STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Shammah AFH LLC
Goshen Place Adult Family Home
9601 Onyx Dr SW
Lakewood, WA 98498

RE: Goshen Place Adult Family Home License # 756674

Dear Provider:

This letter addresses Compliance Determination(s) 68424 (Completion Date 12/08/2025) and 66036 (Completion Date 09/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/08/2025 and found that you have corrected the violations listed in the Full report dated 09/24/2025. Your home is back in compliance as of 10/14/2025 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 388-76-10265-1-a, WAC 388-76-10265-1-c, WAC 388-76-10165, WAC 388-76-10165-2, WAC 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-b, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 756674	Compliance Determination # 66036
Plan of Correction	Goshen Place Adult Family Home	Completion Date
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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 09/10/2025 of:
Goshen Place Adult Family Home
9601 Onyx Dr SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor
Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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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.

Jennifer LeMaster
Residential Care Services

10/07/2025
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)

10/14/2025
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

(c) Resident manager;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had Tuberculosis (TB, a communicable respiratory disease) testing initiated within three days of employment for 2 of 4 caregivers (Provider and Resident Manager [RM]). This failure placed four residents at risk of harm from potential exposure to TB.

Findings included...

During an administrative/staff record review on 09/10/2025 at 12:55 P.M., Provider, and RM records contained no evidence of tuberculosis testing results. RM's hire date was 05/01/2022.

During an interview on 09/10/2025 at 1:20 P.M., the Provider reported being unsure why these items were missing from the administrative records.

The department received an email from the provider on 09/12/2025 at 12:53 P.M. that included an unidentified medical document for the Provider dated 01/30/2017 and a blood draw report for RM dated 01/31/2025.

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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, Goshen Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/14/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. I will in future make sure the documents are in the staff folder and they are having correct address of the clinic or hospital where vaccination was done I will also observe the duration required to have those done.

Provider (or Representative) Shamwaneen Date 10/14/2025

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had a Final Fingerprint background check for 1 of 4 current caregivers (Staff B). This failure placed all residents at risk of harm by receiving care and services from individuals whose criminal history was unknown.

Findings included...

During an administrative/staff record review on 09/10/2025 at 12:55 P.M., the Provider, and Staff B records contained no evidence of a final fingerprint background check report. Staff B's hire date was 11/13/2024.

During an interview on 09/10/2025 at 1:20 P.M., the Provider reported being unsure where the final fingerprint reports were located.

The department received an email from the provider on 09/12/2025 at 12:53 P.M. that included a final fingerprint report dated 03/30/2023 for the Provider.

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, Goshen Place Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) 10/14/2025

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Going forward I will make sure I check regularly the folders where I put staff documents to make sure all documents are in place. Also to tell my staff never to remove any document from the folder.

Provider (or Representative) Shammah Awerd Date 10/14/2025

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to ensure the coordination of a full emergency evacuation drill for 5 of 5 residents (Resident 1 [R1]; Resident 2 [R2]; Resident 4 [R4]); and Resident 5 [R5]) in a timely manner. This failure placed all residents at risk for potential harm to meet fire safety needs in the AFH.

Findings included...

Administrative/staff record review on 09/10/2025 at 1:40 P.M. showed seven partial evacuation drills dated 08/25/2024, 10/24/2024, 12/22/2024, 02/20/2025, 04/19/2025, 06/18/2025, and 08/19/2025.

Observation at 1:42 P.M. on 09/10/025 showed the Provider looking for the missing full evacuation drill.

During an exit interview on 09/10/2025 at 1:45 P.M., the Provider said they were unsure when a full evacuation drill was completed. The Provider was only able to verify the partial evacuation drills dated for 08/25/2024, 10/24/2024, 12/22/2024, 02/20/2025, 04/19/2025, 06/18/2025, and 08/19/2025.

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The department received an email from the provider on 09/12/2025 at 12:53 P.M. that included a full evacuation drill completed on 09/11/2025.

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, Goshen Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/14/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement: I will make sure I teach the staff that at a specific month we shall be doing full evacuation and I will be sure it is done Also a follow up meeting with staff to make sure we are compliant

Provider (or Representative) Shammah Awen Date 10/14/2025

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 2 of 6 residents (Resident 1[R1] and Resident 5 [R5]). This failure placed R1 and R5 at risk for a medication error.

Findings included...

<Resident 1>

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Record review on 09/10/2025 at 12:05 P.M., of Resident 1s (R1) Medication Administration Record (MAR), dated September 2025, showed Vitamin B-12 (supplement) as a daily dose. R1's September 2025 MAR showed Vitamin B-12 signatures as administered from 09/01/2025 – 09/10/2025. R1's MAR, dated September 2025, did not show signatures of administration for Lamotrigine (for seizures) as a daily dose.

An observation of R1's medication supply, on 09/10/2025, showed that Vitamin B-12 was missing from R1's medication supply. Observation showed Lamotrigine was included in R1's medication supply.

During an interview on 09/10/2025 at 12:19 P.M., the Provider reported they were unsure why the Vitamin B-12 was missing from R1's medication supply and said they were unsure why the MAR was signed as being administered from 09/01/2025 – 09/10/2025. The Provider was unable to confirm or deny if the Lamotrigine was given to R1 in the evenings as ordered.

<Resident 5>

Observations of R5's medication supply on 09/10/2025 at 12:20 P.M. showed Risperidone (for anxiety) was in supply.

Review of R5's September 2025 MAR showed Risperidone was not listed.

In an interview on 09/10/2025 at 12:25 P.M., the Provider confirmed the Risperidone was brought to the home when R5 was admitted to the AFH and R5 had not taken any doses.

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, Goshen Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/14/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. I have talked with the pharmacy anytime they dont include a medication because it is not covered to inform me so that I can plan how it will be covered. I will also tell staff to carefully look or review meds with me every week or now and then to catch any mistake. I will also with make it clear to my clients anything or meds that is not in the MAR/doctors ord it will not be accepted in the house whatsoever.

Provider (or Representative) Maryjwawem Date 10/14/2025