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

Life Is Worth Living Adult Family Home LLc

Life is Worth Living Adult Family Home LLC
13205 12th Ave SW
Burien, WA 98146

RE: Life is Worth Living Adult Family Home LLC License # 754511

Dear Provider:

This letter addresses Compliance Determination(s) 61189 (Completion Date 06/26/2025) and 57148 (Completion Date 04/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2025 and found that you have corrected the violations listed in the Full report dated 04/28/2025. Your home is back in compliance as of 05/08/2025 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10198-2-a, WAC 388-76-10198-3

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

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

Sincerely,

Cecile Leano, Field Manager
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

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 03/28/2025 of:
Life is Worth Living Adult Family Home LLC
13205 12th Ave SW
Burien, WA 98146

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

The department staff that inspected the Adult Family Home:

Lyra Ouano, 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 | 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 388-76-10165 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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a valid Washington state name and date of birth background check (BGC) for 2 of 2 staff (Staff A, Entity Representative and Staff B, Caregiver). This failure placed future residents at risk of harm from a caregiver with an unknown current criminal background.

Findings included…

On 03/28/2025 at 12:44 PM interview, Staff A said that they and Staff B were the only caregivers in the home. Staff A said that they did not have any residents in the home since 05/20/2023.

Review of staff records showed the following BGC results:
-Staff A and Staff B, dated and completed on 07/23/2021, expired on 07/23/2023
There were no records found that the AFH submitted a new background authorization

form to the background check unit for Staff A and Staff B every two years.

On 03/28/2025 at 3:08 PM interview, Staff A said that not renewing their BGC was an oversight. Staff A said that they would send a BGC authorization to the BGC unit as soon as possible and would send the result to the department.

Refer to WAC 388-76-10161 Background checks—Who is required to have.
(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:
(a) A Washington state name and date of birth background check; and

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, Life is Worth Living Adult Family Home 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 388-76-10845 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 there was an adequate supply of emergency drinking water for 2 of 2 staff (Staff A, Entity Representative and Staff B, Caregiver) and AFH's license capacity of six. This failure placed future residents and staff at the risk of inadequate drinking water in the event of an emergency.

Findings included….

Review of the AFH Summary Report dated 01/09/2025, showed the AFH was licensed on

05/08/2020 and had a bed capacity of six residents.

During the environmental tour on 03/28/2025, at 11:49 AM with Staff A, observation showed the AFH only had a supply of three packs of 40-500 milliliter bottles, for a total of 15.84 gallons of emergency drinking water, kept under the stair's storage of the AFH. There was no other drinking water supply found in the home. The AFH was required to always have 24 gallons of emergency drinking water supply based on the license capacity and number of staff.

In an interview at 3:30 PM on 03/28/2025, Staff A said that they were not aware of this requirement since the AFH did not have residents. Staff A said that they would buy more drinking water as soon as possible.

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, Life is Worth Living Adult Family Home 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 staff (Staff A, Entity Representative/Registered Nurse and Staff B, Caregiver) had a valid Cardiopulmonary Resuscitation (CPR [an emergency lifesaving procedure performed when the heart stops beating]) card or certificate and 1 of 1 staff (Staff B, Caregiver) had a valid First Aid (immediate emergency care to an injured or ill person) card or certificate. This placed future residents at risk of harm in the case of a medical emergency.

Findings included…

Review of Staff A's Basic Life Support (BLS)/CPR card dated 03/31/2022, showed it expired on 03/31/2024.

Review of Staff B's CPR card dated 09/28/2020, showed it expired on 09/28/2022. There was no First Aid card or certificate found for Staff B.

On 03/28/2025 at 3:08 PM interview, Staff A said that since they did not have any residents since 05/20/2023, they did not think to renew their BLS/CPR card. Staff A said that they would look for BLS/CPR, and first aid classes for them and Staff B.

Refer to WAC 388-112A-0710. What is CPR/first-aid training?
CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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, Life is Worth Living Adult Family Home 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 staff (Staff A, Entity Representative and Staff B, Caregiver) had complete staff records readily available for Department Staff to review. This failure resulted in the delay of determining if the two staff were qualified to care for future residents in the home.

Findings included…

On 03/28/2025 at 12:44 PM interview, Staff A said that they and Staff B were the only caregivers in the home. Staff A said that they did not have any residents in the home since 05/20/2023.

Staff A
Review of the AFH Summary Report dated 01/09/2025, showed Staff A was the Entity Representative since the home was licensed on 05/08/2020. Review of Staff A's Tuberculosis (TB) file, undated, did not show any TB testing results.

Staff B
Review of Staff B's orientation to the home record dated 01/04/2021, showed the AFH hired Staff B on 01/04/2021. Staff B's background check result dated 07/23/2021, showed their birthday was on March 10th. There were no continuing education (CE) certificates found for Staff B from 03/10/2023 to 03/10/2025. Staff B were missing 12 hours of CE in 2023 and in 2024.

On 03/28/2025 at 1:40 PM interview, Staff A said that Staff B attended online CE courses through their pharmacy supplier but could not find their certificates. At 3:20 PM, Staff A said that they would get their TB testing records from their previous place of employment. Staff A said that they would send Staff B's CE records and their TB testing records to the department as soon as they were available.

As of 04/28/2025 at 5:00 PM, the AFH had not sent any records to the department.

Refer to WAC 388-112A-0610. Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?
(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described in this section.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010; and

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, Life is Worth Living Adult Family Home 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 _____

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

04/30/2025

Life Is Worth Living Adult Family Home LLc
Life is Worth Living Adult Family Home LLC
13205 12th Ave SW
Burien, WA 98146

RE: Life is Worth Living Adult Family Home LLC # 754511

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/28/2025 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:

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

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

The home did not update or review former residents' (Former Residents 1 and 2) assessments, both dated 11/13/2020, every 12 months. Former Resident 1 and 2's admission agreements dated 01/03/2021, showed both were admitted to the home on [redacted]/2021, Former Resident 1 was discharged on [redacted]/2023 and Former Resident 2 passed away on [redacted]/2022.

This deficiency was corrected.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The home did not review or revise former residents (Former Residents 1 and 2) negotiated care plan (both dated 01/15/2021) every 12 months. Former Resident 1 and 2's admission agreements dated 01/03/2021, showed both were admitted to the home on [redacted]/2021, Former Resident 1 was discharged on [redacted]/2023 and Former Resident 2 passed away on [redacted]/2022.

This deficiency was corrected.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and

before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

The home did not renew Former Resident 1's admission agreements to include written notice of the house rules, resident rights, services and activities provided, and the charges for them, at least every twenty-four months after admission. Former Resident 1's admission agreement dated 01/03/2021, showed they were admitted to the home on [redacted]/2021 and discharged on [redacted]/2023.

This deficiency was corrected.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 find this form and directions on the IDR Adult Family Home 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 IDR**s 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225