



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

July 26, 2021

Shangri-La Home Care AFH, LLC
SHANGRI LA HOME CARE AFH LLC
104 N 177TH STREET
SHORELINE, WA 98133

RE: SHANGRI LA HOME CARE AFH LLC License #753349

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on July 15, 2021 for the deficiency or deficiencies cited in the report/s dated June 7, 2021 and found no deficiencies.

The Department staff who did the inspection:
Alfredo Brown, AFH Licensors
Hang Lu, Licensors

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services

RECEIVED

JUN 22 2021

DSHS/ALTSARCS



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 753349	Completion Date
Plan of Correction	SHANGRI LA HOME CARE AFH LLC	June 7, 2021
Page 1 of 4	Licensee: Shangri-La Home Care AFH, LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of: 6/3/2021

SHANGRI LA HOME CARE AFH LLC
104 N 177TH STREET
SHORELINE, WA 98133

The department staff that inspected the adult family home:

Hang Lu, BSN, Licensor
Alfredo Brown, AFH Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

As a result of the on-site full inspection 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

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

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

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:


Based on record review and interview, the adult family home (AFH) failed to ensure one of four caregivers (Staff C) obtained a national fingerprint background check (FP BGC). This failure placed the residents at risk of being cared for by someone who may have a disqualifying criminal background.

Findings included...

Record review showed Staff C was hired on 12/30/2019. Record review showed Staff C had an interim FP BGC, expired on 12/29/2022. There was no evidence Staff C had a final FP BGC on file. In an interview on 06/03/2021 at 11:25 AM, Staff A, Entity Representative, stated that Staff C had not obtained a FP BGC since he was hired. Staff A acknowledged that Staff C should have done the fingerprint in January or February 2020 (before the start of the Covid-19 pandemic).

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/11/2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

6/15/2021

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:

(b) Entity representative;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure one of four caregivers (Staff A) completed the Tuberculosis (TB) testing within three days of hire. This failure placed the residents at risk of being exposed to someone who may have a communicable disease.

Findings included...


Record review showed the change of ownership (CHOW) took place on 05/25/2017. During an

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

interview on 06/03/2021 at 11:28 AM, Staff A (Entity Representative) confirmed that her date of hire was 05/25/2017. Record review showed Staff A had documentation of a negative TB skin test, dated 04/03/2014. There was no evidence Staff A completed the TB test within three days of hire. In an interview on 06/03/2021 at 11:30 AM, Staff A stated that she did not understand what the two step TB skin test was. Staff A stated that she thought she had met the TB test requirement already.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/22/2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

6/15/2021

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to maintain the resident bathrooms in clean and sanitary condition. This failure placed four of four residents (Residents 1, 2, 3 & 4) at risk of a decreased quality of life.

Findings included...

During a tour of the home with Staff A, Entity Representative, on 06/03/2021 at 1:55 PM, the following observations were made:

- Resident bathroom located in the hallway on the main floor: The caulking around the shower floor had black stains in most areas. There was also brown organic matter in the grout on the tiled shower wall.

-Resident bathroom located on the lower level: The caulking around the shower floor had black stains and it (the caulking) had broken off in some areas. There was also brown organic matter in the grout on the tiled shower wall. There were dust bunnies on the ceiling fan.

In an interview on 06/03/2021 at 2:00 PM, Staff A, Entity Representative, stated that she would get it all cleaned up.

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, SHANGRI LA HOME CARE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/12/2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Catherine M. L.
Provider (or Representative)

6/15/2021
Date