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

YOLI ARRIOLA
ANGEL'S HAVEN
42421 264TH AVE SE
ENUMCLAW, WA 98022

RE: ANGEL'S HAVEN License # 750508

Dear Provider:

This letter addresses Compliance Determination(s) 51188 (Completion Date 12/04/2024) and 47097 (Completion Date 10/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/04/2024 and found that you have corrected the violations listed in the Full report dated 10/16/2024. Your home is back in compliance as of 12/15/2024 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 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10201, WAC 388-76-10420-7-b, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10490-1, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 750508	Compliance Determination # 47097
Plan of Correction	ANGEL'S HAVEN	Completion Date
Page 1 of 7	Licensee: YOLI ARRIOLA	10/16/2024

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 09/11/2024 and 09/11/2024 of:
ANGEL'S HAVEN
42421 264TH AVE SE
ENUMCLAW, WA 98022

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Ivy Mordo, Nursing Consultant Institutional

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 — 10/24/2024 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.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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ENUMCLAW, WA 98022

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The department staff that inspected the Adult Family Home:

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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.

Yoli Arriola
Provider (or Representative)

11/05/2024
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.

(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.

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 residents in the event of emergency, where Staff A, Provider, was unable to fulfill their day-to-day responsibilities in the AFH. This failure placed all residents (Residents 1, 2 and, 3) 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 unannounced visit on 09/11/2024 at 8:05 AM, observed three Residents 1, 2, and 3 resided and received care in the AFH.

Review of AFH records on 09/11/2024 at 11:45 AM, showed the AFH did not have a succession plan in place as required.

In an interview with Staff A, on 09/11/2024 at 11:47 AM, they said they had not written one out yet.

Attestation Statement

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.

(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.

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 residents in the event of emergency, where Staff A, Provider, was unable to fulfill their day-to-day responsibilities in the AFH. This failure placed all residents (Residents 1, 2 and, 3) 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 unannounced visit on 09/11/2024 at 8:05 AM, observed three Residents 1, 2, and 3 resided and received care in the AFH.

Review of AFH records on 09/11/2024 at 11:45 AM, showed the AFH did not have a succession plan in place as required.

In an interview with Staff A, on 09/11/2024 at 11:47 AM, they said they had not written one out yet.

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'S HAVEN is or will be in compliance with this law and / or regulation on (Date) 12/15/2024

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

Yoli Arriola — Provider (or Representative)

11/05/2024 — 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 canned foods in their pantry was safe for 3 of 3 residents' (Residents 1, 2 and 3) consumption. This failure placed all three residents at risk of harm from the consumption of canned foods that were expired.

Findings included...

Review of Washington State's Food Handler's Guide showed that food products that are past manufacturer's expiration date should not be used or stored.

In an unannounced visit on 09/11/2024 at 8:05 AM, observation showed three residents, Residents 1, 2, and 3 resided and received care in the AFH.

Observation on 09/11/2024 at 8:45 AM, showed the AFH had canned foods stored in their pantry. Department staff observed a can of chilies, showed an expiration date of 06/12/2023, two cans of kidney beans with an expiration date of 11/30/2023.

In an interview with Staff A, Provider on 09/11/2024 at 9:00 AM, they acknowledged that the canned foods were expired, and said they were not aware the canned goods had expired.

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'S HAVEN 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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Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure canned foods in their pantry was safe for 3 of 3 residents' (Residents 1, 2 and 3) consumption. This failure placed all three residents at risk of harm from the consumption of canned foods that were expired.

Findings included…

Review of Washington State's Food Handler's Guide showed that food products that are past manufacturer's expiration date should not be used or stored.

In an unannounced visit on 09/11/2024 at 8:05 AM, observation showed three residents, Residents 1, 2, and 3 resided and received care in the AFH.

Observation on 09/11/2024 at 8:45 AM, showed the AFH had canned foods stored in their pantry. Department staff observed a can of chilies, showed an expiration date of 06/12/2023, two cans of kidney beans with an expiration date of 11/30/2023.

In an interview with Staff A, Provider on 09/11/2024 at 9:00 AM, they acknowledged that the canned foods were expired, and said they were not aware the canned goods had expired.

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'S HAVEN is or will be in compliance with this law and / or regulation on (Date) 9/11/2024 .

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

Yoli Arriola — Provider (or Representative)

11/05/2024 — 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 2 of 2 residents (Residents 1 and 2) received medications in a safe manner. This failure placed Residents 1 and 2 at risk for harm from medication errors.

Findings included...

On 09/11/2024 at 8:10 AM, Staff A, Provider, stated that Residents 1, 2, and 3, needed assistance with medications.

Review of September 2024 generated Medication Administration Record (MAR) at 12:45 PM for Resident 1 showed Norvasc 5 milligrams (mg) take one tablet by mouth once daily for Hypertension (high blood pressure) was discontinued on 08/08/2024 by the physician. Medication bubble pack showed medication was dispensed until 09/11/2024.

In an interview with Staff A, on 09/11/2024 at 12:47 PM, they said the medication bubble pack contained other medications, they could not identify which of them was Norvasc, they continued to administer the medications as they were in the bubble pack.

9/11/2024

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

(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 have a system in place to ensure that 2 of 2 residents (Residents 1 and 2) received medications in a safe manner. This failure placed Residents 1 and 2 at risk for harm from medication errors.

Findings included…

On 09/11/2024 at 8:10 AM, Staff A, Provider, stated that Residents 1, 2, and 3, needed assistance with medications.

Review of September 2024 generated Medication Administration Record (MAR) at 12:45 PM for Resident 1 showed Norvasc 5 milligrams (mg) take one tablet by mouth once daily for Hypertension (high blood pressure) was discontinued on 08/08/2024 by the physician. Medication bubble pack showed medication was dispensed until 09/11/2024.

In an interview with Staff A, on 09/11/2024 at 12:47 PM, they said the medication bubble pack contained other medications, they could not identify which of them was Norvasc, they continued to administer the medications as they were in the bubble pack.

Review of September 2024 generated MAR at 12:50 PM showed Resident 1's medication Chlorhexidine 0.12 percent (%) for mouth wash; rinse and swish 10mls 2 times a day; and Resident 2's medications Senna 8.6 mg; take two tablets by mouth 2 times a day (for Constipation) were entered in the MAR; and initialed as given.

Observation of Resident 1's medication on 09/11/2024 at 12:50 PM showed Chlorhexidine 0.12 % and Senna 8.6 mg, medications were not available in the AFH. 8/12/2024

In an interview with Staff A, on 09/11/2024 at 1:00 PM, they said they were not aware the medications were not available. When questioned further about the initial on the MAR, Staff A did not say anything.

Additional review of records showed Resident 1's medication Butalb -Acetaminophen 50-325mg for pain management was transcribed on the MAR as take 1 tablet by mouth every 6 hours as needed. Order on medication bubble pack was transcribed take 1 tablet by mouth 3 times a day as needed.

↑ 08/27/2024

In an interview with Staff A, on 09/11/2024 at 1:10 PM, they said they sent an email to the pharmacy to change the transcription on the medication bubble pack, and the pharmacy had not changed it

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'S HAVEN is or will be in compliance with this law and / or regulation on (Date) 09/11/2024 .

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

Yolli Arriola — Provider (or Representative)

11/05/2024 — Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Review of September 2024 generated MAR at 12:50 PM showed Resident 1's medication Chlorhexidine 0.12 percent (%) for mouth wash; rinse and swish 10mls 2 times a day; and Resident 2's medications Senna 8.6 mg; take two tablets by mouth 2 times a day (for Constipation) were entered in the MAR; and initialed as given.

Observation of Resident 1's medication on 09/11/2024 at 12:50 PM showed Chlorhexidine 0.12 % and Senna 8.6 mg, medications were not available in the AFH.

In an interview with Staff A, on 09/11/2024 at 1:00 PM, they said they were not aware the medications were not available. When questioned further about the initial on the MAR, Staff A did not say anything.

Additional review of records showed Resident 1's medication Butalb -Acetaminophen 50-325mg for pain management was transcribed on the MAR as take 1 tablet by mouth every 6 hours as needed. Order on medication bubble pack was transcribed take 1 tablet by mouth 3 times a day as needed.

In an interview with Staff A, on 09/11/2024 at 1:10 PM, they said they sent an email to the pharmacy to change the transcription on the medication bubble pack, and the pharmacy had not changed it

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'S HAVEN 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement a written policy addressing the disposal of medications for 1 of 1 current resident (Resident 1) when medication was discontinued. This failure led to the AFH keeping medications that had been discontinued by the physician and potentially placed Resident 1 at risk of complications, from taking discontinued medication.

Findings included...

Review of AFH records showed the AFH did not have Medication Disposal Policy.

On 09/11/2024 at 8:10 AM, Staff A, Provider, stated that Residents 1 required assistance with medications.

On 09/11/2024 at 12:40 PM observation showed Residents 1's medication Sumatriptan Succinate 50 milligrams (for Migraine) tablet take one table by mouth daily was not listed on their MAR.

In an interview with Staff A on 09/11/2024 at 1:15 PM, they said Resident 1 was no longer taking the medication. They added that the medication was discontinued by the physician a while back. When questioned further, Staff A said they planned to dispose of the medication and had not done it. Staff A said, they had Medication Disposal Policy in place and could not find where they placed it.

As of 5:00 PM on 10/16/2024, the AFH had not submitted a written medication disposal policy to the department.

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'S HAVEN is or will be in compliance with this law and / or regulation on (Date) 9|18|2024 .

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

Yoli Arriola
Provider (or Representative)

9|18|2024
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement a written policy addressing the disposal of medications for 1 of 1 current resident (Resident 1) when medication was discontinued. This failure led to the AFH keeping medications that had been discontinued by the physician and potentially placed Resident 1 at risk of complications, from taking discontinued medication.

Findings included…

Review of AFH records showed the AFH did not have Medication Disposal Policy.

On 09/11/2024 at 8:10 AM, Staff A, Provider, stated that Residents 1 required assistance with medications.

On 09/11/2024 at 12:40 PM observation showed Residents 1's medication Sumatriptan Succinate 50 milligrams (for Migraine) tablet take one table by mouth daily was not listed on their MAR.

In an interview with Staff A on 09/11/2024 at 1:15 PM, they said Resident 1 was no longer taking the medication. They added that the medication was discontinued by the physician a while back. When questioned further, Staff A said they planned to dispose of the medication and had not done it. Staff A said, they had Medication Disposal Policy in place and could not find where they placed it.

As of 5:00 PM on 10/16/2024, the AFH had not submitted a written medication disposal policy to the department.

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Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have an annual full emergency evacuation drill at least once every calendar year, affecting 3 of 3 residents (Residents 1, 2, and 3). This placed all residents at risk of harm, from delayed evacuation in the event of an emergency.

Findings included...

In an unannounced visit on 09/11/2024 at 8:05 AM, observation showed three residents, Residents 1, 2, and 3 resided and received care in the AFH, Residents 1 and 2 were ambulatory and Resident 3 was wheelchair bound.

Review of the home's emergency evacuation drills record showed they performed partial evacuation drills every 60-days. There was no record to show that a full emergency evacuation drill had been completed within the calendar year.

In an interview with Staff A, Provider on 09/11/2024 at 2:15 PM, they said they did not document the for the annual full evacuation drill, when they completed one.

Attestation Statement

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

Yoli Arriola — Provider (or Representative)

11|05|2024 — Date

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This requirement was not met as evidenced by:

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Review of the home's emergency evacuation drills record showed they performed partial evacuation drills every 60-days. There was no record to show that a full emergency evacuation drill had been completed within the calendar year.

In an interview with Staff A, Provider on 09/11/2024 at 2:15 PM, they said they did not document the for the annual full evacuation drill, when they completed one.

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Provider (or Representative) Date