STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Arnel T. Cajucom
Angels' Lighthouse AFH
9808 Onyx Dr SW
Lakewood, WA 98498

RE: Angels' Lighthouse AFH License # 751788

Dear Provider:

This letter addresses Compliance Determination(s) 30270 (Completion Date 11/01/2023) and 24948 (Completion Date 06/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2023 and found that you have corrected the violations listed in the Full report dated 06/29/2023. Your home is back in compliance as of 08/28/2023 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 388-76-10430-1, WAC 388-76-10750, WAC 388-76-10750-1, WAC 388-76-101632-1, WAC 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 751788	Compliance Determination # 24948
Plan of Correction	Angels' Lighthouse AFH	Completion Date
Page 1 of 5	Licensee: Arnel T. Cajucom	06/29/2023

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 the unannounced on-site full inspection on 06/05/2023 and 06/05/2023 of:

Angels' Lighthouse AFH
9808 Onyx Dr SW
Lakewood, WA 98498

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

07/10/2023
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.

Provider (or Representative)

07-19-2023
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.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 2 of 3 residents (Resident 1 [R1] and Resident 3 [R3]). This failure placed R1 and R3 at risk for a medication error.

Findings included....

Record review of R1's Medication Administration Record (MAR) dated June 2023 showed they were prescribed Vitamin A & D ointment (skin condition), Acetaminophen (pain), Calmoseptine (barrier ointment), Claritin (allergies), and Guaifenesin (cough).

Observation of R1's medication supply on 06/05/2023 at 10:55 A.M. showed these medications were missing from the supply.

Record review of R3's MAR dated June 2023 showed they were prescribed Aspirin (blood thinner), Acetaminophen (pain), and Nitroglycerin (chest pain).

Observations of R3's medication supply on 06/05/2023 at 11:15 A.M. showed these medications were missing from the supply. Observation also showed Senna (bowel medication) in R3's medication supply. Record review of R3's resident record showed there was no current physician's order for Senna.

During an interview on 06/05/2023 at 11:20 A.M., the Resident Manager (RM) said they were unsure about the missing medications for R1 and R3. RM said they were unsure about why Senna was in R3's supply.

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, Angels' Lighthouse AFH is or will be in compliance with this law and / or regulation on (Date) 08-28-2023.

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

Provider (or Representative) — Date: 07-19-2023

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure a window screen was intact without holes in 1 of 3 bedrooms. This failure placed 1 of 3 residents (Resident 1) at risk for insects entering their bedroom, potentially decreasing quality of life.

Findings included...

During an environmental tour on 06/05/2023 at 10:45 AM, observations showed holes in the window screen in Bedroom 1, which was used by Resident 1.

During an interview on 06/05/2023 at 10:49 AM, the Provider acknowledged that Bedroom 1's window screen had holes in 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, Angels' Lighthouse AFH is or will be in compliance with this law and / or regulation on (Date) 08-28-2023

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

Provider (or Representative) — Date: 07-19-2023

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had the final fingerprint report for 2 out of 2 caregivers (Provider and Resident Manager). This failure prevented the Department from determining the criminal history for caregiving staff.

Findings included...

Administrative and staff record review on 06/05/2023 at 12:35 P.M. showed no evidence of the final fingerprint report for the Provider and Resident Manager. Record review showed there was no evidence of an attestation showing the Provider or Resident Manager had been hired prior to 01/07/2012.

In an interview on 06/05/2023 at 12:57 P.M., the Provider stated they would look for the fingerprint background checks. The Provider was given until 5:00 P.M. on 06/07/2023 to locate and fax or E-mail the missing background checks to the department. As of 07/06/2023, the department had not received the fingerprint background checks.

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, Angels' Lighthouse AFH is or will be in compliance with this law and / or regulation on (Date) 08-28-2023

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

Provider (or Representative) 07-19-2023 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;

(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 interviews and record reviews, the adult family home (AFH) failed to ensure the coordination of a safe emergency evacuation drill for 3 out of 3 residents (Resident 1, Resident 2, Resident 3). This failure placed all residents at risk for harm in the event of an emergency requiring evacuation.

Findings included...

Administrative record review on 06/05/2023 at 1:00 P.M. showed two completed fire drills dated 02/13/2022 and 02/10/2023. The last documented fire drill was dated 02/10/2023.

During an exit interview on 06/05/2023 at 2:08 P.M., the Resident Manager stated that they were only able to find documentation of two completed drills.

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, Angels' Lighthouse AFH is or will be in compliance with this law and / or regulation on (Date) 08-28-2023

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

Provider (or Representative) 07-19-2023 Date

ANGELS' LIGHTHOUSE AFH
9808 ONYX DR SW
LAKEWOOD WA 98498
July 19, 2023

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

RE: Angels' Lighthouse AFH License #751788 - Plan of Correction

Dear Ms LeMaster:

Angels' Lighthouse AFH plan of correction's according to the attached "Plan" that was received from your department on July 13, 2023.

Statement of Deficiency/Plan of Correction

RE: Page 2 of 5
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.

Angels' Lighthouse AFH will follow up from the Primary Care provider and the pharmacy to which medications are current or PRN as prescribed by the PCP in their MAR in order to find missing or discontinued medications. The adult family home must ensure that the residents receive medications as prescribed.

Angels' Lighthouse AFH will continue to monitor the medication system and read WAC 388-76-10430 to ensure continued compliance with the cited deficiency.

RE: Page 3 of 5

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards.

The adult family home must check inside and outside if there's needed for repair to avoid hazards and ensure safety for all residents.

Angels Lighthouse AFH will continue to monitor the deficiency to ensure continued compliance with the cited requirements.

RE: Page 4 of 5

WAC 388-76-101632 Background checks. National background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012, and are not disqualified by the Washington State name and date of birth background check must complete a national fingerprint from determining the criminal history for caregiving staff.

Angels' Lighthouse AFH must ensure that newly hired caregivers after January 7, 2012 must complete a background check and a national fingerprint in determining the history of the caregiving staff. The Provider and the Resident Manager of Angels' Lighthouse AFH must provide attestation. Angels' Lighthouse AFH opened October 10, 2010. The provider and Resident Manager were the first caregivers of the home.

Angels' Lighthouse AFH must continue to monitor the newly hired staff to make sure that a completed fingerprint background check must be done in order to ensure continued compliance.

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

(2) The adult family home must conduct:

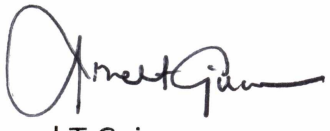
(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days with each resident participating in at least one each calendar year.

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

The adult family must conduct a random drill for at least every sixty days and full participation of the staff and residents every year for the safety of all occupants inside the adult family home. Doing this will prevent harm for everyone concern.

Angels' Lighthouse AFH from now on will make sure that partial fire drills must be done every two months and a full participation of the fire drill for all residents and staff in each calendar year to ensure compliance.

Sincerely,



Arnel T Cajucom
Angels' Lighthouse AFH
Adult Family Home Provider