



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

Golden Wings Inc
Golden Wings Inc
22252 104TH PL SE
KENT, WA 98031

RE: Golden Wings Inc License # 754740

Dear Provider:

This letter addresses Compliance Determination(s) 60455 (Completion Date 06/03/2025) and 57380 (Completion Date 04/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/03/2025 and found that you have corrected the violations listed in the Full report dated 04/03/2025. Your home is back in compliance as of 04/05/2025 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

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensors

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

Sincerely,

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

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



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Statement of Deficiencies	License #: 754740	Compliance Determination # 57380
Plan of Correction	Golden Wings Inc	Completion Date
Page 1 of 3	Licensee: Golden Wings Inc	04/03/2025

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 04/02/2025 of:

Golden Wings Inc
22252 104TH PL SE
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licenser

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

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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

04/08/2025

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.

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 ;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A, Provider and Staff C, Caregiver), had current background checks. This failure placed all the residents at risk of receiving care from staff with an unknown background.

Findings included...

On 04/02/2025, record review showed the Department's document titled, "Background Check Central Unit (BCCU)" dated 06/23/2022, for Staff A. This background check (BGI) expired on 06/23/2024.

Further record review of the BCCU BGI documents dated, 09/28/2021, showed Staff C's background check expired as of 09/28/2023.

In an interview with Staff A, Provider, on 04/02/2025 at 2:05 PM, discussion included their and Staff C's background checks being expired. Staff A stated that they thought the expired BGI's were renewed and would check their records.

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On 04/03/2025 at 9:05 AM, in an interview with Staff A, they stated that they could not locate the renewed BCCU documents which must have been an oversight and would act immediately to renew their background checks.

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, Golden Wings 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