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

Shangri-La Home Care AFH, LLC
SHANGRI LA HOME CARE AFH LLC
104 N 177TH STREET
SHORELINE, WA 98133

RE: SHANGRI LA HOME CARE AFH LLC License # 753349

Dear Provider:

This letter addresses Compliance Determination(s) 54323 (Completion Date 02/04/2025) and 52865 (Completion Date 01/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/04/2025 and found that you have corrected the violations listed in the Full report dated 01/13/2025. Your home is back in compliance as of 01/28/2025 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 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10015-1, WAC 388-76-10201-1, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10265-1-d, WAC 388-76-10146-2-e

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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 # 753349	Compliance Determination # 52865
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 1 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

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 01/08/2025 and 01/08/2026 of:
SHANGRI LA HOME CARE AFH LLC
104 N 177TH STREET
SHORELINE, WA 98133

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:

Katherine Randall, Nursing Care Consultant, NCC

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.

Rose' Bourque
Residential Care Services

01/22/2025
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.

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

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 01/08/2025 and 01/08/2025 of:
SHANGRI LA HOME CARE AFH LLC
104 N 177TH STREET
SHORELINE, WA 98133

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:

Katherine Randall, Nursing Care Consultant, NCC

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.

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.

Statement of Deficiencies	License #: 753349	Compliance Determination #: 528865
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 2 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2026

Catherina Mends — Provider (or Representative)

1/24/2025 — Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the storage of the required emergency water supply of 3 gallons for the homes licensed capacity, every household member and caregiving staff for a minimum of seventy-two hours. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk for unmet needs during an emergency.

Findings included...

Observation, on 01/08/2025 at 11:05 AM, of the AFH's emergency water supply showed a supply of 1 box containing 100 single packs of sealed water at 125 milliliters each, approximately 3.3 gallons.

In an interview, on 01/08/2025 at 1:30 PM, Staff A (Entity Representative) reported they would purchase more emergency water and was not aware of the required amount of emergency water needed.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/24/2025.

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

Provider (or Representative)

1/24/2025 — Date

Provider (or Representative) Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the storage of the required emergency water supply of 3 gallons for the homes licensed capacity, every household member and caregiving staff for a minimum of seventy-two hours. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk for unmet needs during an emergency.

Findings included…

Observation, on 01/08/2025 at 11:05 AM, of the AFH's emergency water supply showed a supply of 1 box containing 100 single packs of sealed water at 125 milliliters each, approximately 3.3 gallons.

In an interview, on 01/08/2025 at 1:30 PM, Staff A (Entity Representative) reported they would purchase more emergency water and was not aware of the required amount of emergency water needed.

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, SHANGRI LA HOME CARE AFH LLC 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

Statement of Deficiencies	License # 753349	Compliance Determination # 528B5
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 3 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

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 70.129 , 70.128, 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 record review and interview, the Adult Family Home (AFH) failed to have evidence of a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring, as required. This failure placed 1 of 5 residents (Resident 3) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose (sugar in the blood) test) or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Review of resident records showed the AFH admitted Resident 3 on [redacted]2024 with multiple diagnoses including [redacted].

In an interview, on 01/09/2025 at 11:30 AM, Staff A, Entity Representative, stated that Resident 3 had a continuous glucose monitoring system (a blood glucose monitoring system inserted under Resident 3's skin) but that the staff would check Resident 3's blood sugar with a manual glucose monitor if needed. Staff A reported the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/28/25 .

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

Provider (or Representative) — Date: 1/28/25

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 record review and interview, the Adult Family Home (AFH) failed to have evidence of a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring, as required. This failure placed 1 of 5 residents (Resident 3) at risk for illness and infection.

Findings included…

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Review of resident records showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses including [redacted].

In an interview, on 01/08/2025 at 11:30 AM, Staff A, Entity Representative, stated that Resident 3 had a continuous glucose monitoring system (a blood glucose monitoring system inserted under Resident 3's skin) but that the staff would check Resident 3's blood sugar with a manual glucose monitor if needed. Staff A reported the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available.

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, SHANGRI LA HOME CARE AFH LLC 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

Statement of Deficiencies	License #: 753349	Compliance Determination #: 52885
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 4 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2026

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of not knowing what would happen in the event Staff A (Entity Representative) was unable to fulfill their duties in the home.

Findings included...

Record review showed the AFH did not have a written Succession Plan when requested.

In an interview, on 01/09/2025 at 11:30 AM, Staff A reported they did not have a Succession Plan and was not aware of the requirement.

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, SHANGRI LA HOME CARE AFH LLC is/or will be in compliance with this law and / or regulation on (Date) 1/28/25.

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

Provider (or Representative) — Date: 1/28/25

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;

(b) Provide a copy upon resident request; and

This requirement was not met as evidenced by:

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of not knowing what would happen in the event Staff A (Entity Representative) was unable to fulfill their duties in the home.

Findings included…

Record review showed the AFH did not have a written Succession Plan when requested.

In an interview, on 01/08/2025 at 11:30 AM, Staff A reported they did not have a Succession Plan and was not aware of the requirement.

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, SHANGRI LA HOME CARE AFH LLC 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 388-76-10532 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;

(b) Provide a copy upon resident request; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License # 753349	Compliance Determination # 52665
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 5 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

Based on record review and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) forms or keep a signed and dated copy on file for 2 of 5 residents (Resident 1 and Resident 2). This failure placed Residents 1 and 2 at risk for not being aware of all the services and fees for their care.

Findings included...

RESIDENT 1:
Record review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses including [redacted]. There was no DOC present in Resident 1's record.

In an interview, on 01/08/2025 at 1:15 PM, Staff A (Entity Representative) reported they could not locate Resident 1's DOC form.

RESIDENT 2:
Record review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted]. There was an incomplete DOC form with an unidentified initial, and no date, on a random page present in Resident 2's record.

In an interview, on 01/08/2025 at 1:20 PM, Staff A (Provider) reported they would have a completed DOC form signed and dated by Resident 2.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/24/25.

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

Provider (or Representative) — Date: 1/24/25

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

Based on record review and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) forms or keep a signed and dated copy on file for 2 of 5 residents (Resident 1 and Resident 2). This failure placed Residents 1 and 2 at risk for not being aware of all the services and fees for their care.

Findings included…

RESIDENT 1:
Record review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses including [redacted]. There was no DOC present in Resident 1's record.

In an interview, on 01/08/2025 at 1:15 PM, Staff A (Entity Representative) reported they could not locate Resident 1's DOC form.

RESIDENT 2:
Record review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted] There was an incomplete DOC form with an unidentified initial, and no date, on a random page present in Resident 2's record.

In an interview, on 01/08/2025 at 1:20 PM, Staff A (Provider) reported they would have a completed DOC form signed and dated by Resident 2.

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, SHANGRI LA HOME CARE AFH LLC 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

Statement of Deficiencies	License #: 753349	Compliance Determination #: 52865
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 6 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff B and Staff D, Caregivers) had a current Washington State name and date of birth (WNDOB) background inquiry (BGI) results, and national fingerprint background check results on file. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of having a caregiver with an unknown criminal background.

Findings included...

Review of the AFH staff records, on 01/08/2025, showed Staff B was hired on 6/02/2022 and Staff D was hired on 08/04/2024. Record review showed an expired (04/09/2024) WNDOB background inquiry result for Staff B and no WNDOB background inquiry result for Staff D. In addition, Staff D did not have results for a national fingerprint background check available in the staff records.

In an interview, on 01/08/2025 at 2:10 PM, Staff A (Entity Representative) stated Staff D is supervised when working in the AFH and that the WNDOB background inquiries would be requested for Staff B and Staff D. Staff A stated the national fingerprint background check would be requested for Staff D.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/20/25.

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

Provider (or Representative) — Date: 1/28/25

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff B and Staff D, Caregivers) had a current Washington State name and date of birth (WNDOB) background inquiry (BGI) results, and national fingerprint background check results on file. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of having a caregiver with an unknown criminal background.

Findings included…

Review of the AFH staff records, on 01/08/2025, showed Staff B was hired on 6/02/2022 and Staff D was hired on 08/04/2024. Record review showed an expired (04/09/2024) WNDOB background inquiry result for Staff B and no WNDOB background inquiry result for Staff D. In addition, Staff D did not have results for a national fingerprint background check available in the staff records.

In an interview, on 01/08/2025 at 2:10 PM, Staff A (Entity Representative) stated Staff D is supervised when working in the AFH and that the WNDOB background inquiries would be requested for Staff B and Staff D. Staff A stated the national fingerprint background check would be requested for Staff D.

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, SHANGRI LA HOME CARE AFH LLC 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the

Statement of Deficiencies	License # 753349	Compliance Determination # 528B5
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 7 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, Caregiver) had undergone tuberculosis (TB) testing within three days of hire. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4 and 5) at risk for exposure to TB.

Findings included...

Review of the AFH staff records, on 01/08/2024, showed Staff D had been hired on 08/14/2024 and there were no TB testing results available for Staff D.

In an interview, on 01/09/2025 at 2:30 PM, Staff A (Entity Representative) reported they would request Staff D to be tested for TB status as soon as possible. Staff A reported Staff D did not exhibit any symptoms of TB.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/28/25.

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

Provider (or Representative) — Date: 1/28/25

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A, Entity Representative) had the required continuing education credits

following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff D, Caregiver) had undergone tuberculosis (TB) testing within three days of hire. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk for exposure to TB.

Findings included…

Review of the AFH staff records, on 01/08/2024, showed Staff D had been hired on 08/14/2024 and there were no TB testing results available for Staff D.

In an interview, on 01/08/2025 at 2:30 PM, Staff A (Entity Representative) reported they would request Staff D to be tested for TB status as soon as possible. Staff A reported Staff D did not exhibit any symptoms of TB.

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, SHANGRI LA HOME CARE AFH LLC 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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A, Entity Representative) had the required continuing education credits

Statement of Deficiencies	License #: 753349	Compliance Determination #:52565
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	Completion Date
Page 8 of 8	Licensee: Shangri-La Home Care AFH, LLC	01/13/2025

for the year. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk for having care provided by an unqualified staff member.

Findings included...

Review of the AFH staff records, on 01/08/2025, showed that Staff A, Entity Representative, had not completed the required 12 continuing education credits for the year of 7/2023 to 7/2024.

In an interview, on 01/08/2025 at 2:30 PM, Staff A reported they did not complete any continuing education credits for the year and that they would complete them as soon as possible.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/22/2025.

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

Provider (or Representative) — Date: 1/24/25

for the year. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk for having care provided by an unqualified staff member.

Findings included…

Review of the AFH staff records, on 01/08/2025, showed that Staff A, Entity Representative, had not completed the required 12 continuing education credits for the year of 7/2023 to 7/2024.

In an interview, on 01/08/2025 at 2:30 PM, Staff A reported they did not complete any continuing education credits for the year and that they would complete them as soon as possible.

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, SHANGRI LA HOME CARE AFH LLC 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