STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

GOOD SHEPHERD HOME INC
Good Shepherd Home Inc
15527 Burke Ave N
Shoreline, WA 98133

RE: Good Shepherd Home Inc License # 753358

Dear Provider:

This letter addresses Compliance Determination(s) 73489 (Completion Date 02/20/2026) and 68467 (Completion Date 12/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/20/2026 and found that you have corrected the violations listed in the Complaint report dated 12/24/2025. Your home is back in compliance as of 12/30/2025 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:
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

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

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 11/07/2025 of:

Good Shepherd Home Inc
18361 DAYTON PLACE NORTH
SHORELINE, WA 98133

This document references the following complaint number(s): 201019, 206605

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

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

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.

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

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 interviews and records review, the adult family home (AFH) failed to report to their Department case manager when 1 of 1 resident (Resident 1) who had a change in condition and was sent to the hospital as required. This failure caused a delay in the required processing on the part of the Department.

Findings included…

During an interview on 11/07/2025 at 10:21 AM, Staff B, Caregiver, stated that during rounds, Resident 1 had a fever of 103 degrees Fahrenheit and low oxygen saturation (a measure of how much oxygen the is carried by red blood cells in the body) of 80 percent. Staff B stated that emergency services were called and Resident 1 was transferred to the hospital for further assessment and treatment. Staff B stated that they notified Resident 1’s representative and Staff A, Provider.

In a telephone interview on 11/07/2025 at 11:07 AM, Staff A stated that they did not inform the Department case manager about Resident 1’s change in condition and subsequent hospitalization because Resident 1’s representative had already done so.

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

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, Good Shepherd Home Inc 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

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