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

Golden Heart Adult Family Home LLC
Golden Heart Adult Family Home LLC

,

RE: Golden Heart Adult Family Home LLC License # 754956

Dear Provider:

This letter addresses Compliance Determination(s) 75597 (Completion Date 04/08/2026) and 72775 (Completion Date 02/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/08/2026 and found that you have corrected the violations listed in the Full report dated 02/19/2026. Your home is back in compliance as of 02/21/2026 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 388-76-10230-3, WAC 388-76-10430-2-d, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-2

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

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 02/10/2026 of:
Golden Heart Adult Family Home LLC
11442 SE 186TH ST
RENTON, WA 98055

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

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

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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

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 pets (Cat 1 and Cat 2) living in the home had a record of up-to-date rabies vaccinations. This failure placed residents at risk of exposure to diseases transmitted from animals.

Findings included…

During unannounced visit to the AFH on 02/10/2026 at 10:58 AM, observation showed two cats inside Resident 2's bedroom next to Resident 2 who was sitting on their wheelchair.

In an interview on 02/10/2026 at 10:58 AM, Resident 2 stated that they owned Cat1 and 2.

Review of records showed the rabies vaccination for Cat 1 and 2 expired on 04/02/2025 (315 days overdue).

In an interview on 02/10/2026 at 2:50 PM, Staff B, Co-Provider and Resident Manager, stated that Resident 2's representative was responsible for Cat 1 and 2's vaccination but did not take the cats yet to the veterinarian for the rabies vaccination.

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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, Golden Heart 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.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure the prescribed as needed medications ordered for 1 of 2 sampled residents (Resident 1) were available. This failure placed Resident 1 at risk for not receiving the medications when needed due to unavailability of the medications prescribed.

Findings included...

In an interview on 02/10/2026 at 12:17 PM, Staff B, Co-Provider/Resident Manager, stated that Resident 1 required medication administration from staff.

On 02/10/2026 at 3:20 PM, review of Resident 1's physician order, medication log, and medications supply showed the following:

A review of the doctor's order dated 06/22/2020 showed; "Quetiapine Fumarate (a medication used to treat a variety of mental health conditions) 25 milligrams (mg) two tablets (50 mg) by mouth three times daily.

A review of the doctor’s order dated 06/15/2020 showed; “Peri-Colace tablet 8.6/50 mg. tablet (a medication used to treat constipation). Take one tablet by mouth twice daily as needed for constipation”.

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A review of the January 2026 medication log showed the Quetiapine Fumarate and Peri-Colace were listed as ordered.

On 02/10/2026 at 3:20 PM, observation showed the prescribed as needed Quetiapine Fumarate and Peri-Colace were not in Resident 1's medication supply.

In an interview on 02/10/2026 at 3:30 PM, Staff B stated that they removed Resident 1’s Quetiapine Fumarate and Peri-Colace from their medication supply because they expired. Staff B further stated that they re-ordered the above medications two days ago but not delivered yet by 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, Golden Heart 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

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(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 2's representative at risk of being unaware of the current house rules, services, and costs.

Findings included…

On 02/06/2026 at 10:58 AM, observation showed Resident 2 was in the AFH.

Review of Resident 2's notice of services, dated [redacted]/2024, showed the AFH admitted Resident 2 on [redacted]/2024. Further record review showed Resident 2's Representative and the AFH last reviewed and signed the notice of services on [redacted]/2024 (37 days overdue).

In an interview on 02/06/2026 at 3:54 PM, Staff B, Co-Provider and Resident Manager, said that Resident 2's admission agreement was not reviewed because they were still waiting for Resident 2's Power of Attorney to come to the AFH so they could sign.

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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, Golden Heart 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

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