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

Goshenland D Adult Family Home LLC
Goshenland D Adult Family Home
11916 SE 167TH ST
RENTON, WA 98058

RE: Goshenland D Adult Family Home License # 755146

Dear Provider:

This letter addresses Compliance Determination(s) 60388 (Completion Date 05/30/2025) and 58103 (Completion Date 04/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/30/2025 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 05/15/2025 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 388-76-10720-3, WAC 388-76-10720-3-a, WAC 388-76-10720-3-b, WAC 388-76-10805-3, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10530-1-b, WAC 388-76-10530-1-a, WAC 388-76-10375-1, WAC 388-76-10375, WAC 388-76-10375-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10750-6-c

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

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E

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 04/16/2025 of:

Goshenland D Adult Family Home
11916 SE 167TH ST
RENTON, WA 98058

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 | 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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.**

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 5 of 5 residents (Residents 1, 2, 3, 4, and 5) and/or their representatives were aware of the electronic video monitoring in the home. This placed the residents at risk for privacy violations.

Findings included…

On 04/16/2025 at 10:38 AM, observation showed a rectangular shaped video monitor and doorbell combination to the right wall of the main door. There was no sign alerting residents, residents' representatives, or guests of the AFH that they were on video camera in that location.

Record review of Residents 1 and 2's entire files with various dates, did not include signed and dated written notification acknowledgement that showed the residents, or their representatives were aware of the video camera used and who had access to it.

In an interview on 04/16/2025 at 4:59 PM, Staff B, Resident Manager, stated that the video camera had no audio, and Staff A, Entity Representative, was the only person who monitored it. Staff B further stated that the residents' representatives were aware of the video camera that was placed by the main door entrance but there was no signed notification or acknowledgement.

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, Goshenland D Adult Family Home 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 388-76-10805 Automatic smoke alarms.**

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure smoke alarms were interconnected. This failure placed 5 of 5 current residents (Residents 1, 2, 3, 4, and 5) and future residents at risk of harm in the event of a fire.

Findings included…

On 04/16/2025 at 1:30 PM, Staff B, Resident Manager, notified Residents 1, 2, 3, 4, and 5, that the smoke alarms would be turned on for testing.

During an environmental tour, on 04/16/2025 at 1:32 PM, with Staff B, observation showed the smoke alarm in the hallway by Resident 2's bedroom did not activate the rest of the smoke alarms in the AFH when pressed and activated by Staff B. Further observation on 04/16/2025 at 1:33 PM showed the smoke alarm in Resident 1's bedroom activated together with Residents 3, 4, and 5's bedroom but did not activate the other side of the house to include the kitchen, hallway by Resident 2's bedroom,

and Resident 2's bedroom smoke alarms.

In an interview on 04/16/2025 at 1:40 PM, Staff B stated that they did not know that the AFH's smoke alarms were not all interconnected.

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, Goshenland D Adult Family Home 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 388-76-10530 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 24 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;

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide and ensure 2 of 2 sampled residents (Residents 1 and 2) signed and dated the 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. This failure placed Residents 1, 2 and/or their representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included…

RESIDENT 1

On 04/16/2025 at 10:49 AM, observation showed Staff C, Caregiver, provided a bed bath to Resident 1 in their bed.

Record review of Resident 1's notice of services, dated [redacted]/2021, showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2021 (565 days overdue).

In an interview on 04/16/2025 at 3:47 PM, Staff B, Resident Manager, stated that they sent Resident 1's notice of services to their representative in 2023 but the AFH did not receive it back yet.

RESIDENT 2

On 04/16/2025 at 12:27 PM, observation showed Staff C served Resident 2 their lunch at the dining room.

Record review of Resident 2's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 2 on [redacted]/2022. Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (299 days overdue).

In an interview on 04/16/2025 at 3:47 PM, Staff B, Resident Manager, stated that they just needed to set reminders to review and sign the residents' notice of services every two years.

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, Goshenland D Adult Family Home 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

(2) Adult family home.

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) was signed by the resident and/or representative and the AFH representative. This failure placed Resident 1 at risk of unmet care needs and receiving services that were not negotiated and agreed.

Findings included…

On 04/16/2025 at 10:49 AM, observation showed Staff C, Caregiver, provided a bed bath to Resident 1 in their bed.

Review of Resident 1's NCP, dated 08/09/2023, showed it was not signed by the AFH and the resident/resident's representative. Review of Resident 1's current NCP dated 06/26/2024 showed the AFH representative signed on 06/26/2024 but there was no resident and/or resident's representative's signature.

In an interview on 02/27/2025 at 3:50 PM, Staff B, Resident Manager, stated that Resident 1's NCP was not signed because their representative said that they would sign it when they were in the home. Staff B further stated that when Resident 1's representative visited last month, they were not in the home.

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, Goshenland D Adult Family Home 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 388-76-10650 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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an [redacted] and [redacted] for 1 of 2 sampled residents (Resident 1) had an assessment for its safe use, was included in the Negotiated Care Plan (NCP) and had staff directives for care. These failures placed Resident 1 at risk for injury related to inadequate monitoring of the devices and having unrecognized/unmet care needs.

Findings included…

On 04/16/2025 at 10:45 AM, observation showed Resident 1 on an [redacted]. The [redacted] was "on" in setting “68”. The bed had [redacted] on both sides that were raised or in up position.

Record review showed a [redacted] assessment dated 11/21/2024 was done by a qualified assessor but there was no assessment for the use of the [redacted].

Record review of Resident 1's NCP, dated 06/26/2024, showed no caregiver directives for [redacted] and [redacted] used.

In an interview on 04/16/2025 at 4:44 PM, Staff B, Resident Manager, stated that the [redacted] and [redacted] caregiver directives were not included in Resident 1's NCP unintentionally.

In a telephone interview on 04/23/2025 at 5:35 PM, Staff B stated that Resident 1's [redacted] was not assessed because they did not know that it was needed.

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, Goshenland D Adult Family Home 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 388-76-10750 Safety and maintenance. The adult family home must:**

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the water temperature below 120 degrees Fahrenheit in 2 of 2 bathrooms (Bathrooms 1 and 2) used by Residents 1,2, 3, 4, and 5. This failure placed 5 current residents at risk from hot water burns, injury, and harm.

Findings included...

In an interview on 04/16/2025 at 1:25 PM, Staff B, Resident Manager, stated that the

AFH had two bathrooms used by the residents. Residents 2 and 5 used Bathroom 1 independently, while Residents 1 and 3 used it with assistance from staff. Bathroom 2 was in Resident 4's bedroom and used by Resident 4 independently.

On 04/16/2025 at 1:43 PM, observation showed the water in Bathroom 1 sink was steaming and the water temperature registered at 150 degrees Fahrenheit.

On 04/16/2025 at 1:58 PM, observation showed the water in Bathroom 2 sink was steaming and the water temperature registered at 153 degrees Fahrenheit.

In an interview on 04/16/2025 at 1:49 PM, Staff B stated that they assumed the reason for the high-water temperature was because the water temperature regulator was in #3 setting and the weather outside was warming.

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, Goshenland D Adult Family Home 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