home (AFH) failed to provide a policy on accepting Medicaid as a payment source (Medicaid policy) to Resident 2. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative. Staff A had Resident 2's representative sign a Medicaid policy and placed the document into Resident 2's records.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to keep a signed and dated Disclosure of Charges form in Resident 2's records. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative. Staff A had Resident 2's representative sign the Disclosure of Charges form and placed it into Resident 2's records.

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

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure that Resident 1's Inventory of Personal Belongings form included a current inventory of Resident 1's belongings. This deficiency was correct on site at the time of inspection by Staff A, Entity Representative, who added Resident 1's belongings to the form.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDRs** 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