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 ANGEL AFH LLC
GOLDEN ANGEL AFH LLC
11606 SE 219TH PLACE
KENT, WA 98031

RE: GOLDEN ANGEL AFH LLC License # 751202

Dear Provider:

This letter addresses Compliance Determination(s) 52255 (Completion Date 01/07/2025) and 48794 (Completion Date 11/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/07/2025 and found that you have corrected the violations listed in the Full report dated 11/08/2024. Your home is back in compliance as of 11/14/2024 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 388-76-10895-2-a, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10255-3

The Department staff who did the on-site verification:
Lyra Ouano, 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

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 10/15/2024 and 10/15/2024 of:

GOLDEN ANGEL AFH LLC
11606 SE 219TH PLACE
KENT, WA 98031

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 inspected the Adult Family Home:

Lyra Ouano, 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

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

11/14/2024
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.

Statement of Deficiencies	License #: 751202	Compliance Determination # 48794
Plan of Correction	GOLDEN ANGEL AFH LLC	Completion Date
Page 2 of 5	Licensee: GOLDEN ANGEL AFH LLC	11/08/2024

Provider (or Representative)

11-14-24
Date

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

(2) The adult family home must conduct:

(a). Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure partial emergency evacuation drills were conducted every 60 days as required affecting 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). This placed the residents at risk of harm from delayed evacuation in the event of an emergency.

Findings included...

On 10/15/2024 at 11:26 AM, observation showed Resident 2, Resident 3, Resident 4, and Resident 5 were eating lunch in the dining room while Resident 1 was lying in their bedroom bed.

On 10/15/2024 at 11:50 AM interview, Staff A, Entity Representative, said that Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 required assistance with evacuation.

Review of 2023 and 2024 evacuation logs showed the AFH conducted full evacuation drills on 04/05/2023, 09/06/2023, and 04/10/2024 and partial evacuation drills on 01/09/2023, 06/22/2023, 08/20/2023, 11/10/2023, 02/10/2024, 07/06/2024, and 09/06/2024. There was no partial evacuation drill record conducted in March 2023, January 2024, and June 2024 when they were due. There was no other evacuation log found in the home. From October 2022 and September 2024, the AFH did not conduct evacuation drill every 60 days.

On 10/15/2024 at 5:30 PM interview, Staff A said that they overlooked having partial emergency evacuation every 60 days.

Attestation Statement

Provider (or Representative) Date

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Statement of Deficiencies	License #: 751202	Compliance Determination # 48794
Plan of Correction	GOLDEN ANGEL AFH LLC	Completion Date
Page 3 of 5	Licensee: GOLDEN ANGEL AFH LLC	11/08/2024

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, GOLDEN ANGEL AFH 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) 11-14-24 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;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide 1 of 2 residents (Resident 2), written notice of the house rules, resident rights, services and activities provided, and the charges for them, at least every twenty-four months after admission. This failure may have resulted in the resident being unaware of house rules, rights, services, and costs.

On 10/15/2024, review of Resident 2's admission agreement record dated 08/08/2022 showed Resident 2's representative signed and dated the admission agreements (which included house rules, rights, services and activities provided, and charges for them) on 08/24/2022. There was no other admission agreements found for Resident 2. Resident 2's admission agreement (which included house rules, rights, services and activities provided, and charges for them) was due for review on 08/08/2024 and was nine weeks overdue.

On 10/15/2024, at 4:04 PM interview, Staff A, Entity Representative, said that they were aware the AFH needed to review the admission agreements of each resident every 24

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On 10/15/2024, at 4:04 PM interview, Staff A, Entity Representative, said that they were aware the AFH needed to review the admission agreements of each resident every 24

months. Staff A said that not renewing Resident 2's admission agreement was an oversight.

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Provider (or Representative) 11-14-24 Date

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

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure there was a written policy on Respiratory Protection Program ([RPP] a safety standard against respiratory hazards in the workplace which is regulated and enforced by the Washington Department of Labor and Industries) included in the home's Infection Control (IC) policy affecting 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) and 6 of 6 staff (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver). This placed all residents and staff at risk of exposure to infectious respiratory illnesses during a potential outbreak.

Findings included...

According to chapter 296-842 WAC Respirators, Section 296-842-12005 Develop and maintain a written program.
(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.
(2) Keep your program current and effective by evaluating it and making corrections. Do ALL of the following:
(a) Make sure procedures and program specifications are followed and appropriate.
(b) Make sure selected respirators continue to be effective in protecting employees. For example, if changes in work area conditions, level of employee exposure, or employee physical stress have occurred, you need to reevaluate your respirator selection.
(c) Have supervisors periodically monitor employee respirator use to make sure

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(c) Have supervisors periodically monitor employee respirator use to make sure

employees are using them properly.
(d) Regularly ask employees required to use respirators about their views concerning program effectiveness and whether they have problems with:
(i) Respirator fit during use;
(ii) Any effects of respirator use on work performance;
(iii) Respirators being appropriate for the hazards encountered;
(iv) Proper use under current worksite conditions;
(v) Proper maintenance.

Review of a Dear provider Letter dated 04/30/2021 showed, "1) Long-term care facilities (LTCFs), are required to develop and maintain a RPP and 2) LTCFs are required to provide initial respirator fit test for each healthcare worker for protection against airborne hazards".

Review of a Dear Provider Letter dated 09/14/2023 showed, "Employer Responsibilities for Respiratory Protection and RPP: Employers are responsible to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection, WAC 296-842 Respirators and OSHA (Occupational Safety and Health Standards) 1910.134 - Respiratory Protection".

Review of the home's administrative files showed the AFH had a written policy on IC dated in 2020, 2021, and 2022. There was no written policy on RPP, training, medical evaluation, fit testing, or record keeping found in administrative files. There was no other RPP policy found in the home.

On 10/15/2024 at 12:05 PM interview, Staff A said that they, Staff, B, Staff C, and Staff E were fitted with a respirator in February 2023. Staff A said that they were not aware they needed a written RPP policy. Staff A said that they would develop a written RPP policy, keep record of their fit testing and medical clearances as soon as possible.

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Provider (or Representative) 11-14-24 Date

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