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) 35140 (Completion Date 01/12/2024) and 32238 (Completion Date 11/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/12/2024 and found that you have corrected the violations listed in the Complaint report dated 11/29/2023. Your home is back in compliance as of 11/21/2023 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

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 E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Celestial Living Adult Family Home
Provider Type: Adult Family Home
License/Cert.#: 755556
Intake ID: 107201
Compliance Determination #: 32238
Region/Unit #: RCS Region 2 / Unit E
Investigator: Lyra Ouano
Investigation Date(s): 11/07/2023 through 11/29/2023
Complainant Contact Date(s):

Allegation(s):
One Named Staff (NS) and one Household Member (HM) over the age of 11 who lived in the Adult Family Home (AFH) had expired background checks (BGCs).

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	General AFH Environment Staff/resident interactions Resident/resident interactions NR and Residents' appearance and demeanor Infection Control Procedures Personal Protective Equipment (PPE) Supply
Interviews:	Residents Staff Entity Representative
Record Reviews:	Resident Records Staff Records Background Checks Staff and Household Members Respiratory Protection Plan Infection Control Policy

Investigation Summary:
Observation, interview, and record review showed five well-groomed residents resided in the AFH, with NS and one other staff present. In an interview, the entity representative (ER) stated that they completed BGCs as needed, but record showed they did not complete BGCs every two years. In an interview, two residents said that they did not have any care, services, or safety concerns in the home. Record review showed that the NS's and HM's BGCs were five weeks overdue.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 755556	Compliance Determination # 32238
Plan of Correction	Celestial Living Adult Family Home	Completion Date
Page 1 of 3	Licensee: Celestial Living Adult Family Home LLC	11/29/2023

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 an unannounced on-site complaint investigation on 11/07/2023 and 11/07/2023 of:

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

This document references the following complaint number(s): 104207, 107201

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 investigated the Adult Family Home:

Lori Smith, Nursing Consultant Institutional
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 — 12/04/2023 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.

Statement of Deficiencies	License #: 755556	Compliance Determination # 32238
Plan of Correction	Celestial Living Adult Family Home	Completion Date
Page 2 of 3	Licensee: Celestial Living Adult Family Home LLC	11/29/2023

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 observation, interview, and record review, the adult family home (AFH) failed to obtain a Washington state name and date of birth background check (BGC) for one of two AFH staff (Staff A, Entity Representative) and one of one household members over the age of eleven (HM 1) every two years. This failure placed all residents at risk of harm from caregivers and household members with unknown criminal background history.

Findings included...

During a site visit on 11/07/2023 at 2:27 PM, observation showed five residents lived in the AFH. Additional observation showed two staff (Staff A, Entity Representative, and Staff B, Caregiver) provided care and services for the residents.

In an interview on 11/07/2023 at 2:27 PM, Staff B stated that Staff A, HM1, and three other household members under the age of eleven (HM 2, HM 3, and HM 4) lived in a second story of the AFH.

Record review showed a Background Check Authorization (an application to perform the BGC) for Staff A was dated 9/13/2021. A Background Check Authorization for HM 1 was dated 9/13/2021.

Record review showed BGC's for Staff A and HM 1 were completed on 10/07/2021.

In an email dated 11/15/2023 at 11:01 AM, department staff requested Staff A to provide documentation of BGC results for Staff A and HM 1.

Statement of Deficiencies	License #: 755556	Compliance Determination # 32238
Plan of Correction	Celestial Living Adult Family Home	Completion Date
Page 3 of 3	Licensee: Celestial Living Adult Family Home LLC	11/29/2023

Record review of an email, dated 11/20/2023 at 10:45 AM, showed a BGC Result, dated 11/15/2023, for Staff A, and a BGC Result, dated 11/15/2023, for HM 1. Both BGCs were five weeks overdue.

In an interview on 11/20/2023 at 10:42 AM, Staff A stated that they completed new BGC's because the previous ones were old, from their AFH licensing application in 2021. Staff A stated that they completed BGC's whenever they were needed for filing, and when HM 1 needed it done for a new job.

Attestation Statement

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) 11/21/2023.

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

Provider (or Representative) 12/04/23 Date

Record review of an email, dated 11/20/2023 at 10:45 AM, showed a BGC Result, dated 11/15/2023, for Staff A, and a BGC Result, dated 11/15/2023, for HM 1. Both BGCs were five weeks overdue.

In an interview on 11/20/2023 at 10:42 AM, Staff A stated that they completed new BGC's because the previous ones were old, from their AFH licensing application in 2021. Staff A stated that they completed BGC's whenever they were needed for filing, and when HM 1 needed it done for a new job.

Attestation Statement

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