STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Shekinah Adult Family Home LLC

Shekinah Adult Family Home LLC
8219 203rd Street Ct E
Spanaway, WA 98387

RE: Shekinah Adult Family Home LLC License # 754507

Dear Provider:

This letter addresses Compliance Determination(s) 82792 (Completion Date 09/15/2026) and 79328 (Completion Date 07/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/15/2026 and found that you have corrected the violations listed in the Full report dated 07/17/2026. Your home is back in compliance as of 06/26/2026 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 388-76-10198, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-4, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit F
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 06/22/2026 and 06/24/2026 of:

Shekinah Adult Family Home LLC
8219 203rd Street Ct E
Spanaway, WA 98387

The following sample was selected for review during the unannounced on-site visit: 0 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

07/17/2026
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.

Hellen Mwaura
Provider (or Representative)

07/28/2026
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to have documents related to staff readily available including a current Washington state Name and Date of birth background check report for 1 of 5 current caregivers (Resident Manager (RM)) and required trainings for 1 of 5 caregivers (RM). This failure placed all residents at risk of harm by receiving care and services from an individual whose criminal history for caregiving staff and completed required training is unknown.

Findings included...

During an administrative/staff record review on 06/22/2026 at 1:15 P.M., Resident Manager (RM) records contained no evidence of a current Washington state Name and

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.

Jennifer LeMaster
Residential Care Services

07/17/2026
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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to have documents related to staff readily available including a current Washington state Name and Date of birth background check report for 1 of 5 current caregivers (Resident Manager (RM)) and required trainings for 1 of 5 caregivers (RM). This failure placed all residents at risk of harm by receiving care and services from an individual whose criminal history for caregiving staff and completed required training is unknown.

Findings included...

During an administrative/staff record review on 06/22/2026 at 1:15 P.M., Resident Manager (RM) records contained no evidence of a current Washington state Name and

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

Date of Birth background check, Food Handlers card or cardiopulmonary resuscitation (CPR)/First Aid certifications. RM's hire date was 09/21/2021.

Observation on 06/22/2026 at 1:17 P.M. showed Provider looking for RM's Washington state Name and Date of Birth background check report.

During an interview on 06/22/2026 at 1:20 P.M., Provider reported RM is only in the home sometimes and comes when needed. Provider stated she would forward RM's Washington state Name and Date of Birth background check report, Food Handlers and CPR/First certifications to the department via email.

On 06/23/2026 at 11:45 P.M. the department received an email from the Provider that included RM's CPR/First Aid certification with an expiration date of 07/2026 and Food Handlers certification completed on 06/23/2026.

As of 07/06/2026 the department has not received a Washington state Name and Date of Birth background check report for RM.

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, Shekinah Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 07/28/2026 .

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

Hellen Mwaura — Provider (or Representative)

07/28/2026 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter

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

Date of Birth background check, Food Handlers card or cardiopulmonary resuscitation (CPR)/First Aid certifications. RM's hire date was 09/21/2021.

Observation on 06/22/2026 at 1:17 P.M. showed Provider looking for RM's Washington state Name and Date of Birth background check report.

During an interview on 06/22/2026 at 1:20 P.M., Provider reported RM is only in the home sometimes and comes when needed. Provider stated she would forward RM's Washington state Name and Date of Birth background check report, Food Handlers and CPR/First certifications to the department via email.

On 06/23/2026 at 11:45 P.M. the department received an email from the Provider that included RM's CPR/First Aid certification with an expiration date of 07/2026 and Food Handlers certification completed on 06/23/2026.

As of 07/06/2026 the department has not received a Washington state Name and Date of Birth background check report for RM.

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, Shekinah 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

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter

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

medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 1 of 4 residents (Resident 2 [R2]). This failure placed R2 at risk of not receiving medications as ordered.

Findings included...

<Resident 2>

Record review on 06/22/2026 at 1:08 P.M. of Resident 2's (R2) Medication Administration Record (MAR), dated June 2026, showed Albuterol (for wheezing), and Fluticasone (for allergies) were prescribed as needed or PRN.

Observation of R2's medication supply, on 06/22/2026 at 1:11 P.M. showed Albuterol, and Fluticasone were not included in R2's medication supply.

During an interview on 06/22/2026 1:12 P.M. Provider reported contacting the pharmacy on Saturday 06/20/2026 and again that morning to order Albuterol, and Fluticasone.

On 06/23/2026 at 11:45 P.M. the department received an email from the Provider that included R2's medication order electronically signed by R2's medical Provider on 06/23/2026 for Albuterol received by the pharmacy.

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, Shekinah Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/23/2026 .

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

Hellen Mwaura — Provider (or Representative)

07/28/2026 — Date

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

medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 1 of 4 residents (Resident 2 [R2]). This failure placed R2 at risk of not receiving medications as ordered.

Findings included...

<Resident 2>

Record review on 06/22/2026 at 1:08 P.M. of Resident 2's (R2) Medication Administration Record (MAR), dated June 2026, showed Albuterol (for wheezing), and Fluticasone (for allergies) were prescribed as needed or PRN.

Observation of R2's medication supply, on 06/22/2026 at 1:11 P.M. showed Albuterol, and Fluticasone were not included in R2's medication supply.

During an interview on 06/22/2026 1:12 P.M. Provider reported contacting the pharmacy on Saturday 06/20/2026 and again that morning to order Albuterol, and Fluticasone.

On 06/23/2026 at 11:45 P.M. the department received an email from the Provider that included R2's medication order electronically signed by R2's medical Provider on 06/23/2026 for Albuterol received by the pharmacy.

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, Shekinah 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

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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

Shekinah Adult Family Home LLC
Shekinah Adult Family Home LLC
8219 203rd Street Ct E
Spanaway, WA 98387

RE: Shekinah Adult Family Home LLC # 754507

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/17/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/17/2026), no later than 08/31/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

The Adult Family home failed to have a system in place to ensure residency agreements were signed for 4 of 4 residents who required them. The Provider stated they were not aware of this new requirement and will have residency agreements signed. This resulted in no resident harm. Consultation given.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

The Adult Family Home failed to have a Medical Test Site certification in place to

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

perform tests on a resident for the purpose of diagnosis, treatment, or prevention of disease as required for 4 of 4 residents (Resident 1 Resident 2, Resident 3, and Resident 4). The Provider forwarded a Medical Test Site Waiver certification to the department on 06/24/2026. This resulted in no resident harm. Consultation given.

WAC 388-76-10192 Liability insurance required Coverage requirements.

(1) The liability insurance coverage required under WAC 388-76-10191 must include:

(a) Losses or allegations or both caused by errors and omissions of the adult family home or its employees or volunteers;

(b) Coverage for bodily injury, property damage, and contractual liability; and

(c) Coverage for premises, operations, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract.

(2) Each of the required liability insurance policies must cover a minimum limit of:

(a) Each occurrence at $500,000; and

(b) General aggregate at $1,000,000.

The Adult Family Home failed to have proof of continued liability insurance coverage in the home. The Provider forwarded a current certification of insurance coverage with a start date of 06/17/2026. This resulted in no resident harm. Consultation given.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

The adult family home (AFH) failed to have a succession plan in the home to ensure an emergency plan is available for the home as required for 4 of 4 residents (Resident 1 Resident 2, Resident 3, and Resident 4). The Provider forwarded a complete succession plan to the department on 06/24/2026. This resulted in no resident harm. Consultation given

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

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

---

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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