STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Angel Care First LLC

Angel Care First LLC
9224 59th Dr NE
Marysville, WA 98270

RE: Angel Care First LLC License # 755849

Dear Provider:

This letter addresses Compliance Determination(s) 83324 (Completion Date 09/11/2026) and 81685 (Completion Date 08/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/11/2026 and found that you have corrected the violations listed in the Full report dated 08/12/2026. Your home is back in compliance as of 08/23/2026 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 388-76-10430-1, WAC 388-76-10430-2-a, WAC 388-76-10430-2-b, WAC 388-76-10430-2-c, WAC 388-76-10430-3

The Department staff who did the off-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 08/05/2026 of:
Angel Care First LLC
9224 59th Dr NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 1 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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Statement of Deficiencies	License #: 755849	Compliance Determination # 81585
Plan of Correction	Angel Care First LLC	Completion Date
Page 2 of 4	Licenses: Angel Care First LLC	08/12/2026

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.

Nicholette Flynn
Residential Care Services

08/14/2026
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)

8/21/26
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:

(a) Assessment indicates the amount of medication assistance needed by the resident;

(b) Negotiated care plan identifies the medication service that will be provided to the resident;

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

(3) Records are kept which include a current list of prescribed and over-the-counter 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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a system was in place to maintain an accurate medication list that included over the counter (OTC) medications and failed to ensure that Resident 2's assessment and negotiated care plan (NCP) reflected the level of independence in care needed with their OTC medications. These failures placed Resident 2 at risk for medication errors and health complications.

Findings included...

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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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(b) Negotiated care plan identifies the medication service that will be provided to the resident;

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

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

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Findings included…

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Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses. Resident 2's assessment, dated 01/14/2026, showed that Resident 2 required medication assistance. Resident 2's assessment showed that Resident 2 administered their own topical medications and inhaler.

Observation of Resident 2's bedroom on 08/05/2026 at 11:32 AM, showed a small shelf cart with OTC medications stored on the top shelf. The OTC medications observed were:

- Multivitamin
- Melatonin (medication used to aid with sleep)
- Cranberry Supplement
- Iron (supplement)
- B12 (supplement)
- Vitamin A (supplement)
- Dulcolax (medication used to treat constipation)
- Vitamin C (supplement)

Interview on 08/05/2026 at 11:32 AM, Resident 2 stated that they purchased their own vitamins and that they were able to manage their own vitamins. Resident 2 stated that their doctor was aware they were taking vitamins.

Record review of Resident 2's August 2026 medication log showed no OTC medications listed that matched the vitamins observed in Resident 2's bedroom.

Record review of Resident 2's NCP, dated 01/02/2026, showed that Resident 2 required medication assistance. Resident 2's NCP did not show that Resident 2 had OTC medications that they self-administered.

Interview on 08/05/2026 at 11:50 AM, Staff A (Entity Representative) stated that they were aware of some the vitamins Resident 2 had in their room. Staff A stated they provided Resident 2 with a lock box to secure the medications they were assessed to administer independently. Staff A stated they were not aware that it was required to include OTC medications and vitamins on resident medication lists.

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

Statement of Deficiencies	License #: 755649	Compliance Determination # 81585
Plan of Correction	Angel Care First LLC	Completion Date
Page 4 of 4	Licenses: Angel Care First LLC	08/12/2026

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, Angel Care First LLC is or will be in compliance with this law and / or regulation on (Date) 8/12/26 .

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

Provider (or Representative) — Date: 8/12/26

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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, Angel Care First 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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Plan of Correction

Agency	Angel Care First LLC
License	#755849
Citation date	08/12/2026
Submission date	8/21/26

Immediate correction

On 08/05/2026, during the inspection, the provider contacted the physician and received the order the same day. The MAR/medication list was updated. The order was emailed to the social worker on 08/12/2026. On 08/14/2026, the social worker confirmed that no significant-change assessment was required.

Prevention

The provider will verify that each new medication, vitamin, supplement, or OTC product has the required order and is added to the appropriate medication records.

Responsible person

Suzi Teckle, Provider, and Elina Kapapi, Caregiver, will review the medication records and check Resident 2's room at least once a week indefinitely to ensure there are no new supplements in her room. Resident 2 will also receive verbal reminders three times a week not to keep supplements in her room without staff knowledge.

Completion date

8/21/26

Additional information

The provider disputes the statement that melatonin was present. Resident 2 does not take melatonin and stated this during the inspection. The inspection-day photograph is attached.

The lockbox provided by the provider was intended for the resident's topical powder, not for vitamins. Neither the provider nor the caregiver was aware that the resident was keeping or taking vitamins in her room.

Submitted by: Suzi Teckle

Signature: _____ Date: 8/21/26

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