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

CARING ANGELS ADULT FAMILY HOME
CARING ANGELS ADULT FAMILY HOME
1515 SOUTH 28TH PLACE
RENTON, WA 98055

RE: CARING ANGELS ADULT FAMILY HOME License # 752250

Dear Provider:

This letter addresses Compliance Determination(s) 27043 (Completion Date 07/18/2023) and 22547 (Completion Date 05/02/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2023 and found that you have corrected the violations listed in the Full report dated 05/02/2023. Your home is back in compliance as of 06/23/2023 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 388-76-10380-2, WAC 388-76-10750-1, WAC 388-76-10890-1, WAC 388-76-10810-1, WAC 388-76-10810-2-b, WAC 388-76-10750-6-c, WAC 388-76-10845-2, WAC 388-76-10585-1-b, WAC 388-76-10585-2-a, WAC 388-76-10585-2-b, WAC 388-76-10685-11, WAC 388-76-10310-1, WAC 388-76-10310-2, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-10870-2

The Department staff who did the on-site verification:
Liza Flowers, 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

RECEIVED

MAY 2 4 2023

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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 04/13/2023 and 04/13/2023 of:
CARING ANGELS ADULT FAMILY HOME
1515 SOUTH 28TH PLACE
RENTON, WA 98055

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:

Liza Flowers, 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

05/04/2023
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) Date 5/20/2023

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

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) for 3 of 3 residents (Residents 2, 3 and 5) when the NCP no longer addressed and reflected the residents' current needs for smoking This failure placed the residents at risk for unmet care needs

Findings included

Observation on 04/13/2023 at 11 19 AM showed Resident 5 lighted Resident 3's cigarette then put the lighter in their pocket

In an interview on 04/13/2023 at 11 19 AM, Resident 2 and Resident 5 stated that they smoked several times a day and kept their own cigarettes and lighters

In an interview on 04/13/2023 at 5 41 PM Staff A, Entity Representative stated that Residents 2 3, and 5 smoked cigarettes Staff A stated that the residents kept their own cigarettes and lighters in their rooms and they were responsible for it

Record review of Resident 2's NCP dated 08/10/2022, noted "Caregivers to give (Resident 2) a cigarette and a lighter show (Resident 2) the designated smoking area After lighting the cigarette (Resident 2) will give back the lighter to caregiver which should be kept in a locked cabinet "

Record review of Resident 3's NCP dated 02/27/2023 showed the resident's smoking activities were not included

Record review of Resident 5's NCP dated 03/10/2023 noted "Caregivers to give (Resident 5) a cigarette and a lighter show (Resident 5) the designated smoking area After lighting the cigarette (Resident 5) will give back the lighter to caregiver which should be kept in a locked cabinet '

In an interview on 04/13/2023 at 5 41 PM Staff A stated that before staff kept the cigarettes and lighters of the residents However, the residents were not happy so they started keeping the cigarettes and lighters 2 years ago She further stated that they should have updated the residents' NCP, but they did not

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, CARING ANGELS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/23/2023

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

Provider (or Representative) _____ Date 5/20/2023

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 (AFH) failed to ensure that the home was in good repair and free of hazards Furthermore the AFH failed to keep the refrigerator clean that was used by and for the residents This failure placed 3 of 5 residents (Residents 2 3 and 4) at risk of physical harm and decreased quality of life

Findings included

On 04/13/2023 at 10 36 AM observation showed that a molding of the lower corner of the wall by the bathroom/toilet located at the lower level of the house was coming off and sticking out approximately ten inches long by two inches wide The surrounding paints on that corner of the wall came off

In an interview on 04/13/2023 at 2 27 PM, Staff A, Entity Representative stated that Residents 2 3 and 4 used the lower level bathroom independently Staff A stated that that Resident 4's wheelchair caused the wall corner molding and paint to be ripped off

On 04/13/2023 at 3 05 PM observation showed a large hole approximately six inches

wide by six inches high and three inches deep on the wall inside the bathroom located at the lower level of the house used by Residents 2 3 and 4 The sheetrock behind the wall was exposed and visible Next to that hole, the paints came off approximately twelve inches wide by five inches high

In an interview on 04/13/2023 at 3 05 PM, Staff A stated that the hole was caused by Resident 4's wheelchair

On 04/13/2023 at 2 23 PM observation showed that the door of the white refrigerator at the lower level of the house by the kitchen had black stains and red particles

In an interview on 04/13/2023 at 2 23 PM Staff A stated that the residents used the refrigerator Staff A further stated that the red stains outside the refrigerator were catsup and staff could have cleaned it out

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Provider (or Representative) _____ Date 5/20/2023

WAC 388 76-10890 Posting the emergency evacuation floor plan Required The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must

(1) Be posted in a visible location commonly used by residents staff and visitors alike and

This requirement was not met as evidenced by

Based on observation and interview the Provider failed to ensure an evacuation floor plan was posted on 2 of 2 levels (upper level and lower level) of the home This failure placed 5 of 5 residents (Residents 1 2 3 4 and 5) at risk of harm in the event of a fire or emergency that required evacuation

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM, Observation showed that the home was a split entry level with stairs ascending to the upper level and stairs descending to the lower level

During an environmental tour of the residents' bedrooms on 04/13/2023 at 2 51 PM, observation showed that Residents 1 and 5 lived on the upper level and Residents 2, 3, and 4 lived on the lower level

On 04/13/2023 at 1 52 PM, observation showed there was no evacuation floor plan posted either on the upper or lower level of the AFH

In an interview on 04/13/2023 at 2 30 PM, Staff A Entity Representative stated that they used to post the evacuation floor plan but didn't realize that it's gone

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Provider (or Representative) _____ Date 5/20/2023

WAC 388 76 10810 Fire extinguishers

(1) The adult family home must have an approved five pound 2A 10B-C rated fire extinguisher on each floor of the home

(2) The home must ensure fire extinguishers are

(b) Inspected and serviced annually

This requirement was not met as evidenced by

Based on observation and interview, the Adult Family Home (AFH) failed to have an approved five-pound 2A 10B C rated fire extinguisher in the home This failure placed 5 of 5 residents (Residents 1 2 3, 4 and 5) at risk of harm in the event of fire

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM Observation showed that the home was a split entry level with stairs ascending to the upper level and stairs descending to the lower level

On 04/13/2023 at 1 58 PM observation showed a 2 5 pounds fire extinguisher was mounted on the wall next to the exit door on the lower level of the home The tag was punched on 03/2022 and says, "Expires in 12 months"

On 04/13/2023 at 2 03 PM, observation showed a 2 5 pounds fire extinguisher was mounted on the wall next to the sliding door on the upper level of the home The tag was punched on 03/2022 and says "Expires in 12 months"

In an interview on 04/13/2023 at 2 17 PM Staff A, Entity Representative stated that they used to have five-pound fire extinguishers but the company who serviced them took it and replaced them with a new one Staff A further stated that she did not know that the fire extinguishers were expired

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Provider (or Representative) — Date 5/20/2023

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as

(c) Sinks

This requirement was not met as evidenced by

Based on observation and interview the Adult Family Home (AFH) failed to maintain the water temperature below 120 degrees Fahrenheit in 2 of 2 bathrooms (upper and lower level bathroom) used by 4 of 5 current residents (Residents 1 2 3 and 4) This failure

placed the residents at risk from scalding and/or hot water burns

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM observation showed that the home had one bathroom on the upper level and another bathroom on the lower level of the home

In an interview on 4/13/2023 at 2 27 PM, Staff A Entity Representative stated that the upper level bathroom was used by Resident 1 and the lower level bathroom was used by Residents 2 3, and 4

During an environmental tour with Staff A on 04/13/2023 at 2 08 PM observation showed the water on the upper level bathroom sink faucet was steaming hot and the temperature registered at 129 4 degrees Fahrenheit

During an environmental tour with Staff A on 04/13/2023 at 2 32 PM, observation showed the water temperature on the lower level bathroom sink faucet registered at 129 9 degrees Fahrenheit

In an interview on 04/13/2023 at 2 14 PM, Staff A stated that she had no idea why the water temperatures were high

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Provider (or Representative) _____ Date 5/20/2023

WAC 388 76-10845 Emergency drinking water supply The adult family home must have an on site emergency supply of drinking water that

(2) Is at least three gallons for the home's licensed capacity every household member and caregiving staff

This requirement was not met as evidenced by

Based on observation, interview and record review the Adult Family Home (AFH) failed to have adequate emergency drinking water supply on-site for 5 of 5 current residents 1 potential other resident (AFH was licensed for 6 residents) and 2 staff This failure placed the residents at risk of harm from dehydration in the event of an emergency

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM observation showed Residents 1 2 3 4 and 5 lived at the AFH There were two staff members observed at the time of the visit

Department record review showed that the AFH was licensed and approved for a capacity of six residents

On 04/13/2023 at 2 42 PM, observation showed 18 bottles with one gallon capacity for each water bottle Further observation showed 2 of the 18 bottles had holes
and the bottles were almost empty The AFH had a total of 16 gallons of emergency drinking water

The required amount of emergency drinking water for the home was 24 gallons (6 residents [based on capacity] and 2 staff)

In an interview on 04/13/2023 at 2 42 PM, Staff A Entity Representative, stated that they used to have the required amount of emergency water but did not realize that the water bottles leaked

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Provider (or Representative) _____ Date 5/20/2023

WAC 388 76 10585 Resident rights Examination of inspection results

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents resident representatives the department and anyone interested without having to ask for them

(b) All complaint investigation reports any related follow up reports and any related cover letters received since the most recent inspection or within the last twelve months whichever is longer

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives the department and anyone interested

(a) A copy of each inspection report and related cover letter received during the past three years and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years

This requirement was not met as evidenced by

Based on observation interview and record review the adult family home (AFH) failed to place copies of the most recent inspection and complaint investigation reports in a visible location in a common area for review of all 5 residents (Residents 1 2 3 4 and 5) their representatives, the Department and anyone interested without having to ask for them In addition there was no notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents resident representatives the Department and anyone interested

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM, observation showed Residents 1 2 3, 4 and 5 were in the home receiving care and services from staff The home was a split entry level with stairs ascending to the upper level and stairs descending to the lower level Residents 1 and 5 lived on the upper level and Residents 2 3 and 4 lived on the lower level

During the environmental tour on 04/13/2023 at 2 49 PM observation showed no inspection and complaint investigations posted on either upper or lower level of the home There was no notice that copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents resident representatives the Department and anyone interested

Review of the Department records showed the AFH's last annual inspection was conducted on 05/14/2019 with six deficiencies and a complaint investigation was conducted on 08/16/2022 with one deficiency

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The Department staff did not receive a copy of Staff C's TB testing results until 05/02/2023

MAY 2 4 2023

DSHS/ALTSA/RCS

Attestation Statement

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Provider (or Representative) — Date 5/20/2023

WAC 388 76 10163 Background checks Process Background authorization form Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must

(1) Require the person to complete a DSHS background authorization form and

(2) Submit form to the department's background check central unit including any additional documentation and information requested by the department

This requirement was not met as evidenced by

Based on interview and record review the adult family home (AFH) failed to ensure 1 of 4 staff (Staff D Caregiver) Department of Social & Health Services (DSHS) background check (BGC) authorization form was completed and submitted to the Department's Background Check Unit (BCCU) before hiring This failure placed 5 of 5 current residents (Residents 1 2, 3 4 and 5) at risk of receiving care from unqualified staff whose criminal background was unknown

Finding included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM observation showed Residents 1 2, 3, 4 and 5 were in the home receiving care and services from staff

On 04/13/2023 at 1 50 PM, observation showed Staff D Caregiver arrived in the AFH but was not scheduled to work with the residents at the time of the visit

In an interview on 04/13/2023 at 2 49 PM, Staff A Entity Representative did not offer any explanation as to why there was no posting and stated that she would look for the said reports.

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Provider (or Representative) — Date: SN 5/20/2023

WAC 388 76-10685 Bedrooms The adult family home must meet all of the following requirements

(11) Provide each resident a call bell or an alternative way of alerting staff in an emergency, that the resident can use unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times

This requirement was not met as evidenced by

Based on observation and interview, the adult family home (AFH) failed to ensure that a call system was available as the Caregiver's bedroom was not on the same level as the residents This failure placed 3 of 5 residents (Residents 2 3 and 4) at risk of not having their needs met especially during the night when the caregivers are asleep upstairs

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM Observation showed that the home was a split entry level with stairs ascending to the upper level and stairs descending to the lower level

Observation on 04/13/2023 at 2 52 PM showed that the Residents 2 3 and 4's bedrooms were all in the lower level The Caregiver's bedroom was on the upper level Further observation showed Residents 2 3 and 4 did not have any call system that they could used if they need to call the Caregiver

Record review of Staff D's file showed they were hired to work in the AFH on 12/23/2022 Staff D's BGC was not completed until 02/12/2023 Staff D's personnel file did not contain records that showed a BGC authorization form was completed and submitted to the Department's BCCU prior to the hired date

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Provider (or Representative) _____ Date 5/20/2023

WAC 388 76-10870 Resident evacuation capability levels Identification required The adult family home must ensure that each resident's assessment, preliminary service plan, and negotiated care plan identifies and describes the resident's ability to evacuate the home according to the following descriptions

(2) Assistance required Resident is not physically or mentally capable of evacuating the home without assistance from another individual mobility aids or multiple cues

This requirement was not met as evidenced by

Based on observation interview and record review the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 residents (Resident 4) who used an assistive mobility device included an evacuation level This failure placed Resident 4 at risk for unsafe evacuation during an emergency

Findings included

On 04/13/2023 at 12 02 PM, observation showed staff provided care and services to Resident 4

In an interview on 04/13/2023 at 11 45 AM, Staff A, Entity Representative, stated that Resident 4 used a wheelchair for mobility

Record review of Resident 4's NCP dated 12/21/2022 showed the emergency evacuation

In an interview on 04/13/2023 at 2 54 PM, Staff A, Entity Representative, stated that the AFH used to have a portable call button/system but the residents lost it Staff A stated that they were planning to replace the call system

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Provider (or Representative) _____ Date 5/20/2023

WAC 388-76 10310 Tuberculosis Test records The adult family home must

(1) Keep the records of tuberculin test results reports of X-ray findings and any physician or public health provider orders in the adult family home

(2) Make the records readily available to the appropriate health authority and licensing agency

This requirement was not met as evidenced by

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep complete records of tuberculin (TB) test results of 1 of 2 sampled staff (Staff C Caregiver) and made it readily available to the Department staff This failure resulted in a delay of determining the staff qualifications

Findings included

During an unannounced visit to the AFH on 04/13/2023 between 10 24 AM and 6 02 PM, observation showed Staff C interacted and provided care to the residents

Review of Staff C s personnel records showed no two step TB testing There was only one step of TB testing on file dated 12/13/2021 at the time of the visit

In an interview on 04/13/2023 at 3 43 PM Staff A Entity Representative stated that they thought Staff C gave them 2 step TB test results

level was blank and did not identify either 'Independent" or "Assistance Required"

In an interview on 04/13/2023 at 4 02 PM Staff A stated that she "missed" writing the evacuation level on Resident's 4 NCP

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Provider (or Representative) _____ Date 5/20/2023