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

ANGEL CARE HOME SERVICE LLC

ANGEL CARE HOME SERVICE LLC
4344 S 181st St
Seatac, WA 98188

RE: ANGEL CARE HOME SERVICE LLC License # 757289

Dear Provider:

This letter addresses Compliance Determination(s) 53698 (Completion Date 03/06/2025) and 50308 (Completion Date 12/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/06/2025 and found that you have corrected the violations listed in the Full report dated 12/11/2024. Your home is back in compliance as of 01/27/2025 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 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10540-1, WAC 388-76-10380-4, WAC 388-76-10255-1, WAC 388-76-10420-7-b, WAC 388-76-10201-1, WAC 388-76-10165-1-b, WAC 388-76-10165-2, WAC 388-76-10265-1-b, WAC 388-76-10265-1-c, WAC 388-76-10265-1-d, WAC 388-76-10015-1, WAC 388-76-10690-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 11/14/2024 and 11/14/2024 of:

ANGEL CARE HOME SERVICE LLC
4344 S 181st St
Seatac, WA 98188

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to have a current personal belongings inventory that was dated and signed by resident for 1 of 3 sampled residents (Resident 1). In addition, the AFH failed to complete a personal belongings list for 1 of 3 sampled residents (Resident 2). This failure placed Resident 1 and Resident 2 at risk of losing their personal belongings and being unable to identify or recover them in the event of loss.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of the AFH's license history at department's Secure Tracking and Reporting System showed that the AFH had Change of Ownership on 05/13/2024.

Resident 1

Record review of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2010. Resident 1 had a personal belongings list document that was signed by the AFH provider on 02/11/2016 with no resident or representative signature. There was another Resident 1's personal belonging list that signed by AFH provider on 05/28/2024 with no resident or representative signature.

In an interview on 11/14/2024 at 12:04 PM, Staff A, Entity Representative/Resident Manager had no response when department staff pointed out the missing resident/ resident representative's signature on Resident 1's two personal belongings lists.

Resident 2

Record review of Resident 2's AFH records showed that they were admitted to the home on [redacted]/2024. Resident 2's records did not show a personal belongings list.

In an interview on 11/14/2024 at 1:35 PM, Staff A stated that Resident 2's personal belongings list was dated and signed. Department staff requested for Staff A to send the personal belongings list.

Department staff did not receive the Resident 2's personal belongings list as of 12/11/2024.

Attestation Statement

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 HOME SERVICE 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that the home's policy on accepting Medicaid as a payment source was completed and signed by 2 of 3 sampled residents or their representatives' (Resident 2 and Resident 4). This failure violated residents' rights.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/14/2024 at 9:32 AM, Staff A stated that Resident 2 and Resident 4 had [redacted] as their payment source.

Resident 2

Review of record in Resident 2's AFH records showed they admitted to the home on [redacted]/2024. Resident 2 had no Medicaid policy that was signed by the resident or the representative and the AFH.

In an interview on 11/14/2024 at 1:35 PM, Staff A stated that they had the document completed and signed, and Staff B would send the document to department staff.

As of 12/11/2024, department staff had not received Resident 2's Medicaid policy document.

Resident 4.

Review of record in Resident 4's AFH records showed they admitted to the home on [redacted]/2024. Resident 4's records had no Medicaid policy that was signed by the resident or the representative and the AFH staff.

In an interview on 11/14/2024 at 1:27 PM, Staff A stated that they would look for the documents.

On 11/14/2024 at 1:47 PM, Staff A showed Resident 4's Admission Agreement. There was no Medicaid policy document that was available for department staff to review.

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 HOME SERVICE 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 twenty-four 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;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(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; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four 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 a written resident’s rights and services agreement on admission for 1 of 3 sampled residents (Resident 2). The AFH failed to review the resident’s rights and services agreement for 1 of 3 sampled residents (Resident 1) at least every twenty-four months. In addition, the AFH failed to ensure that the rights and services document was

signed and dated by resident and the AFH for 1 of 3 sampled residents (Resident 4). These failures placed residents (Residents 1, 2 and 4) and their representative (s) at risk of not being fully informed about the home services and their charges.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Resident 1

Record review of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2010. Resident 1's Notice of rights and services document was dated and signed on 03/05/2018. There were no records showing this had been reviewed since that time, and it was 80 months and one week overdue.

In an interview on 11/14/2024 at 12:33 PM, Staff A, Entity Representative/Resident Manager had no response when department staff pointed out Resident 1's notice of services was not reviewed in twenty-four months per regulation.

Resident 2

Review of record in Resident 2's AFH binder showed they admitted to the home on [redacted]/2024. Resident 2 had no Notice of rights and services document.

In an interview on 11/14/2024 at 1:35 PM, Staff stated A that they had the document completed and signed. Staff B would send the document to department staff.

Department staff did not receive the Resident 2's Notice or rights and services document.

Resident 4.

Review of record in Resident 4's AFH binder showed they admitted to the home on [redacted]/2024. Resident 4's binder had no Notice of rights and services document.

In an interview on 11/14/2024 at 1:27 PM, Staff A stated that they would look for the documents.

On 11/14/2024 at 1:47 PM, Staff A showed Resident 4's Admission Agreement that was

not signed and dated.

Attestation Statement

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 HOME SERVICE 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 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed disclosure of charges form to 2 of 3 sampled residents (Residents 2 and Resident 4). This failure placed residents at risk of not knowing the charges for care, services and activities that the home provided.

Findings included…

In an interview on 11/14/2024, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Resident 2

Review of record in Resident 2's AFH binder showed they admitted to the home on [redacted]/2024. Resident 2 had no Disclosure of charges document in their AFH binder.

In an interview on 11/14/2024 at 1:35 PM, Staff A stated that they had the document completed and signed. Staff B would send the document to department staff.

Department staff did not receive the Resident 2's Disclosure of charges.

Resident 4.

Review of record in Resident 4's AFH binder showed they admitted to the home on [redacted]/2024. Resident 4's AFH binder had no Disclosure of charges document

In an interview on 11/14/2024 at 1:27 PM, Staff A stated that they would look for the documents.

On 11/14/2024 at 1:47 PM, Staff A showed Resident 4's Admission Agreement. There was no Disclosure of charges document that was available for department staff to review.

Attestation Statement

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 HOME SERVICE 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 3 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of Resident 1's AFH records showed that they were admitted to the home on [redacted]/2010. Resident 2's 09/04/2023 NCP was dated signed and reviewed by the resident and AFH Provider on 09/04/2023.

In an interview on 11/14/2024 at 12:34 PM, Staff A had no response when department staff pointed out that Resident 1's NCP had not been reviewed for the year 2024.

Attestation Statement

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 HOME SERVICE 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 1 of 3 current staff (Staff B, Caregiver) when they performed personal care for a resident of the AFH. This failure placed all current residents at risk of acquiring infections.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline

for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving work on a soiled body site, to a clean body site on the same patient.

Observation on 11/14/2024 at 12:41 PM, showed Staff B wore gloves and performed perineal care to Resident 1 in their bed. After the task, Staff B with the same gloves, was in the process of obtaining clean incontinent briefs when department staff asked them to stop.

In an interview on 11/14/2024 at 12:43 PM, Staff B had no response when department staff asked them of what needed to be done. After being prompted on wearing dirty gloves, Staff B said they realized that their gloves were contaminated, and they should have changed them after the perineal task.

Attestation Statement

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 HOME SERVICE 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 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 2 sampled staff (Staff B, Caregiver) when they prepared lunch for residents in the AFH. This failure placed all current residents at risk for food borne illness.

Findings included…

Review of “Food Safety is Everybody’s Business; Your Guide to Preventing Food Borne Illnesses” dated, May 2013 from Washington Department of Health, showed that single-

use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 11/14/2024 at 8:55 AM, Staff B, stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 11/14/2024 at 11:25 AM, showed Staff B wore gloves when they opened the can of soup. Staff B wearing the same gloves, poured the content of the can to the pot on top of the stove. Staff B had the same gloves while they stir the soup content of the pot using a spoon. Staff B removed a bag of bread lying on the kitchen counter. Department staff stopped Staff B when they attempted to remove slices of bread from bag with the contaminated gloves.

In an interview on 11/14/2024 at 11:26 PM, Staff B stated that they realized that their gloves were contaminated and would need clean gloves to

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a 1 of 1 written plan to ensure continuous care and services for the all residents in the event of an emergency, where Staff A, Entity Representative/Resident Manager, was unable to fulfill their day-to-day responsibilities in the AFH. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk for unmet care services and decreased

quality of life in an event the Staff A is unable to provide a day-to-day oversight due to unplanned emergency.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

On 11/14/2024, record review of the AFH records showed that the AFH had no succession plan.

In an interview on 11/14/2024 at 2:03 PM, Staff A, Entity Representative/Resident Manager stated that they do not have a succession plan.

Attestation Statement

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 HOME SERVICE 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 3 current staff (Staff B, Caregiver) had current valid Washington state name and date of birth background check (BGI). In addition, AFH failed to ensure that 1of 3 current staff (Staff C, Caregiver) had a national fingerprint background (FBC) as required. These failures placed all residents at risk for harm from staff with unknown criminal history.

Findings…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/14/2024 at 9:43 AM, Staff A, Entity Representative/Resident Manager stated that Staff B lived on site as a full time staff, and Staff C worked part time. Staff C also lived in the AFH, when they worked.

Staff B

Record review of Staff B's AFH personnel records showed that they were hired on 09/07/2024. Staff B had no BGI.

In an interview on 11/14/2024 at 3:44 PM, Staff A stated that Staff B's BGI was in their computer and they would send it to department staff.

In an email received on 11/18/2024 at 1:48 PM, Staff A stated that they were not able to access Staff B's BGI because of a system problem.

In an email received on 12/03/2024 at 2:21 PM, Staff A attached Staff B's BGI. The BGI was completed on 11/19/2024 (five days after the inspection of the home).

Staff C
Record review of Staff C's AFH personnel records showed that they were hired on 05/22/2024, and Staff C had no FBC.

In an interview on 11/14/2024 at 3:45 PM, Staff A stated that they would send Staff C's FBC to department staff.

In an email received on 12/03/2024 at 2:21 PM, Staff A stated that they were not able to obtain Staff C's FBC as Staff C was unavailable.

In an interview on 12/10/2024 at 3:11 PM, Staff A stated that Staff C had no FBC completed. Staff A stated that Staff C was out of the country at this time and they were not able to complete an FBC.

In an email received on 12/11/2024 from department's Background Check Central Unit, stated that Staff C did not have any history of FBC.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(b) Entity representative;

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 3 of 3 current staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver and Staff C, Caregiver) had a Tuberculosis [(TB) communicable disease affecting lungs] testing within three days of employment. This failure placed all four residents at risk of possible exposure to TB.

Findings included…

Record review of the AFH's license history at department's Secure Tracking and Reporting System showed that the AFH had Change of Ownership on 05/13/2024.

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/14/2024 at 9:43 AM, Staff A stated that they worked full time and live on site. Staff A stated that Staff B worked full time and live on site and Staff C worked as part time and would live on site when they worked.

Staff A
Review of Staff A's AFH personnel records showed a 10/22/2020 nurse practitioner signed document that reviewed their TB tests. The document stated Staff A's history of 2 step TB completed on 10/16/2020 with a 10-millimeter (mm) induration. Staff A had a chest x-ray completed on 10/20/2020 which showed no evidence of active TB infection. The document stated that the findings were consistent with latent TB which was not contagious to others and had low risk of converting to active TB. There was no TB test performed upon Staff A's three days of employment.

In an interview on 11/14/2024 at 4:00 PM, Staff A stated that they submitted the 10/22/2020 nurse practitioner signed document, when they applied for Change of Ownership of the AFH. Staff A added that they were not questioned about their TB test.

Staff B

Record review of Staff B's AFH personnel records showed that they were hired on 09/07/2024. Staff B completed their orientation on 09/09/2024. Staff B had TB skin test completed on 08/27/2024 that was read on 08/29/2024 with 0 mm induration, negative result. The skin test was completed 11 days prior to Staff B's hire date at the home. There was no other TB test completed within their three days of employment at the AFH.

In an interview on 11/14/2024 at 4:02 PM, Staff A stated that they thought Staff B's 08/27/2024 TB test was enough.

Staff C

Record review of Staff C's AFH personnel records showed they were hired on 05/22/2024 and completed their orientation on 05/25/2024. Staff C had a chest x-ray completed on 08/04/2023 with a result of no evidence of acute communicable disease or TB. The chest x-ray was completed last year. Staff C had no other TB test completed.

In an interview on 11/14/2024 at 4:03 PM, Staff A stated that they were not aware that TB testing within three days of employment was needed.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a medical waiver test for 1 of 3 sampled residents (Resident 4). This failure placed Resident 4 at risk for having their test performed incorrectly.

Findings included…

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

In an interview on 11/14/2024 at 9:37 AM, Staff A stated that Resident 4 was diabetic and received insulin.

Record review of Resident 4's AFH records showed that they were admitted to the home on [redacted]/2024. Resident 4's November 2025 pharmacy generated medication log showed they were prescribed of Lantus insulin (manage blood sugar levels) 17 units subcutaneously every evening. Resident 4 had an order for blood sugar checks twice daily.

Record review of 11/15/2024's Dear Administrator letter, stated that it was an update to provide contact information of the Medical Test Site Waiver (MTSW) licensing. The letter stated that MTSW was required when an AFH staff tests blood glucose for a resident.

In an interview on 11/14/2024 at 10:21 AM, Staff A stated that they did not know what

MTSW was.

In an interview on 11/14/2024 at 2:03 PM, Staff A confirmed that the AFH did not have MTSW.

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10690 Bedroom usable floor space In adult family homes after the effective date of this chapter.

(2) The adult family home must ensure each resident bedroom has a minimum usable floor space as follows, excluding the floor space for toilet rooms, closets, lockers, wardrobes and vestibules:

(a) Single occupancy bedrooms with at least eighty square feet; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure that 1 of 3 sampled residents (Resident 2) had their bedroom measured to ensure they met the required usable floor space of at least eighty square feet. This failure placed Resident 2 at risk of decreased quality of life.

Findings included…

Record review of the AFH's license history at department's Secure Tracking and Reporting System (STARS) showed that the AFH had Change of Ownership (CHOW) on 05/13/2024. At the STARS website was an uploaded floor plan of the AFH. The floor showed a dining area in front of Bedroom [redacted]. The floor plan did not show a bedroom in front of Bedroom [redacted].

In an interview on 11/14/2024 at 8:55 AM, Staff B, Caregiver stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Observation on 11/14/2024 at 9:15 AM showed Resident 2 inside their bedroom with the furniture of sofa, chair and foot stool. The bedroom door was marked with [redacted] and was in front of Bedroom [redacted].

In an interview on 11/14/2024 at 10:50 AM, Staff A stated that Resident 2's bedroom was not a new construction, it had been there prior to Change of Ownership. Department staff showed Staff A the floor plan that was obtained from the STARS website, it showed that there was no bedroom in front of Bedroom [redacted]. Staff A stated they marked the bedroom doors with the assigned letters when department staff mentioned that Bedroom [redacted] was assigned to the bedroom located at the TV room area of the home. Staff A stated that during the inspection of the home in January 2024, the previous Provider and a department staff used Resident 2's bedroom for their discussion. In addition, Staff A stated that Resident 2's bedroom was used for caregiver's bedroom.

On 11/20/2024, department staff discussed the AFH floor plan with the department staff licensor that completed the inspection of the home on 01/18/2024 prior to the CHOW. Department staff stated that there was a bedroom in front of the Bedroom [redacted]. The bedroom was used as a caregiver bedroom and was not licensed for resident use.

In an interview on 12/10/2024 at 3:15 PM, Staff A stated that they would apply to have the bedroom licensed.

Attestation Statement

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 HOME SERVICE 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