



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

TENDER CARE SOLUTIONS LLC
THE GREAT SHEPHERDS AFH 1
14519 WALLINGFORD AVE N
SHORELINE, WA 98133

RE: THE GREAT SHEPHERDS AFH 1 License # 750117

Dear Provider:

This letter addresses Compliance Determination(s) 61448 (Completion Date 06/23/2025) and 60020 (Completion Date 05/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/23/2025 and found that you have corrected the violations listed in the Complaint report dated 05/22/2025. Your home is back in compliance as of 05/29/2025 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 388-76-10225-2-f

The Department staff who did the on-site verification:
Theresa Karundeng, NCI

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

Sincerely,

Renee Bourque

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

05.28.2025 14:44:04

State of Washington

6/10

RECEIVED

MAY 29 2025

DSHS/AL TSA/RCS



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 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 760117	Compliance Determination # 60020
Plan of Correction	THE GREAT SHEPHERDS AFH 1	Completion Date
Page 1 of 3	Licensee: TENDER CARE SOLUTIONS LLC	06/22/2025

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 05/16/2025 of:

THE GREAT SHEPHERDS AFH 1
 14519 WALLINGFORD AVE N
 SHORELINE, WA 98133

This document references the following complaint number(s): 176225

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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

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05.28.2025 14:44:04

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Statement of Deficiencies	License #: 750117	Compliance Determination # 60020
Plan of Correction	THE GREAT SHEPHERDS AFH 1	Completion Date
Page 2 of 3	Licensee: TENDER CARE SOLUTIONS LLC	05/22/2025

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.

Alfredo Brown
Residential Care Services

05/28/2025
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.

[Signature]
Provider (or Representative)

5/29/2025
Date

WAC 388-76-10225 Reporting requirement.

- (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
 - (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure the case manager was notified when 1 of 1 resident (Resident 1) had a head injury. This failure placed Resident 1 at risk for delayed management, and unmet care needs.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP), dated 07/19/2024, showed Resident 1 was admitted to the AFH on [redacted] 2021 with multiple medical diagnoses.

Review of Resident 1's incident report, dated 04/21/2025, showed Resident 1 had a fall with an injury to their head. Review of Resident 1's incident report showed the AFH had not documented that Resident 1's case manager was notified.

In an interview, on 05/22/2025 at 12:01 PM, Collateral Contact 1 (CC1) stated that they were not aware that Resident 1 had sustained an injury to their head. CC1 stated that the AFH had not notified them of the incident. CC1 stated that the AFH should have notified them of Resident 1's incident.

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05.28.2025 14:44:04

State of Washington


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Statement of Deficiencies	License #: 750117	Compliance Determination # 60020
Plan of Correction	THE GREAT SHEPHERDS AFH 1	Completion Date
Page 3 of 3	Licensee: TENDER CARE SOLUTIONS LLC	05/22/2025

In an interview, on 05/22/2025 at 2:03 PM, Staff B, Administrative, stated that they forgot to notify Resident 1's case manager of Resident 1's fall with injury. Staff B stated that they should have notified Resident 1's case manager of the incident.

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, THE GREAT SHEPHERDS AFH 1 is or will be in compliance with this law and / or regulation on (Date) 05/29/2025.

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

Provider (or Representative)  Date: 05/29/2025

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WAC 388-76-10225


Reporting requirement.

2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This was corrected on 5/22/2025. Emailed the case manager and apologized for forgetting to include her in my email for reporting. I am usually good at reporting to everyone for all my clients when there are falls or any other incidents but forgot on this day. I do apologize. I will ensure that this will not happen again.

Vicky Spiers – AFH Admin/Representative



AFH Representative

05/29/2025

Date

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