



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

HEAVENLY SHORELINE ADULT FAMILY HOME LLC
HEAVENLY SHORELINE ADULT FAMILY HOME LLC
717 North 184th St
Shoreline, WA 98133

RE: HEAVENLY SHORELINE ADULT FAMILY HOME LLC License # 756993

Dear Provider:

This letter addresses Compliance Determination(s) 56860 (Completion Date 03/24/2025) and 56327 (Completion Date 03/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/24/2025 and found that you have corrected the violations listed in the Complaint report dated 03/17/2025. Your home is back in compliance as of 03/23/2025 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the off-site verification:

Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756993	Compliance Determination # 56327
Plan of Correction	HEAVENLY SHORELINE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: HEAVENLY SHORELINE ADULT FAMILY HOME LLC	03/17/2025

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 03/13/2025 of:

HEAVENLY SHORELINE ADULT FAMILY HOME LLC
717 North 184th St
Shoreline, WA 98133

This document references the following complaint number(s): 169165

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 756993	Compliance Determination # 56327
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Page 2 of 3	Licensee: HEAVENLY SHORELINE ADULT FAMILY HOME LLC	03/17/2025

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.

Renee Bouquie
Residential Care Services

03/19/2025
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.

M: Ilena Gebreger's 3/23/25
Provider (or Representative) Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, and record review, the Adult Family Home (AFH) failed to ensure they paid their annual AFH license fee of \$1350 before the due date on 01/15/2025. This failure resulted in the AFH having an unpaid license fee since 01/16/2025.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 03/13/2025, reviewed, showed the AFH did not pay their annual licensing fee. The Department database showed the balance as \$1350.

Observation, on 03/13/2025 at 3:25 PM, showed that facility is operating without interruptions to any necessary services (electricity, water) and had supplies needed for care.

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.

Renee' Bourque
Residential Care Services

03/19/2025
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 388-76-10025 License annual fee.

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Statement of Deficiencies	License #: 750993	Compliance Determination # 56327
Plan of Correction	HEAVENLY SHORELINE ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: HEAVENLY SHORELINE ADULT FAMILY HOME LLC	03/17/2025

In an interview, on 03/13/2025 at 3:30 PM, Staff Member A, Provider, stated that they started operating and admitting residents just few weeks ago. Staff A believed because they did not have any residents for a year, they did not need to pay annual licensing fee. They stated that they would pay the annual licensing fee as required.

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, HEAVENLY SHORELINE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 03/23/2025.

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

Melena Gebregorgis
Provider (or Representative)

03/23/2025
Date

In an interview, on 03/13/2025 at 3:30 PM, Staff Member A, Provider, stated that they started operating and admitting residents just few weeks ago. Staff A believed because they did not have any residents for a year, they did not need to pay annual licensing fee. They stated that they would pay the annual licensing fee as required.

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, HEAVENLY SHORELINE ADULT FAMILY HOME LLC 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

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