STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Shangri-La Home Care AFH, LLC

Shangri-La Home Care AFH, LLC
5520 FIRWOOD DR
LYNNWOOD, WA 98036

RE: Shangri-La Home Care AFH, LLC License # 754210

Dear Provider:

This letter addresses Compliance Determination(s) 77939 (Completion Date 05/26/2026) and 77051 (Completion Date 05/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Full report dated 05/08/2026. Your home is back in compliance as of 05/21/2026 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 388-76-101632-1, WAC 388-76-10650-2-a, WAC 388-76-10506, WAC 388-76-10506-1, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-3, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d

The Department staff who did the on-site verification:
Hang Lu, 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

HOME AND COMMUNITY LIVING 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 05/06/2026 of:

Shangri-La Home Care AFH, LLC
5520 FIRWOOD DR
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 1 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 754210	Compliance Determination # 77051
Plan of Correction	Shangri-La Home Care AFH, LLC	Completion Date
Page 2 of 5	Licensee: Shangri-La Home Care AFH, LLC	05/08/2026

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' Bourgue
Residential Care Services

05/12/2026
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)

5/15/2026
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 staff (Staff C) had a national fingerprint background check (FBC). This failure placed Residents 1, 2, and 3 at risk of being cared for by someone with an unknown criminal background.

Findings included...

Review of personnel records showed the AFH hired Staff C, Caregiver, on 10/01/2025. Review of Staff C's record showed Staff C did not have documentation of a FBC on file for review.

In an interview, on 05/06/2026 at 1:53 PM, Staff A, Entity Representative, stated that Staff C had not completed their FBC yet. Staff A stated that they would make a fingerprint appointment for Staff C right away.

Review of an email correspondence, dated 05/07/2026, showed Staff A sent a copy of Staff C's fingerprint appointment (scheduled for 05/12/2026).

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This is a repeated deficiency on 05/26/2023.

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) 5/14/26 - Final came back for Staff C.

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

Provider (or Representative) Date 5/15/26

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) had a safety assessment done for the use of a medical device ([redacted]). This failure placed Resident 1 at risk for injury from improper use of the [redacted].

Findings included...

Observation and interview, on 05/06/2026 at 10:35 AM, showed Resident 1 had two half-length [redacted] (one on each side of their [redacted]). The [redacted] on the left side of the bed (next to the wall) was up. The [redacted] on the right side of the bed was down. Staff B, Caregiver, stated that Resident 1 had three [redacted]. Staff B opened the closet in Resident 1's bedroom to show the Regulator where the third [redacted] was stored. Staff B stated that they placed the third [redacted] on the right (toward the foot of the bed) at night to prevent Resident 1 from falling off the bed. Staff B reported that it was Resident 1's Resident Representative who had requested the use of the [redacted]

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Review of Resident 1's record showed Resident 1 did not have an assessment from a qualified assessor to determine their ability to use the [redacted] safely.

Statement of Deficiencies	License #: 754210	Compliance Determination # 77051
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In an interview, on 05/06/2026 at 1:36 PM, Staff A, Entity Representative, reported that they could not find the physical therapist's assessment in Resident 1's archived documents. Staff A stated that they would ask their nurse delegator to do the [redacted] assessment. At 3:30 PM, Staff A reported that the nurse would come to the AFH to do the [redacted] assessment for Resident 1 on 05/08/2026.

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) 5/11/2026 - Was the bed assessment conducted by Annette Nuesca

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

Provider (or Representative) [signature] Date 5/15/2026

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute

Statement of Deficiencies	License #: 754210	Compliance Determination # 77051
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transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have signed and dated Residency Agreement for 3 of 3 residents (Residents 1, 2, and 3). This failure placed the residents at risk of not being fully aware of their rights.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]2020, Resident 2 on [redacted]/2024, and Resident 3 on [redacted]2024.

In an interview, on 05/06/2026 at 11:30 AM, Staff A, Entity Representative, reported that Residents 1, 2, and 3 were on [redacted] pay. Staff A stated that they remembered reading about the requirement for having the Residency Agreement. Staff A stated that they did not have signed and dated Residency Agreement for any of their residents. Staff A stated that they would develop a Residency Agreement for the AFH and obtain signatures from each resident's Resident Representative.

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) ~~5/6/2026~~ 5/21/26 - Sent docusign, Resident Agreement for POA to sign + date.

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

Provider (or Representative) 5/15/26 Date 5/21/26

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

05/12/2026

Shangri-La Home Care AFH, LLC
Shangri-La Home Care AFH, LLC
5520 FIRWOOD DR
LYNNWOOD, WA 98036

RE: Shangri-La Home Care AFH, LLC # 754210

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/08/2026 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 calendar days of Last Date of Data Collection (05/08/2026), no later than 06/22/2026 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The Adult Family Home (AFH) failed to have their fire extinguishers inspected and serviced annually. The fire extinguisher (FE) on the main level was due for inspection and service in April 2026. The FE on the lower level was due for inspection and service in January 2026. Staff A, Entity Representative, promptly placed the order on the phone and had two new FEs delivered to the AFH. This deficiency was corrected on site at the time of visit.

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