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

ANGELIC CARE ADULT FAMILY HOME LLC

ANGELIC CARE ADULT FAMILY HOME LLC
22454 NE 10TH ST
SAMMAMISH, WA 98074

RE: ANGELIC CARE ADULT FAMILY HOME LLC License # 752627

Dear Provider:

This letter addresses Compliance Determination(s) 44431 (Completion Date 08/06/2024) and 39457 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2024 and found that you have corrected the violations listed in the Full report dated 05/13/2024. Your home is back in compliance as of 05/14/2024 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 388-76-10161-2-b, WAC 388-76-101632-1, WAC 388-76-10895-2-a, WAC 388-76-10315-1-g, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10532-3

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

Statement of Deficiencies	License #: 752627	Compliance Determination # 39457
Plan of Correction	ANGELIC CARE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 6	Licensee: ANGELIC CARE ADULT FAMILY HOME LLC	05/13/2024

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 04/08/2024 and 04/08/2024 of:
ANGELIC CARE ADULT FAMILY HOME LLC
22454 NE 10TH ST
SAMMAMISH, WA 98074

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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 — 05/14/2024 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.

Provider (or Representative) 5/24/2024 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

WAC 388-76-10163 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 interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 staff (Staff B, Resident Manager and Staff F, Former Caregiver) hired after January 1, 2012, had the required national fingerprint-based (FP) background check (BGC). This placed residents at risk of harm from a caregiver with unknown national criminal history.

Findings included:

On 04/08/2024 review of Staff B and Staff F orientation to the home dated on their hire date showed the AFH hired Staff B on 08/10/2018 and Staff F on 04/28/2018. Staff B's record showed a current Washington state name and date of birth BGC with negative result completed on 05/25/2023 while Staff F was completed on 05/25/2023. There was no FP BGC record found for both Staff B and Staff F.

On 04/08/2024 at 11:30 AM interview, Staff A, Entity Representative, said that Staff F stopped working on 08/01/2023, and Staff B only worked as needed. Staff A said that there should have been FP BGC records for Staff B and Staff F and that they would send it to the department once found.

On 04/29/2024, the department received a negative FP BGC record of Staff B with a completion date of 04/29/2024 (21 days after department staff's onsite visit). There was no FP BGC record received for Staff F. Staff B and Staff F worked in the home for over five years without the required FP BGC.

Attestation Statement

Provider (or Representative) _____ Date _____

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

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 interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 staff (Staff B, Resident Manager and Staff F, Former Caregiver) hired after January 1, 2012, had the required national fingerprint-based (FP) background check (BGC). This placed residents at risk of harm from a caregiver with unknown national criminal history.

Findings included ...

On 04/08/2024 review of Staff B and Staff F orientation to the home dated on their hire date showed the AFH hired Staff B on 08/10/2018 and Staff F on 04/28/2018. Staff B's record showed a current Washington state name and date of birth BGC with negative result completed on 05/25/2023 while Staff F was completed on 05/25/2023. There was no FP BGC record found for both Staff B and Staff F.

On 04/08/2024 at 11:30 AM interview, Staff A, Entity Representative, said that Staff F stopped working on 09/01/2023, and Staff B only worked as needed. Staff A said that there should have been FP BGC records for Staff B and Staff F and that they would send it to the department once found.

On 04/29/2024, the department received a negative FP BGC record of Staff B with a completion date of 04/29/2024 (21 days after department staff's onsite visit). There was no FP BGC record received for Staff F. Staff B and Staff F worked in the home for over five years without the required FP BGC.

Attestation Statement

Statement of Deficiencies	License #: 752627	Compliance Determination # 23457
Plan of Correction	ANGELIC CARE ADULT FAMILY HOME LLC	Completion Date
Page 3 of 6	Licensee: ANGELIC CARE ADULT FAMILY HOME LLC	05/13/2024

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, ANGELIC CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/2024

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

Provider (or Representative) — Date: 5/24/2024

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 conduct partial emergency evacuation drills at least every two months as required affecting 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6). This failure placed all residents at risk of harm should the AFH evacuate the home in an emergency.

Findings included:

On 04/08/2024 at 11:00 AM, observation showed Resident 1 and Resident 3 were sitting in their bedroom recliners. Resident 2 sitting in a wheelchair in their bathroom; Resident 4 and Resident 6 sitting in a dining room chair with their walker within reach; and Resident 5 walking around the home without any mobility device.

On 04/08/2024 at 11:20 AM interview, Staff A, Entity Representative, said that all residents required assistance with evacuation.

Record review showed partial emergency evacuation drills were done on 02/12/2022, 06/01/2022, 09/15/2022, 10/01/2022, 12/15/2022, 02/11/2023, 04/21/2023, 06/23/2023, 08/04/2023, 11/01/2023, and 02/04/2024. There were no other evacuation drills record found in the home. The drills were not done at least every 60 days in 2022, 2023, and 2024.

On 04/08/2024 at 2:00 PM interview, Staff A said that they missed to conduct emergency evacuation drill every two months. Staff A said that they would conduct partial emergency

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, ANGELIC CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills at least every two months as required affecting 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6). This failure placed all residents at risk of harm should the AFH evacuate the home in an emergency.

Findings included ...

On 04/08/2024 at 11:00 AM, observation showed Resident 1 and Resident 3 were sitting in their bedroom recliners, Resident 2 sitting in a wheelchair in their bathroom, Resident 4 and Resident 6 sitting in a dining room chair with their walker within reach, and Resident 5 walking around the home without any mobility device.

On 04/08/2024 at 11:20 AM interview, Staff A, Entity Representative, said that all residents required assistance with evacuation.

Record review showed partial emergency evacuation drills were done on 02/12/2022, 06/01/2022, 08/15/2022, 10/01/2022, 12/15/2022, 02/11/2023, 04/21/2023, 06/23/2023, 08/04/2023, 11/01/2023, and 02/04/2024. There were no other evacuation drills record found in the home. The drills were not done at least every 60 days in 2022, 2023, and 2024.

On 04/08/2024 at 2:00 PM interview, Staff A said that they missed to conduct emergency evacuation drill every two months. Staff A said that they would conduct partial emergency

evacuation drill as soon as possible and ensure the drills will be done every 90 days.

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, ANGELIC CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/2024

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

Provider (or Representative) Date 5/24/2024

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have records of 1 of 2 residents (Resident 3) available to the department staff for review. This delayed the department staff from knowing if the home complied with regulations.

Findings included:

On 04/08/2024 review of Resident 3's admission record dated [redacted]2020 showed the AFH admitted them on [redacted]2020. Resident 3's record showed a negotiated care plan (NCP) dated 12/06/2023, assessment dated 10/09/2023, admission agreements, physician's orders, and medication administration records. There was no NCP and assessment record found for Resident 3 for year 2021 and 2022. There was no other NCP or assessment record found in any of Resident 3's record.

On 04/08/2024, at 4:30 PM interview, Staff A, Entity Representative, said that they could not find Resident 3's previous NCP's and assessments because they already disposed them. Staff A said that they were not aware they needed to keep previous and current NCP or assessment of residents.

Attestation Statement

evacuation drill as soon as possible and ensure the drills will be done every 60 days.

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, ANGELIC CARE ADULT FAMILY HOME 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) Date

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(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have records of 1 of 2 residents (Resident 3) available to the department staff for review. This delayed the department staff from knowing if the home complied with regulations.

Findings included...

On 04/08/2024 review of Resident 3's admission record dated [redacted]/2020 showed the AFH admitted them on [redacted]/2020. Resident 3's record showed a negotiated care plan (NCP) dated 12/08/2023, assessment dated 10/09/2023, admission agreements, physician's orders, and medication administration records. There was no NCP and assessment record found for Resident 3 for year 2021 and 2022. There was no other NCP or assessment record found in any of Resident 3's record.

On 04/08/2024, at 4:30 PM interview, Staff A, Entity Representative, said that they could not find Resident 3's previous NCPs and assessments because they already disposed them. Staff A said that they were not aware they needed to keep previous and current NCP or assessment of residents.

Attestation Statement

Statement of Deficiencies	License #: 752627	Compliance Determination #: 33457
Plan of Correction	ANGELIC CARE ADULT FAMILY HOME LLC	Completion Date
Page 5 of 6	Licensee: ANGELIC CARE ADULT FAMILY HOME LLC	05/13/2024

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, ANGELIC CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/2024.

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

Provider (or Representative) — Date: 5/24/2024.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home.

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete the department's disclosure of fees and charges forms and provide to 2 of 2 residents (Resident 3 and Resident 4). This failure placed the residents at risk of not knowing the home's fees and charges.

Findings included:

On 04/08/2024 review of Resident 3's admission record dated [redacted]2020 showed the AFH admitted them on [redacted]2020. Resident 4's admission record dated [redacted]2021 showed the AFH admitted them on [redacted]2021. Both Resident 3 and Resident 4's records did not show a completed department's disclosure of charges (DOC) forms.

On 04/08/2024 at 4:10 PM interview, Staff A, Entity representative, said that they thought the department's disclosure of services forms was the required forms to be completed and provided to residents upon admission. Staff A said that the AFH charges and fees were already reflected in their admission agreement. Staff A said that they would complete the department's DOC forms and provide it to Resident 3 and Resident 4's Collateral Contacts.

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, ANGELIC CARE ADULT FAMILY HOME 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) Date

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(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

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(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete the department's disclosure of fees and charges forms and provide to 2 of 2 residents (Resident 3 and Resident 4). This failure placed the residents at risk of not knowing the home's fees and charges.

Findings included...

On 04/08/2024 review of Resident 3's admission record dated [redacted]/2020 showed the AFH admitted them on [redacted]/2020. Resident 4's admission record dated [redacted]/2021 showed the AFH admitted them on [redacted]/2021. Both Resident 3 and Resident 4's records did not show a completed department's disclosure of charges (DOC) forms.

On 04/08/2024 at 4:10 PM interview, Staff A, Entity representative, said that they thought the department's disclosure of services forms was the required forms to be completed and provided to residents upon admission. Staff A said that the AFH charges and fees were already reflected in their admission agreement. Staff A said that they would complete the department's DOC forms and provide it to Resident 3 and Resident 4's Collateral Contacts.

Attestation Statement

Statement of Deficiencies	License # 752627	Compliance Determination # 33457
Plan of Correction	ANGELIC CARE ADULT FAMILY HOME LLC	Completion Date
Page 6 of 6	Licensee: ANGELIC CARE ADULT FAMILY HOME LLC	05/13/2024

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, ANGELIC CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/2024

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

Provider (or Representative) — Date: 5/24/2024

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, ANGELIC CARE ADULT FAMILY HOME 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) 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

05/14/2024

ANGELIC CARE ADULT FAMILY HOME LLC
ANGELIC CARE ADULT FAMILY HOME LLC
22454 NE 10TH ST
SAMMAMISH, WA 98074

RE: ANGELIC CARE ADULT FAMILY HOME LLC # 752627

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/13/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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 388-76-10530 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;

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

The Adult Family Home (AFH) failed to include resident rights information and house rules in Resident 3's admission agreement when the AFH admitted them on [redacted]2020. The agreements were renewed on 12/07/2022 but the house rules and resident rights information were still not included. On 04/10/2024, the AFH sent Resident 3's admission agreements that included house rules and resident rights information to the department staff via email.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E

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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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 IDRs** 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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600