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) 35855 (Completion Date 01/30/2024) and 30126 (Completion Date 11/08/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/30/2024 and found that you have corrected the violations listed in the Complaint report dated 11/08/2023. Your home is back in compliance as of 09/28/2023 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 388-76-10380-4, WAC 388-76-10380-2

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,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: ANGEL'S HAVEN
Provider Type: Adult Family Home
License/Cert.#: 750508
Compliance Determination #: 30126
Intake ID: 98366
Investigator: Denetta Uzzell
Region/Unit #: RCS Region 2 / Unit G
Investigation Date(s): 09/26/2023 through 11/08/2023
Complainant Contact Date(s):

Allegation(s):

1. Named Resident (NR) is having multiple falls in the Adult Family Home (AFH)
2. NR will not call for assistance and is not being properly monitored by AFH staff.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size:
Observations:	Indoor environment resident/caregiver interaction
Interviews:	Three of Five residents, including NR Collateral contact of NR
Record Reviews:	Resident assessments and Negotiated Care Plans (NCP) Progress notes After Visit Summary (AVS) Incident logs Medication Administration Record (MAR)

Investigation Summary:

1. Observed NR was in bedroom. Ambulatory with the use of [redacted] NR said they preferred not to use the [redacted] in the bedroom. NR said they had fallen when going to the bathroom at night. They said they have a call light and will now call for assistance when needed. Record review showed NR had multiple falls since 3/2023. AFH staff called 911 and contacted family and medical provider. AFH staff followed up with NR follow up appointments. NR had updated medication changes due to low blood pressure and urinary tract infection, which may have contributed to the falls. AFH staff did not update the NCP to account for recent falls and fall prevention.
2. Observed NR bedroom was in the bottom floor of the AFH. Observed call light within reach of NR. NR said AFH staff responded to quickly when called. NR said AFH staff checked on them regularly. AFH staff said they check on NR every hour during the day. NR said they planned to move NR upstairs when they have a room available. All residents interviewed had no concerns with care provided in the home.

Failed practice cited WAC-388-76-10830(2)(4) for failure to update NCP.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 750508	Compliance Determination # 30126
Plan of Correction	ANGEL'S HAVEN	Completion Date
Page 1 of 3	Licensee: YOLI ARRIOLA	11/08/2023

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 an unannounced on-site complaint investigation on 09/26/2023 and 09/26/2023 of:

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

This document references the following complaint number(s): 98366

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 investigated the Adult Family Home:

Denetta Uzzell, NCI Complaint Investigator

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

11/16/2023
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.

Statement of Deficiencies	License #: 750508	Compliance Determination # 30126
Plan of Correction	ANGEL'S HAVEN	Completion Date
Page 2 of 3	Licensee: YOLI ARRIOLA	11/08/2023

Provider (or Representative) Yoli Arriola Date 11/27/23

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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) with fall prevention plan for 1 of 1 resident (Resident 3) when Resident 3 had multiple falls in the home. Furthermore, the AFH failed to review and update the NCP within 12 months of the last review. These failures placed Resident 3 at risk of serious injury from additional falls.

Findings included...

On 9/26/2023 at 3:15 PM, observed Resident 3 received care and services at the AFH. Review of NCP dated 7/22/2022, showed Resident 3 was admitted to the AFH on [redacted]2022.
Record review of the AFH's incident log showed Resident 3 had falls on 3/23/2023, 4/16/2023, 5/11/2023 and 8/18/2023.

Review of Resident 3's NCP dated 7/22/2022, did not show any updates or a fall prevention plan. Also, it had been more than 12 months since the NCP was last reviewed and signed for Resident 3.

On 9/26/2023 at 3:45 PM, when interviewed, Staff A, Provider, said she had not created a fall prevention plan for Resident 3 and had not reviewed the NCP.

Attestation Statement

Statement of Deficiencies	License #: 750508	Compliance Determination # 30126
Plan of Correction	ANGEL'S HAVEN	Completion Date
Page 3 of 3	Licensee: YOLI ARRIOLA	11/08/2023

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) 11/8/23.

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

Provider (or Representative) Yoli Arriola Date 11/27/23