



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

HAPPY OASIS ADULT FAMILY HOME LLC
HAPPY OASIS ADULT FAMILY HOME LLC
27607 108TH AVE SE
KENT, WA 98030

RE: HAPPY OASIS ADULT FAMILY HOME LLC License # 751922

Dear Provider:

This letter addresses Compliance Determination(s) 55761 (Completion Date 03/04/2025) and 52880 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/04/2025 and found that you have corrected the violations listed in the Full report dated 01/15/2025. Your home is back in compliance as of 02/27/2025 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 388-76-10715-1, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Liza Flowers, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 751922	Compliance Determination # 52880
Plan of Correction	HAPPY OASIS ADULT FAMILY HOME LLC	Completion Date
Page 1 of 4	Licensee: HAPPY OASIS ADULT FAMILY HOME LLC	01/15/2025

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 01/09/2025 and 01/09/2025 of:

HAPPY OASIS ADULT FAMILY HOME LLC
27607 108TH AVE SE
KENT, WA 98030

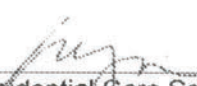
The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

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

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

01.23.2025

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 751922	Compliance Determination # 52880
Plan of Correction	HAPPY OASIS ADULT FAMILY HOME LLC	Completion Date
Page 2 of 4	Licensee: HAPPY OASIS ADULT FAMILY HOME LLC	01/15/2025



Provider (or Representative)

01/27/2025

Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 licensed bedroom doors (Bedroom A) could be opened from the outside. This failure placed the future resident at risk of harm if the room was locked from the inside and staff was unable to unlock the door in case of emergency.

Findings included...

In an interview on 01/09/2025 at 12:23 PM, Staff A, Entity Representative, stated that they had five current residents who were independent with transfers and did not require any assistive device with ambulation.

During an environmental tour with Staff A on 01/09/2025 at 12:37 PM, observation showed bedroom A's door had a doorknob with a built-in lock. When the lock was in a vertical position, the door cannot be opened from the outside.

On 01/09/2025 between 12:37 PM to 12:43 PM, Staff C and D, Caregivers, tried several keys into the Bedroom A doorknob hole to unlock the door but without success.

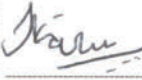
In an interview on 01/09/2025 at 12:43 PM, Staff A stated that the bedroom was currently not used by a resident and that they did not know what happened to the key.

Attestation Statement

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, HAPPY OASIS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on
(Date) 01/09/2025.

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

Statement of Deficiencies	License #: 751922	Compliance Determination # 52880
Plan of Correction	HAPPY OASIS ADULT FAMILY HOME LLC	Completion Date
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	01/26/2025
Provider (or Representative)	Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

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 5 staff (Staff D, Caregiver), had two-step tuberculosis (TB- a communicable disease that affects the lungs) skin testing. This failure placed 5 of 5 current residents (Residents 1, 2, 3, 4, and 5) and other staff at risk of exposure to TB.

Findings included...

During an unannounced visit on 01/09/2025 between 10:40 AM to 4:50 PM, observation showed Staff D interacted with and provided care to Residents 1, 2, 3, 4, and 5.

Review of personnel records showed the AFH hired Staff D as a Caregiver on 03/07/2024. Staff D's records included a negative x-ray (a medical test that produces images of a part of the body) result dated 02/02/2024. There was no record to show that a TB skin testing was done.

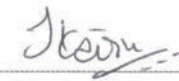
In an interview on 01/09/2025 at 4:18 PM Staff A, Entity Representative, stated that Staff D did not have a two-step TB testing because Staff D told them that they had a history of positive TB testing. The AFH was unable to show documents to prove that Staff D had a positive TB testing.

Attestation Statement

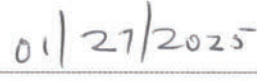
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Provider (or Representative)



Date