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

MARISSA MARTINEZ
ANGELS CARE ADULT FAMILY HOME
26035 14TH AVE S
DES MOINES, WA 98198

RE: ANGELS CARE ADULT FAMILY HOME License # 752329

Dear Provider:

This letter addresses Compliance Determination(s) 57191 (Completion Date 03/31/2025) and 53149 (Completion Date 02/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/31/2025 and found that you have corrected the violations listed in the Full report dated 02/06/2025. Your home is back in compliance as of 03/15/2025 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 388-76-10175-2, WAC 388-76-10175-3, WAC 388-76-10420-7-b, WAC 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
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

Statement of Deficiencies	License #: 752329	Compliance Determination # 53149
Plan of Correction	ANGELS CARE ADULT FAMILY HOME	Completion Date
Page 1 of 10	Licensee: MARISSA MARTINEZ	02/06/2025

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 01/14/2025 of:

ANGELS CARE ADULT FAMILY HOME
26035 14TH AVE S
DES MOINES, WA 98198

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 752329	Compliance Determination # 53149
Plan of Correction	ANGELS CARE ADULT FAMILY HOME	Completion Date
Page 2 of 10	Licensee: MARISSA MARTINEZ	02/06/2025

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.

Dahl Kim — Residential Care Services

02/10/2025 — 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.

Marissa P Martinez — Provider (or Representative)

2/18/2025 — Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

(3) Does not allow the individual to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 current staff (Staff D, Caregiver) signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI). In addition, the AFH failed to ensure 1 of 1 current staff (Staff D) had supervised access to residents. These failures placed all residents (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown criminal background.

Findings included...

During a visit on 01/14/2025 at 8:18 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

A review of Staff D's personnel records showed a hire date of 07/17/2023. Further review showed Staff D's BGI was completed on 09/05/2023.

In an interview on 01/14/2025 at 9:17 AM, Staff A, Provider, stated that Staff D did provide unsupervised care to residents before the results of their BGI were received. In addition, Staff A stated that Staff D had not signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime.

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 CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/15/2025.

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

Marissa O Martinez — Provider (or Representative)

2/18/2025 — 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 staff followed food handling procedures for 1 of 1 staff (Staff C, Caregiver) when they prepared breakfast for 4 of 4 resident's (Residents 1, 2, 3, and 4). This failure placed all residents at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed when handling food, clean gloves helped to prevent germs from contaminating food.

During a visit on 01/14/2025 at 8:18 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH.

Observation on 01/14/2025 at 8:49 AM showed Staff C donned gloves, opened and closed the microwave door, stirred oatmeal, and retrieved a plate from a cabinet. Further observation showed Staff B began to peel a hard-boiled egg with the same gloved hands.

In an interview on 01/14/2025 at 8:51 AM, Staff C stated that they had forgotten to put on clean gloves prior to touching food.

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 CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/15/2025.

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

Marissa O Martinez 2/18/2025

Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 medication storage cabinet in the AFH and medication for 1 of 1 resident (Resident 3) was kept in locked storage. These failures placed the ambulatory resident (Resident 1) at risk of accessing and taking medication not prescribed for their use and placed Resident 3 at risk of inappropriately taking prescribed medication.

Findings included...

During a visit on 01/14/2025 at 8:18 AM, observation showed Resident 3 received medication assistance from the AFH. Further observation showed Resident 1 ambulated independently throughout the AFH.

Medication storage cabinet

Observation on 01/14/2025 at 8:19 AM showed, a bubble pack of resident medication on the kitchen table. Further observation showed no staff within line of sight of the medication and Resident 1 was seated on the living room couch next to the kitchen.

In an interview on 01/14/2025 at 8:20 AM, Staff A, Provider, stated that they had left the medication on the kitchen table to answer the front door. Staff A further stated that they normally kept medication locked up.

Observation on 01/14/2025 at 11:08 AM showed the medication storage cabinet was unlocked.

In an interview on 01/14/2025 at 11:09 AM, Staff B, Caregiver, stated that they had gotten Resident 4's medication out of the cabinet at 10:00 AM for a medical appointment. Staff B further stated that they must have left the cabinet unlocked.

Resident 3
A review of Resident 3's January 2025 pharmacy generated medication administration record showed they were prescribed, Vitamin B12 100 micrograms (mcg), take 1 tablet by mouth every morning for vitamin deficiency.

Observation on 01/14/2025 at 3:00 PM of Resident 3's medication storage container showed no Vitamin B12 100 mcg.

Observation on 01/14/2025 at 3:02 PM showed, Staff B left the kitchen area and walked to another area of the AFH out of line of sight of department staff. Further observation showed Staff B returned with a bottle of Vitamin B12 100 mcg for Resident 3.

In an interview on 01/14/2025 at 3:03 PM, Staff B stated they had gotten Resident 3's bottle of Vitamin B12 100 mcg from the resident's bedroom. Staff B further stated that Resident 3 had their bottle of Vitamin B12 100 mcg to order an additional supply of the medication.

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 CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/15/2025.

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

Marissa O Martinez 2/18/2025

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 their medication disposal policy for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of receiving medication no longer prescribed for their use.

Findings included...

During a visit on 01/14/2025 at 8:18 AM, observation showed Resident 2 lived in and received medication administration from the AFH.

A review of the AFH's "Medication Disposal Policy" showed the AFH would return all discontinued medication to the pharmacy.

Acetaminophen
Observation on 01/14/2025 at 2:20 PM of Resident 2's medication storage container showed, Acetaminophen 500 milligram (mg), take 2 tablets by mouth every 8 hours for pain and Acetaminophen 325 mg, take 2 tablets (650 mg) by mouth every 12 hours as needed for pain.

In an interview on 01/14/2025 at 2:25 PM, Staff B, Caregiver, stated that Resident 2 had surgery on 11/19/2024. Staff B further stated that the surgeon had prescribed Acetaminophen 500 mg after Resident 2's surgery. In addition, Staff B stated that

Resident 2's Representative had instructed the AFH to stop providing Resident 2 Acetaminophen 500 mg. Staff B stated that there was no discontinuation order for Resident 2's Acetaminophen 500 mg.

A review of Resident 2's December 2024 pharmacy generated medication log showed a handwritten entry that Resident 2 was prescribed, Acetaminophen 500 mg, take 2 tablets by mouth every 8 hours. Further review showed a note that Resident 2's Representative had instructed the AFH to stop Resident 2's Acetaminophen 500 mg.

A review of Resident 2's January 2025 pharmacy generated medication log showed no entry for Acetaminophen 500 mg.

Bisacodyl
Observation on 01/14/2025 at 2:35 PM of Resident 2's medication storage container showed, "Bisacodyl EC" 5 mg, take 1 tablet by mouth once daily as needed for constipation.

A review of Resident 2's January 2025 pharmacy generated medication log showed no entry for "Bisacodyl EC" 5 mg on Resident 2's medication log.

A review of Resident 2's December 2024 pharmacy generated medication log showed Resident 2 was prescribed, "Bisacodyl EC" 5 mg, take 1 tablet by mouth once daily as needed for constipation. Further review showed an initialed entry on 12/04/2024 and 12/14/2024.

A review of Resident 2's November 2024 pharmacy generated medication log showed Resident 2 was prescribed, "Bisacodyl EC" 5 mg, take 1 tablet by mouth once daily as needed for constipation. Further review showed an initialed entry on 11/20/2024.

In an interview on 01/14/2025 at 2:30 PM, Staff B stated that there was not a discontinuation order for Resident 2's "Bisacodyl EC" 5 mg.

Oxycodone
Observation on 01/14/2025 at 2:30 PM of Resident 2's medication storage container showed, Oxycodone 5 mg, take 1 tablet (5 mg) by mouth every 6 hours as needed for severe pain.

A review of Resident 2's January 2025 and December 2024 pharmacy generated medication log showed Resident 2 had no entry for Oxycodone 5 mg.

A review of Resident 2's November 2024 pharmacy generated medication log showed a handwritten entry that Resident 2 was prescribed, Oxycodone 5 mg, take 1 tablet (5

mg) by mouth every 6 hours as needed for severe pain. Further observation showed an initialed entry on 11/19/2024, 2 initialed entries on 11/20/2024 and 11/21/2024, and 1 initialed entry on 11/22/2024.

In an interview on 01/14/2025 at 2:45 PM, Staff A, Provider, stated that Resident 2's Representative had instructed the AFH to stop Resident 2's Oxycodone 5 mg in November 2024. Staff A further stated the AFH discarded medication at the pharmacy.

In an interview on 01/14/2025 at 5:46 PM, Staff A, Provider, stated that they reviewed resident medication every month. Staff A further stated they had made a mistake.

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 CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/15/2025.

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

Marissa D Martinez 2/18/2025

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Resident 1 and Resident 3) with a medical device each had an assessment completed that identified each resident's need and ability to safely use the medical device. In addition, the AFH failed to provide 1 of 3 resident's (Resident 1) Representative with the safety risks and benefits associated with the use of the medical

device and failed to include in 2 of 3 residents (Resident 1 and Resident 4) Negotiated Care Plan (NCP) how the resident would use the medical device. These failures prevented Resident 1's Representative from making an informed decision about whether to use the medical devise, placed Resident 1 and Resident 3 at risk for misuse of the medical device and Resident 1 and Resident 4 at risk of harm from staff not knowing how the resident used the medical device.

Findings included...

During a visit on 01/14/2025 at 8:18 AM, observation showed Resident 1, 3, and 4 lived in and received care from the AFH.

Resident 4
Observation on 01/14/2025 at 10:32 AM showed Resident 4 had one-half side [redacted] bolted to the left side of the bed frame.

A review of Resident 4's NCP dated 01/10/2024 showed Resident 4 was admitted to the AFH on [redacted]/2022. Further review showed Resident 4's NCP indicated they had [redacted] but did not indicate how Resident 4 used them.

In an interview on 01/14/2025 at 2:00 PM, Staff A, Provider, stated that Resident 4 used the [redacted] for transfers.

Resident 3
Observation on 01/14/2025 at 10:40 AM showed Resident 3 had a [redacted] near the head of their bed on the right side.

A review of Resident 3's records showed Resident 3 was admitted to the AFH on [redacted]/2021. Further review of Resident 3's records showed no assessment that identified Resident 3's need and ability to safely use a [redacted].

A review of records received by the department through email on 01/16/2025 at 10:04 AM from the AFH showed, a piece of notebook paper dated March 1. The document indicated it was an Occupational Therapy (OT) discharge, and recommended "transfer for showers in bedroom-have patient stand with [redacted]." The document did not contain the year the note was written, name of resident, agency associated with the note, or the printed name and qualifications of the individual who wrote the note.

In an interview on 01/14/2025 at 4:30 PM, Resident 3 stated that they used their [redacted] for getting in and out of bed.

Resident 1

Observation on 01/14/2025 at 10:45 AM showed Resident 1 had an adjustable one-half [redacted] on the right side of the bed.

In an interview on 01/14/2025 at 10:46 AM, Staff A stated that Resident 1 used the [redacted] to steady themselves while getting out of bed.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [redacted] 2024. Further review of Resident 1's records showed no assessment that identified Resident 1's need and ability to safely use the [redacted]. In addition, Resident 1's records did not include documentation that Resident 1's Representative was provided information on the risks and benefits of [redacted].

A review of Resident 1's NCP showed no information Resident 1 had a [redacted] or how it was used.

A review of an email received by the department on 01/16/2025 at 10:04 AM from the AFH showed, the AFH had contacted Resident 1's Representative for a referral to complete the assessment for [redacted].

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 CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/15/2025.

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

Marissa D Martinez — Provider (or Representative)

2/18/2025 — Date

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

02/10/2025

MARISSA MARTINEZ
ANGELS CARE ADULT FAMILY HOME
26035 14TH AVE S
DES MOINES, WA 98198

RE: ANGELS CARE ADULT FAMILY HOME # 752329

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/06/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(e) Staff; and

A review of Staff C, Caregiver, records showed a hire date of 09/01/2024. Further review showed Staff C had a history of a positive skin test for TB, a communicable disease affecting the lungs. In addition, Staff C had a negative chest x-ray dated 10/25/2024. Staff A, Provider, stated that they had forgotten to send Staff C for an x-ray and sent them as soon as they realized the error.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)234-6007.

Sincerely,

Dahl Kim

Dahl Kim, Field Manager

Region 2, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a

Panel IDR, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

ANGELS CARE ADULT FAMILY HOME
26035 14th Ave South Des Moines Washington 98198
PHONE:253-205-4270
FAX:206-212 6807

Date:2/18/2025

Re:Deficiency/Deficiencies and Correction Summary Plan.
CITATIONS:WAC 388-76-10175(2)(3) WAC 388-76-10420(7)(b) WAC 388-76-10485(1) WAC 388-76-10490(1) WAC 388-76-10650(2)(a)(b)(c)

To Whom It May Concern:
This is to state the citation from our inspection on 1/14/2025 regarding all the deficiencies as described above has been corrected.

1.WAC 388-76-10175(2)(3) Background checks.
Staff D,is no longer working in our facility.Staff D has a background check that was initially completed on Dec 5,2021 and a second background check on September 5,2023 with final fingerprint dated 3/24/2023.The AFH have date of hire record 7/17/2023.We will ensure that the background check will be conducted within 1 business day of hire.We will also ensure to check with Background Check Central Unit for any processing issues or delays and will resubmit application if needed.

2.WAC 388-76-10420 (7)(b) Meals and Snacks
We implemented our system to ensure that the food we will serve is safe,sanitary and uncontaminated. Staff C and Staff B re-oriented for handwashing,gloving,and sanitizing when preparing food for our residents.

3.WAC 388-76-10485(1)Medication Storage
We implemented our medication storage system to ensure that our medication storage cabinet is always locked and secured at all times. We will also ensure that all medications for both prescribed and OTC will not be left unattended everywhere and will strictly orient our staff to secure them after administering medication. AFH changed the medication storage locking mechanism for additional safety.

4.WAC 388-76-10490(1)Medication Disposal Written Policy.
We will ensure to dispose of all expired or unused medications based on our disposal policy. In addition,we will ensure that a Discontinue order from the Doctor is in place to resident record.

5.WAC 388-76-10650(2)(a)(b)(c).Medical Devices
We will ensure to get necessary assessment before a medical devices will be used by the client.We will also ensure that information is being provided regarding the device's benefits and safety risk.And ensure that medical devices is addressed into the negotiated care plan on how the resident will use the device.In addition the AFH will contact the assessor of medical devices if there is changes that concerning about resident safety.And follow safety recommendations of the medical devices assessor.

Best Regards,

Marissa Martinez
PROVIDER