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

08/14/2026

Divine Living Adult Family Homecare LLC
Divine Living Adult Family Homecare
34318 43rd Ave S
Auburn, WA 98001

RE: Divine Living Adult Family Homecare # 754464

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 82257 (Completion Date 08/14/2026) and 79615 (Completion Date 06/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/14/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

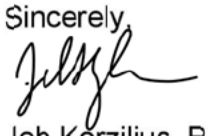
(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

The Department staff who did the On Site verification:
Dahl Kim, Field Manager
Elaine Ross Angeles, Licensor

If you have any questions, please contact me at (425)599-5235.

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

Sincerely,



Jeb Korzilius, Regional Administrator
Region 2, Unit G
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 follow-up on 06/26/2026 of:
Divine Living Adult Family Homecare
34318 43rd Ave S
Auburn, WA 98001

This document references the following SOD dated: 06/26/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Elaine Ross Angeles, Licensor
Dahl Kim, Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
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 — 7-8-2026 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) — 7/22/26 Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature did not exceed 120 degrees Fahrenheit at 1 of 3 bathroom sinks used by 1 of 6 residents (Resident 5). This failure placed Resident 5 at risk of burns.

Findings included...

At 9:00 am, 06/26/2026 at entrance, Staff C, Caregiver stated six residents resided at the AFH.

At 9:30 am, 06/26/2026, when the department staff asked Staff C to check water temperature, Staff C stated that they could not find a thermometer to do so. On 06/26/2026 at 9:35 am when the department staff checked water temperature [using department's thermometer] at the bathroom used by Resident 5 with Staff C, observation showed water temperature at 124.4 degrees Fahrenheit. Staff C stated that Resident 5 usually brush his teeth at the sink. Staff C further stated that the AFH had two different water tanks. Resident 5's bathroom drew from a different water tank from the one for the main bathroom and a small bathroom by the dining room.

At 10:48 am, when checked again with Staff B, Resident Manager, water temperature

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Residential Care Services | Date

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Provider (or Representative) | Date

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Findings included...

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At 10:48 am, when checked again with Staff B, Resident Manager, water temperature

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was 121.7 degrees Fahrenheit. Staff B stated they had service people checked water tanks recently and water temperature was fine then. Staff B further stated they will need to bring them back to work on it.

This is an uncorrected deficiency previously cited on 06/04/2026.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 7/22/26.

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

Provider (or Representative) _____ Date 7/22/26

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication administration for 1 of 2 residents (Resident 6) was performed with proper nurse delegation. This failure placed Resident 6 at risk of medical errors.

Findings included...

Observation at 9:10 am, 06/26/2026 showed Resident 6 sat at the dining table just finishing breakfast. Staff C, Caregiver grabbed a small spoon from the kitchen drawer and approached where Resident 6 was sitting. Staff C scooped medications out of a small cup on the table and administered these medications by spoon to Resident 6. When Department staff told Staff C that they performed medication administration, Staff C acknowledged that they spoon fed medications to Resident 6.

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Provider (or Representative) Date

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(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication administration for 1 of 2 residents (Resident 6) was performed with proper nurse delegation. This failure placed Resident 6 at risk of medical errors.

Findings included…

Observation at 9:10 am, 06/26/2026 showed Resident 6 sat at the dining table just finishing breakfast. Staff C, Caregiver grabbed a small spoon from the kitchen drawer and approached where Resident 6 was sitting. Staff C scooped medications out of a small cup on the table and administered these medications by spoon to Resident 6. When Department staff told Staff C that they performed medication administration, Staff C acknowledged that they spoon fed medications to Resident 6.

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At 9:25 am, 06/26/2026 by phone, Staff B, Resident Manager stated that the only medication assistance they provided for Resident 6 was by giving Resident 6 a cup and then letting them take their medications. Staff B stated they did not know why Staff C spoon fed the resident with medications. Staff B further stated Staff C probably tried to be more helpful.

At 9:47 am, 06/26/2026, Staff C stated that Staff B usually handled medications. Staff C said they had never spoon fed Resident 6 with medications before. Staff C further stated that Resident 6 was getting worse, having difficulty even holding a cup and that was why they administered.

On 06/26/2026, Department staff requested Resident's 6's nurse delegation and Negotiated Care Plan (NCP). The AFH nurse delegation binder did not show nurse delegation document for Resident 6. Resident 6's NCP, dated 04/12/2026 showed, "[Resident 6] is able to take oral medications with standby assistance" under medication management category. Nurse delegation was check marked, "no."

This is an uncorrected deficiency previously cited on 06/04/2026.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 6/26/26

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

Provider (or Representative) — Date 7/22/26

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At 9:25 am, 06/26/2026 by phone, Staff B, Resident Manager stated that the only medication assistance they provided for Resident 6 was by giving Resident 6 a cup and then letting them take their medications. Staff B stated they did not know why Staff C spoon fed the resident with medications. Staff B further stated Staff C probably tried to be more helpful.

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Provider (or Representative) Date

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 the unannounced on-site full inspection on 05/22/2026 of:
Divine Living Adult Family Homecare
34318 43rd Ave S
Auburn, WA 98001

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Dahl Kim, Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

Statement of Deficiencies	License #: 754464	Compliance Determination # 77889
Plan of Correction	Divine Living Adult Family Homecare	Completion Date
Page 2 of 5	Licensee: Divine Living Adult Family Homecare LLC	06/04/2026

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 — 06/08/2026 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 6/11/26

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure the medication storage was locked for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). The AFH also failed to ensure medications were locked in refrigerator for 1 of 1 resident (Resident 4). These failures placed the residents at risk of harm should person other than whose medications were prescribed have access to medications.

Findings included...

At 12:05 pm, 05/22/2026, Staff C, Caregiver stated Resident 2 had a noon medication. Observation showed the medication cabinet was not locked when Staff C opened the medication cabinet. Staff C took the labeled bubble pack out of the cabinet drawer, popped one medication into a small cup, and returned the rest of the bubble pack into the drawer. Staff C did not lock the cabinet.

Review of Resident 4's record showed the resident was prescribed insulin Glargine and Lispro (long acting and rapid acting insulin used to manage Diabetes).

Observation at 3:10 pm, 05/22/2026, Staff B opened a small refrigerator at the request of department staff. Observation showed two small boxes of insulin in the refrigerator unlocked on the top shelf. Staff B acknowledged the medications were not locked.

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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.

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 _____

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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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 6/11/26.

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

Provider (or Representative) [signature] Date 6/11/26

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure hot water temperature did not exceed 120 degrees Fahrenheit at 3 of 3 bathroom sinks used by residents. This failure placed all residents at risk of burns.

Findings included...

At 8:20 am, 05/22/2026 at entrance, Staff C, Caregiver stated six residents resided at the AFH.

During the environmental tour with Staff B, Resident Manager at 9:50 am, 05/22/2026, when the department staff asked Staff B to check water temperature at Bathroom 1 sink, Staff B stated they did not have a thermometer to do so. Staff B stated that water temperature was set at below 120 degrees a few years ago and they have never changed the temperature. When the department staff checked with Staff B, observation showed water temperature at 124 degrees Fahrenheit.
-At 9:54 am, 05/22/2026 when checked at Bathroom 2 sink, water temperature was 123.2 degrees Fahrenheit.
-At 10:05 am, 05/22/2026 when the department staff checked with Staff B, water temperature at Bathroom 4 sink was 123.4 degrees Fahrenheit.

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Provider (or Representative) Date

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When checked again with Staff B at 12:27 pm, 05/22/2026, water temperature at Bathroom 4 sink was 108 degrees Fahrenheit. Staff B stated they lowered the water temperature. When checked again at Bathroom 1 sink at 3:05 pm, 05/22/2026, water temperature was 108 degrees Fahrenheit.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 6/11/26.

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Provider (or Representative) 6/11/26 Date

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(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication administration for 1 of 1 sampled resident (Resident 4) was performed by a staff with proper nurse delegation. This failure placed the resident at risk of medical complications.

Findings included...

Observation at 12:48 pm, 05/22/2026 showed Resident 4 playing puzzle in the activity/TV room. Resident 4 stated that the resident had lost some weight and tried to keep up with it. Staff C, Caregiver asked Resident 4 if they were hungry. Resident 4 responded that they had late breakfast and may have some salad. At 12:55 pm, 05/22/2026, Staff C brought a bowl of green salad with croutons.

Review of Resident 4's record showed the AFH admitted the resident on [redacted]/2026 and had the nurse delegation consent signed on the same date. The nurse delegation was for administration of Insulin Glargine (long acting insulin used to manage diabetes) and

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When checked again with Staff B at 12:27 pm, 05/22/2026, water temperature at Bathroom 4 sink was 108 degrees Fahrenheit. Staff B stated they lowered the water temperature. When checked again at Bathroom 1 sink at 3:05 pm, 05/22/2026, water temperature was 108 degrees Fahrenheit.

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Lispro (rapid acting insulin used to manage diabetes) on sliding scale, Ammonium Lactate 12% lotion/miconazole powder and Continuous Positive Airway Pressure (CPAP- treatment to keep the throat open during sleep) therapy at night. The nurse delegation record showed Staff A, Representative, Staff B, Resident Manager and Staff C were nurse delegated to perform medication administration and CPAP therapy.

When interviewed at 2:15 pm, 05/22/2026, Resident 4 stated that they had left knee pain and Staff C or Staff D, Caregivers applied the lotion on their leg when ready for bed.

Staff record review showed Staff D was hired on 04/25/2026 and received the AFH orientation from 04/25/2026 to 04/29/2026. Staff B stated Staff D began working after the orientation. Staff D had not completed the nurse delegation training and was not nurse delegated to administer the lotion.

During the exit interview at 3:45 pm, 05/22/2026, the department staff said that according to Resident 4, Staff D applied the lotion on their left leg. Staff D was not nurse delegated. Staff B confirmed and stated that was "my fault" and that they were only thinking about delegation for insulin administration.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 6/11/26.

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

Provider (or Representative) — Date 6/11/26

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Lispro (rapid acting insulin used to manage diabetes) on sliding scale, Ammonium Lactate 12% lotion/miconazole powder and Continuous Positive Airway Pressure (CPAP- treatment to keep the throat open during sleep) therapy at night. The nurse delegation record showed Staff A, Representative, Staff B, Resident Manager and Staff C were nurse delegated to perform medication administration and CPAP therapy.

When interviewed at 2:15 pm, 05/22/2026, Resident 4 stated that they had left knee pain and Staff C or Staff D, Caregivers applied the lotion on their leg when ready for bed.

Staff record review showed Staff D was hired on 04/25/2026 and received the AFH orientation from 04/25/2026 to 04/29/2026. Staff B stated Staff D began working after the orientation. Staff D had not completed the nurse delegation training and was not nurse delegated to administer the lotion.

During the exit interview at 3:45 pm, 05/22/2026, the department staff said that according to Resident 4, Staff D applied the lotion on their left leg. Staff D was not nurse delegated. Staff B confirmed and stated that was “my fault” and that they were only thinking about delegation for insulin administration.

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_____ _____

Provider (or Representative) Date

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Plan/Attestation Statement

- Medication Storage: Medication cabinet drawer and medications in the refrigerator was locked immediately on the day of inspection when it was corrected by inspector.

  Will make sure medication cabinet drawer and the medications in the refrigerator will be locked all times.

- Water Temperature: Water temperature was lower while inspector on site. Correction was made immediately while inspector on site.

  Will check water temperature frequently to ensure the right water temperature.

- Nurse Delegation: Caregiver immediately stopped with delegated chores with Resident. He has completed Nurse Delegation Core and he will be delegated by delegating nurse.

Divine Living Adult Family Homecare LLC

Divine Living Adult Family Homecare #754464

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