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

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

RE: LINAS ADULT FAMILY HOME INC License # 751760

Dear Provider:

This letter addresses Compliance Determination(s) 69452 (Completion Date 12/12/2025) and 66469 (Completion Date 10/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/12/2025 and found that you have corrected the violations listed in the Complaint report dated 10/28/2025. Your home is back in compliance as of 11/27/2025 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 388-76-10400-2, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10365

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

If you have any questions, please contact me at (425)599-5235.

Sincerely,

Jeb Korzilius, Regional Administrator
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 #: 751760	Compliance Determination # 66469
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 1 of 6	Licensee: LINAS ADULT FAMILY HOME INC	10/28/2025

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 an unannounced on-site complaint investigation on 10/01/2025 of:

LINAS ADULT FAMILY HOME INC
340 SW 178TH ST
NORMANDY PARK, WA 98166

This document references the following complaint number(s): 196763

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Ivy Mordo, Nursing Consultant Institutional

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

Statement of Deficiencies | License #: 751760 | Compliance Determination # 66469
Plan of Correction | LINAS ADULT FAMILY HOME INC | Completion Date
Page 2 of 6 | Licensee: LINAS ADULT FAMILY HOME INC | 10/28/2025

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 — 10-30-2025 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 — 11/12/2025 Provider (or Representative) Date

11/27/2025 – to be in 11/27/25 Compliance

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to monitor and ensure the safety of 1 of 1 resident (Resident 4). This failure may have resulted in fatal harm to the resident.

Findings included...

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager stated that Resident 4 after fatal self-inflicted harm. Staff B said Staff C, Caregiver, called them from Resident 4's room, when they got there, they found Resident 4 seated in their wheelchair leaning to their right side, right arm dangling, a pair of scissors in front of their left foot and the floor covered with blood; they added that Resident 4 was not breathing.

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

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to monitor and ensure the safety of 1 of 1 resident (Resident 4). This failure may have resulted in fatal harm to the resident.

Findings included…

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager stated that Resident 4 after fatal self-inflicted harm. Staff B said Staff C, Caregiver, called them from Resident 4’s room, when they got there, they found Resident 4 seated in their wheelchair leaning to their right side, right arm dangling, a pair of scissors in front of their left foot and the floor covered with blood; they added that Resident 4 was not breathing.

Review of Resident 4's annual assessment dated 01/21/2025 showed Resident 4 moved into the AFH on [redacted]/2025. The assessment showed Resident 4 had diagnoses of [redacted] and [redacted]. The assessment also showed Resident 4 was hospitalized for [redacted] on [redacted]/2024, and they saw a mental health professional two times a month.

The assessment elaborated on the duties of the AFH staff in monitoring Resident 4 for verbal and non-verbal signs of Depression, increased isolation, change in mood and behavior like sadness, crying agitation, and report any of these symptoms when witnessed to the physician.

Review of Negotiated Care Plan (NCP) dated February 2025, at 12:35 PM showed Resident 4 was to be monitored for verbal and non-verbal signs of Depression, increased isolation and change in mood and behavior like sadness, crying and agitation and report any of these symptoms when witnessed to the physician. The NCP did not reflect Resident 4 was to be monitored for [redacted].

In an interview on 10/01/2025 at 12:55 PM, Staff C stated that on 09/29/2025 after dinner, they heard Resident 4 speaking with their collateral contact on the telephone. Staff C said they heard Resident 4 said “I’m dying, don’t save me” Resident 4 was also agitated. When questioned further, Staff C admitted they told Staff A and B after Resident 4 was found dead, and they did not report it to the physician. Staff C also said they did not ask Resident 4 why they made the statement of dying. When questioned Staff C said, “I only take care of [Resident 4], I don’t ask questions.”

In an interview on 10/01/2025 at 12:55 PM, Staff A, Entity Representative, said they read Resident 4’s assessment and saw no indication of them being [redacted]. When questioned further, Staff A said had they read the assessment thoroughly, they would have included monitoring for [redacted] in the NCP and monitored Resident 4 closely.

In an exit interview on 10/28/2025 at 11:30 AM, Staff A said they monitored Resident 4 for Depression, Resident 4 had had no indication they were depressed. Staff A said Resident 4 liked to stay in their room; they played games on their computer. Staff A said Resident 4 was a talker and would talk with anyone. Also, Resident 4 was not one-

Statement of Deficiencies	License #: 751760	Compliance Determination # 66469
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 4 of 6	Licensee: LINAS ADULT FAMILY HOME INC	10/28/2025

to-one care, they did their best to check on them every 2-3 hours. Staff A said they monitored all the residents because they wanted them to be safe. Staff A said they did the best they could; and this incident was an isolating one.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11|27|2025.

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

Lina P. Navarro
Provider (or Representative)

11|12|2025
Date

to Be in Compliance
11|27|2025

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include safety precaution in the Negotiated Care Plan (NCP) for 1 of 1 resident (Resident 4) who had been previously hospitalized for [redacted]. This failure may have resulted in a fatal harm to the resident.

Findings included...

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager, stated that Resident 4 passed away on [redacted]/2025, from a fatal self inflicted harm.

to-one care, they did their best to check on them every 2-3 hours. Staff A said they monitored all the residents because they wanted them to be safe. Staff A said they did the best they could; and this incident was an isolating one.

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, LINAS ADULT FAMILY HOME INC 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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include safety precaution in the Negotiated Care Plan (NCP) for 1 of 1 resident (Resident 4) who had been previously hospitalized for [redacted]. This failure may have resulted in a fatal harm to the resident.

Findings included…

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager, stated that Resident 4 passed away on [redacted]/2025, from a fatal self inflicted harm.

Statement of Deficiencies
Plan of Correction
Page 5 of 6

License #: 751760
LINAS ADULT FAMILY HOME INC
Licensee: LINAS ADULT FAMILY HOME INC

Compliance Determination # 66469
Completion Date
10/28/2025

Review of Resident 4's annual assessment dated 01/21/2025 at 12:30 PM showed Resident 4 moved into the AFH on [redacted]/2025, after they were discharged from the hospital on [redacted]2024 for [redacted].

Review of Resident 4's NCP dated February 2025 did not show any documentation showing who, when and how caregivers will monitor Resident 4 for [redacted].

In an interview on 10/01/2025 at 12:55 PM, Staff A, Entity Representative, said when they read Resident 4's annual assessment there was no indication of them being [redacted]. When questioned further, Staff A said had they read the assessment thoroughly, they would have included monitoring for [redacted] in the NCP and monitored Resident 4 closely.

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, LINAS ADULT FAMILY HOME NC is or will be in compliance with this law and / or regulation on Date) 11/27/2025.

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

Lina P. Navarro
Provider (or Representative)

11/12/2025
Date

To be in Compliance
11/27/2025

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement care and the services in the Negotiated Care Plan (NCP) to ensure safety for 1 of 1 resident (Resident 4). This failure may have resulted in a fatal harm to the resident.

Findings included...

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

Review of Resident 4's annual assessment dated 01/21/2025 at 12:30 PM showed Resident 4 moved into the AFH on [redacted]/2025, after they were discharged from the hospital on [redacted]/2024 for [redacted].

Review of Resident 4's NCP dated February 2025 did not show any documentation showing who, when and how caregivers will monitor Resident 4 for [redacted].

In an interview on 10/01/2025 at 12:55 PM, Staff A, Entity Representative, said when they read Resident 4's annual assessment there was no indication of them being [redacted]. When questioned further, Staff A said had they read the assessment thoroughly, they would have included monitoring for [redacted] in the NCP and monitored Resident 4 closely.

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, LINAS ADULT FAMILY HOME INC 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

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement care and the services in the Negotiated Care Plan (NCP) to ensure safety for 1 of 1 resident (Resident 4). This failure may have resulted in a fatal harm to the resident.

Findings included…

In an unannounced visit on 10/01/2025 at 12:15 PM, Resident 4 was not available in the AFH.

Statement of Deficiencies	License #: 751760	Compliance Determination # 66469
Plan of Correction	LINAS ADULT FAMILY HOME INC	Completion Date
Page 6 of 6	Licensee: LINAS ADULT FAMILY HOME INC	10/28/2025

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager stated that Resident 4 passed away on [redacted]/2025, after a fatal self-inflicted hard.

In an interview on 10/01/2025 at 12:55 PM, Staff C, Caregiver stated that on 09/29/2025 after dinner, they heard Resident 4 speaking with their collateral contact on the telephone. Staff C said they heard Resident 4 say "I'm dying, don't save me," Resident 4 was also agitated. When questioned further, Staff C admitted they told Staff A, Entity Representative and Staff B after Resident 4 was found dead, and they did not report it to the physician. Staff C also said they did not ask Resident 4 why they made the statement of dying. When questioned Staff C said, "I only take care of [Resident 4], I don't ask questions."

Review of NCP dated February 2025, at 12:35 PM showed Resident 4 was to be monitored for verbal and non-verbal signs of Depression, increased isolation and change in mood and behavior like sadness, crying, agitation and report any of these symptoms witnessed to the physician.

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, LINAS ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 11/12/2025 to be in Compliance

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

Provider (or Representative) Lina P. Navarro Date 11/12/2025

In an interview on 10/01/2025 at 12:25 PM, Staff B, Resident Manager stated that Resident 4 passed away on [redacted]/2025, after a fatal self-inflicted hard.

In an interview on 10/01/2025 at 12:55 PM, Staff C, Caregiver stated that on 09/29/2025 after dinner, they heard Resident 4 speaking with their collateral contact on the telephone. Staff C said they heard Resident 4 say “I’m dying, don’t save me,” Resident 4 was also agitated. When questioned further, Staff C admitted they told Staff A, Entity Representative and Staff B after Resident 4 was found dead, and they did not report it to the physician. Staff C also said they did not ask Resident 4 why they made the statement of dying. When questioned Staff C said, “I only take care of [Resident 4], I don’t ask questions.”

Review of NCP dated February 2025, at 12:35 PM showed Resident 4 was to be monitored for verbal and non-verbal signs of Depression, increased isolation and change in mood and behavior like sadness, crying, agitation and report any of these symptoms witnessed to the physician.

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, LINAS ADULT FAMILY HOME INC 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