STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Golden Hill Care Adult Family Home LLC

Golden Hill Care Adult Family Home LLC
16744 ASHWORTH AVE N
SHORELINE, WA 98133

RE: Golden Hill Care Adult Family Home LLC License # 755472

Dear Provider:

This letter addresses Compliance Determination(s) 71858 (Completion Date 01/23/2026) and 69403 (Completion Date 12/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/23/2026 and found that you have corrected the violations listed in the Full report dated 12/08/2025. Your home is back in compliance as of 12/12/2025 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 388-76-10198-4, WAC 388-76-10375-1

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.

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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 12/01/2025 of:
Golden Hill Care Adult Family Home LLC
16744 ASHWORTH AVE N
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support 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 388-76-10198 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:

(4) Criminal history disclosure and background check results 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 a Fingerprint Background Checks (FBGC) results were readily available for 1 of 2 staff (Staff B, Caregiver). This failure placed current and future residents at risk of receiving care from Staff with unknown FBGC results.

Findings included …

During an unannounced visit to the AFH on 12/01/2025 at 10:25 AM, from 10:33 AM, observation showed Staff B interacted and provided care to Resident 2 in their bedroom.

In an interview on 12/01/2025 at 2:32 PM, Staff A, Entity Representative, said that Staff B worked as a full-time caregiver in the home.

Personnel record review showed the AFH hired Staff B as a caregiver on 11/06/2024. Staff B did not have FBGC results on file.

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

In an interview on 12/01/2025 at 5:02 PM, Staff A stated that Staff B had a fingerprint done by their former employer but could not find it.

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 Hill Care 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 1 of 2 residents (Resident 1) was signed by the resident or their representative. This failure placed Resident 1 at risk of unmet care needs and receiving services that were not negotiated and agreed.

Findings included…

During the unannounced visit to the AFH on 12/01/2025 at 11:53 AM, observation showed Staff B, Caregiver, interacted and provided care to Resident 1 in the dining room.

Review of Resident 1's notice of services, dated [redacted]/2025, showed the AFH admitted Resident 1 on [redacted]/2025.

Review of Resident 1's NCP, dated [redacted]/2025 and 07/09/2025, showed it was signed by the AFH representative on [redacted]/2025 and 07/09/2025. Further record reviews of the [redacted]/2025 and 07/09/2025 NCPs showed no signature by Resident 1 or its representative.

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In an interview on 12/01/2025 at 4:07 PM, Staff A, Entity Representative, stated that Resident 1's [redacted]/2025 and 07/09/2025 NCPs were not signed by the resident or its representative because Resident 1's representative forgot to sign it.

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 Hill Care 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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