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

Celestial Living Adult Family Home LLC
Celestial Living Adult Family Home
21412 113th Pl SE
Kent, WA 98031

RE: Celestial Living Adult Family Home License # 755556

Dear Provider:

This letter addresses Compliance Determination(s) 67779 (Completion Date 10/24/2025) and 64608 (Completion Date 09/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/24/2025 and found that you have corrected the violations listed in the Full report dated 09/02/2025. Your home is back in compliance as of 08/05/2025 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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

Sincerely,

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

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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 08/05/2025 of:

Celestial Living Adult Family Home
21412 113th 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:

Karen Beardsley, NCI

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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A, Provider) completed Tuberculosis (TB) testing within three days of employment. This placed all the residents living in the home at potential risk of exposure to infectious illness.

Findings included…

On 08/05/2025 at 9:38 AM, observation showed Staff A, Provider, assisting Residents 3 and 4 in the living room.

Record review of TB testing records dated 10/30/2017, showed that Staff A had received a positive TB skin test result and had received a chest X-Ray showing no signs of active TB on 10/30/2017.

The Department record titled Provider Summary, dated 08/04/2025, showed Staff A as the licensee for the AFH with a license effective date of 04/29/2022.

On 08/05/2025 at 2:33 PM, during an interview, when asked if they had completed TB testing within three days of opening the home, Staff A stated that they had not and that they had been unaware that they needed further testing.

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, Celestial Living 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