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) 56323 (Completion Date 03/19/2025) and 51219 (Completion Date 01/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2025 and found that you have corrected the violations listed in the Complaint report dated 01/13/2025. Your home is back in compliance as of 02/07/2025 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 388-76-10400-3-b

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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 an unannounced on-site complaint investigation on 11/19/2024 of:

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

This document references the following complaint number(s): 156147

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

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.

Scotti Bower IDR PM signed for Region 2
Residential Care Services

02/07/2025
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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation and
interview, the Adult Family Home (AFH) failed to ensure the safety of five of five residents (Resident 1, 2, 3, 4, and 5) in the home due to the only caregiver in the home being asleep while on duty. This failure placed all residents at risk of not having their care needs met safely.

Findings included...

Department staff visited
the AFH on 09/24/2024 at 1:15 PM. When Department staff arrived at the home, they followed the sign leading to the side of the home where the AFH was located. There was a small, short gate opened slightly where residents could be seen sitting in the yard. A short walkway led to the main entrance of the AFH from the gate. Department staff greeted Resident
1, Resident 2 and Resident 3 then proceeded to the main door of the AFH and knocked. When no one came to the door, Department staff asked the three residents sitting in the patio if there was a caregiver in the home. Resident 1 stood up and initially identified themself as a caregiver, when asked again they gestured for Department staff to follow them while they opened the door to the home and entered. Resident 1 called out Staff B, Caregiver's name. Staff B was observed sitting on a couch in the furthest part of the common area near

the window with their head leaned back and their eyes closed. Staff B opened their eyes when Resident 1 called their name.

In an attempted interview on 09/24/2024 at 1:25 PM, Staff B told Department staff to direct all questions to Staff A, Provider, who was notified and on their way to the AFH.

Review of Resident 1's negotiated care plan (NCP) dated 09/11/2022 showed they had behaviors of wandering and exit seeking and required supervision.

Review of Resident 2's NCP dated 05/19/2024 showed they had poor balance, history of falls and required oversight with mobility.

Review of Resident 3's NCP dated 12/05/2023 showed they had behaviors of wandering and exit seeking inside the home and required redirection to prevent them leaving the AFH.

Review of Resident 4's NCP dated 04/03/2023 showed they required one person assist for eating, personal hygiene, bathing, all mobility and transfers.

Review of Resident 5's NCP dated 12/12/2022 showed they had behaviors of wandering and exit seeking at least once a week and required redirection to keep them from leaving the AFH.

Further review of Resident 1, 2, 3, 4 and 5's NCPs showed they all required assistance to evacuate in the event of an emergency.

In an interview on 09/24/2024 at 1:56 PM, Staff A stated that they were unsure why Staff B would sleep on duty as they had never done that before.

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