STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

October 31, 2025

ELECTRONIC-FACSIMILE

Licensee, LINAS ADULT FAMILY HOME INC
LINAS ADULT FAMILY HOME INC
c/o 1833 S 243RD ST
DES MOINES, WA 98198

Adult Family Home License # **751760**
Entity Representative: Lina Navarro

CONDITIONS ON A LICENSE AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On October 28, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of conditions on a license and continued stop placement order prohibiting admissions on the license of your adult family home, located at **340 SW 178TH ST, NORMANDY PARK**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and continued stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **October 28, 2025**

Continued Stop Placement Order Prohibiting Admissions

WAC 388-76-10400(2)(3)(a)(b) Care and services.

The licensee failed to monitor and ensure the safety of one resident. This failure may have resulted in a fatal harm to the resident.

WAC 388-76-10355 (1)(2)(3) Negotiated care plan.

The licensee failed to include safety precautions in the Negotiated Care Plan for one resident who had been previously hospitalized for Suicidal Ideation. This failure may have resulted in a fatal harm to the resident.

WAC 388-76-10365 Negotiated care plan—Implementation—Required.

The licensee failed to implement care and the services in the Negotiated Care Plan to ensure the safety of one resident. This failure may have resulted in a fatal harm to the resident.

The stop placement order prohibiting admissions to your adult family home was effective immediately upon **verbal** notice to you on **October 1, 2025,** in a notice letter dated October 2, 2025. The stop placement order is continued upon **verbal** notice to you on **October 30, 2025,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Lydia Owusu-Acheampong, Field Manager, at (253) 234-6007.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement order prohibiting admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Conditions on License

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WAC 388-76-10365 Negotiated care plan—Implementation—Required.

The licensee failed to implement care and the services in the Negotiated Care Plan to ensure the safety of one resident. This failure may have resulted in a fatal harm to the resident.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider, at their own expense, must hire a Registered Nurse Consultant (RNC), who specializes in mental health, not currently or previously affiliated with the AFH, and familiar with AFH regulations by, November 13, 2025, to assist in the development and implementation of a system to identify mental health and behavioral concerns in a preliminary plan and annual assessment, and to ensure a resident's Negotiated Care Plan includes safety measures for caregiving staff to implement.***

- ***The RNC must provide training for all staff, to include the Provider, on identifying mental health and behavioral concerns as listed in a resident's preliminary plan and annual assessment to ensure:***
  - ***Each resident's mental health and behavioral concerns are identified.***
  - ***Each resident's mental health and behavioral concerns identified are added to their Negotiated Care Plan (NCP).***
  - ***Each resident mental health and behavioral concern in the NCP has a safety plan in place for caregivers to monitor, assess, and implement.***

- ***The RNC must provide training for all staff, to include the Provider, regarding care duties and responsibilities of identifying significant changes in a resident's mental health to ensure:***
  - ***Staff know their responsibilities for addressing and monitoring each resident's mental health and behavioral concerns.***
  - ***Staff know how to recognize significant mental health changes.***
  - ***Staff know how to implement and track a resident's safety plan as listed in their NCP.***
  - ***Staff know how to document significant mental health concerns or behaviors.***
  - ***Staff know when to report and to whom to report significant mental health changes when they occur with a resident.***

- ***The AFH Provider must provide the RNC with a copy of the Statement of Deficiencies dated October 28, 2025.***

- ***The AFH provider must provide the name and contact information of the RNC to the Department Field Manager upon hire.***

- ***The RNC must submit written documentation of staff training regarding identifying mental health and behavioral concerns in a preliminary plan and assessments, recognizing significant changes mental health behaviors, and implementing safety measures in the NCP to the Department by Friday, December 12, 2025.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice to you on **October 30, 2025,** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are violations, which resulted in the conditions on your license and continued stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
20425 72nd Ave S suite 400
Kent, WA 98032-2388
Phone: (253)234-6007 / Fax: (253) 395-5071
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at:
http://www.dshs.wa.gov/altsa/idr

Formal Administrative Hearing

You may contest the conditions and continued stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions and continued stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Lydia Owusu-Acheampong, Field Manager, at (253) 234-6007.

Sincerely,

AlfredoBrown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit G
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**