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

AM Angels Adult Family Home LLC

Am Angels Adult Family Home LLC
1436 S 124th St
Seattle, WA 98168

RE: Am Angels Adult Family Home LLC License # 753608

Dear Provider:

This letter addresses Compliance Determination(s) 51237 (Completion Date 12/03/2024) and 48275 (Completion Date 10/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/03/2024 and found that you have corrected the violations listed in the Full report dated 10/04/2024. Your home is back in compliance as of 10/18/2024 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 388-76-10700-1, WAC 388-76-10430-1, WAC 388-76-10380-4, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10198-4, WAC 388-76-10198-2-a, WAC 388-76-10135-4, WAC 388-112A-0610-1-a-iii

The Department staff who did the on-site verification:
Olga Petrov, NCI

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

Sincerely,

Lydia Owusu-Acheampong, 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 #: 753808	Compliance Determination # 48275
Plan of Correction	Am Angels Adult Family Home LLC	Completion Date
Page 1 of 10	Licensee: AM Angels Adult Family Home LLC	10/04/2024

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 10/01/2024 and 10/01/2024 of:
Am Angels Adult Family Home LLC
1436 S 124th St
Seattle, WA 98168

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:

Olga Petrov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 — 10/10/2024 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.

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 10/01/2024 and 10/01/2024 of:

Am Angels Adult Family Home LLC
1436 S 124th St
Seattle, WA 98168

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:

Olga Petrov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

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 #: 753808	Compliance Determination # 48275
Plan of Correction	Am Angels Adult Family Home LLC	Completion Date
Page 2 of 10	Licensee: AM Angels Adult Family Home LLC	10/04/2024

Provider (or Representative)

10/18/24
Date

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(1) Before licensing; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to not have the AFH inspected and approved by the Department before utilizing 2 of 2 AFH's bedrooms as a resident occupied room (Bedroom [redacted] and Bedroom [redacted]. This placed to Residents 5 and 6 at risk of quality life from being placed unlicensed bedrooms (Bedroom [redacted] and [redacted].

Findings included...

Observation, on 10/01/2024 at 11:30 AM, showed the home had 6 bedrooms and bedrooms' doors were identified as bedroom "A", "B", "C", "D", "E" and "F."

Review of the AFH floor plan of the home, provided by Staff A, Entity Representative showed the following: 6 bedrooms identified by Staff A as bedroom A, B, C, D, E and F. The AFH floor plan did not identify their capacity, and evacuation level.

Review of the department data base showed a floor plan dated 06/20/2019. This showed the AFH had 4 licensed bedrooms- bedroom A, B, C and D. The floor plan did not identify Bedroom E and F as licensed bedrooms.

Observation on 10/01/2024 at 8:09 AM showed Resident 5 in their bed in bedroom. The bedroom door identified this as bedroom [redacted]

Observation on 10/01/2024 at 11:33 AM showed Resident 6 in their bed in the bedroom. The bedroom door identified this as bedroom [redacted]

In an Interview on 10/01/2024 at 11:19 AM, Staff A stated that Bedroom E and F were used as private bedrooms used by Staff A. Staff A stated that they obtained city's approval of those bedrooms and move in residents into those bedrooms. Staff A stated that they were not aware that additional bedrooms added, required inspection and licensing by the Department.

Provider (or Representative) Date

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(1) Before licensing; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to not have the AFH inspected and approved by the Department before utilizing 2 of 2 AFH's bedrooms as a resident occupied room (Bedroom [redacted] and Bedroom [redacted]). This placed to Residents 5 and 6 at risk of quality life from being placed unlicensed bedrooms (Bedroom [redacted] and [redacted]).

Findings included…

Observation, on 10/01/2024 at 11:30 AM, showed the home had 6 bedrooms and bedrooms' doors were identified as bedroom "A", "B", "C", "D", "E" and "F."

Review of the AFH floor plan of the home, provided by Staff A, Entity Representative showed the following: 6 bedrooms identified by Staff A as bedroom A, B, C, D, E and F. The AFH floor plan did not identify their capacity, and evacuation level.

Review of the department data base showed a floor plan dated 06/20/2019. This showed the AFH had 4 licensed bedrooms- bedroom A, B, C and D. The floor plan did not identify Bedroom E and F as licensed bedrooms.

Observation on 10/01/2024 at 8:09 AM showed Resident 5 in their bed in bedroom. The bedroom door identified this as bedroom [redacted].

Observation on 10/01/2024 at 11:33 AM showed Resident 6 in their bed in the bedroom. The bedroom door identified this as bedroom [redacted].

In an Interview on 10/01/2024 at 11:19 AM, Staff A stated that Bedroom E and F were used as private bedrooms used by Staff A. Staff A stated that they obtained city's approval of those bedrooms and move in residents into those bedrooms. Staff A stated that they were not aware that additional bedrooms added, required inspection and licensing by the Department.

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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24.

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

Provider (or Representative) 10/18/24 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 observation, interview and record review the Adult Family Home (AFH) failed to ensure a medication system was in place to ensure they followed recommended guidelines when they assisted 4 of 6 current resident's (Residents 1, 4, 5 and 6) with their medications as required. This failure placed Residents 1, 4, 5 and 6 at risk of harm from medication errors.

Findings included...

Observation on 10/01/2024 at 8:12 AM, showed Staff B, Caregiver prepared medications on the kitchen countertop. There was a medication cabinet in the kitchen lower cabinet. Staff B transferred Resident 1's medications from the bubble pack into clear plastic cup and placed the cup with medication on the dining tray. Then, Staff B poured liquid medication for Resident 4 from its bottle into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter. After that, Staff B transferred Resident 5's medications from the bubble pack into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter. Then Staff B transferred Resident 6's medications from the bubble pack into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter.

Observation on 10/01/2024 at 8:30 AM, Staff B took the tray with the breakfast and cup with medication on it to the Resident 1's room and assisted the resident with their

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, Am Angels 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

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 observation, interview and record review the Adult Family Home (AFH) failed to ensure a medication system was in place to ensure they followed recommended guidelines when they assisted 4 of 6 current resident's (Residents 1, 4, 5 and 6) with their medications as required. This failure placed Residents 1, 4, 5 and 6 at risk of harm from medication errors.

Findings included…

Observation on 10/01/2024 at 8:12 AM, showed Staff B, Caregiver prepared medications on the kitchen countertop. There was a medication cabinet in the kitchen lower cabinet. Staff B transferred Resident 1's medications from the bubble pack into clear plastic cup and placed the cup with medication on the dining tray. Then, Staff B poured liquid medication for Resident 4 from its bottle into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter. After that, Staff B transferred Resident 5's medications from the bubble pack into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter. Then Staff B transferred Resident 6's medications from the bubble pack into clear plastic cup and placed the cup to the dining tray with the breakfast on the kitchen counter.

Observation on 10/01/2024 at 8:30 AM, Staff B took the tray with the breakfast and cup with medication on it to the Resident 1's room and assisted the resident with their

medications.

Observation on 10/01/2024 at 8:33 AM, showed Resident 6 walked into the dining room and sat at the small table in the dining area. Staff B took the tray with the breakfast and cup with medication on it and served to Resident 6 at the table. Resident 6 took medications from the cup. Then, Staff B took the tray with the breakfast and cup with medication on it to the Resident 4's room and assisted the resident with their medication.

Observation on 10/01/2024 at 8:42 AM, showed Staff B took the Resident 5's tray with the breakfast and cup with medication on it to their bedroom and assisted the resident with their medications.

There were no names and/or residents' identifiers on these pre-poured medication cups.

In an interview on 10/01/2024 at 10:05 AM, Staff A, Entity Representative, stated that Residents 1, 4, 5 and 6 required assistance with their medications.

Review of Residents 1, 4, 5 and 6 annual assessments respectively dated, - 11/29/2023, 01/18/2024, 06/26/2024 and 03/13/2024, showed that they all required assistance with their medications.

Review of October 2024 medication logs for Residents 1, 4, 5 and 6 showed they were all on complex (long list of medications) medication management.

In an interview on 10/01/2024 at 10:20 AM, Staff B was asked why they pre-poured medications for all four residents at once and did not assist one resident at the time with their medications from start to finish. Staff B stated they will agree that it was not safe to prepare medications for all residents at one time.

In an interview on 10/01/2024 at 11:35 AM, Staff A stated that they would prepare and serve medications to

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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24.

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

10/18/24

medications.

Observation on 10/01/2024 at 8:33 AM, showed Resident 6 walked into the dining room and sat at the small table in the dining area. Staff B took the tray with the breakfast and cup with medication on it and served to Resident 6 at the table. Resident 6 took medications from the cup. Then, Staff B took the tray with the breakfast and cup with medication on it to the Resident 4's room and assisted the resident with their medication.

Observation on 10/01/2024 at 8:42 AM, showed Staff B took the Resident 5's tray with the breakfast and cup with medication on it to their bedroom and assisted the resident with their medications.

There were no names and/or residents' identifiers on these pre-poured medication cups.

In an interview on 10/01/2024 at 10:05 AM, Staff A, Entity Representative, stated that Residents 1, 4, 5 and 6 required assistance with their medications.

Review of Residents 1, 4, 5 and 6 annual assessments respectively dated, - 11/29/2023, 01/18/2024, 06/26/2024 and 03/13/2024, showed that they all required assistance with their medications.

Review of October 2024 medication logs for Residents 1, 4, 5 and 6 showed they were all on complex (long list of medications) medication management.

In an interview on 10/01/2024 at 10:20 AM, Staff B was asked why they pre-poured medications for all four residents at once and did not assist one resident at the time with their medications from start to finish. Staff B stated they will agree that it was not safe to prepare medications for all residents at one time.

In an interview on 10/01/2024 at 11:35 AM, Staff A stated that they would prepare and serve medications to

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, Am Angels 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.

Statement of Deficiencies	License #: 753808	Compliance Determination # 48275
Plan of Correction	Am Angels Adult Family Home LLC	Completion Date
Page 5 of 10	Licensee: AM Angels Adult Family Home LLC	10/04/2024

Provider (or Representative) 10/28/24 Date

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plans (NCP) for 5 of 6 current residents (Residents 1, 2, 3,4 and 6) at least every twelve months. This placed the Residents 1, 2, 3, 4 and 6 at risk of unmet needs.

Findings included...

In interview, on 10/01/2024 at 6:15 AM, Staff A, Entity Representative, stated that the home assisted Residents 1, 2, 3, 4 and 6 with their medications, prepared all their meals, and offered them cues and reminders for their personal care.

Resident 1
Review of records revealed Resident 1 's NCP was last reviewed and signed by the resident's representative and Staff A on 01/25/2023. Resident 1's record showed NCP dated 01/21/2024 and it was not signed by Resident 1's representative and/or by Staff A.

Resident 2
Review of records revealed Resident 2 's NCP was last reviewed and signed by the resident's representative and Staff A on 04/17/2023. Resident 2's record showed NCP dated 04/24/2024 and it was not signed by Resident 2's representative and/or by Staff A.

Resident 3
Review of records revealed Resident 3 's NCP was last reviewed and signed by the resident's representative and Staff A on 06/27/2023. Resident 3's record showed NCP dated 06/11/2024 and it was not signed by Resident 3's representative and/or by Staff A.

Resident 4
Review of records revealed Resident 4 's NCP was last reviewed and signed by the resident's representative and Staff A on 04/14/2023. Resident 4's record showed NCP

Provider (or Representative) _____ Date _____

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plans (NCP) for 5 of 6 current residents (Residents 1, 2, 3,4 and 6) at least every twelve months. This placed the Residents 1, 2, 3, 4 and 6 at risk of unmet needs.

Findings included…

In interview, on 10/01/2024 at 8:15 AM, Staff A, Entity Representative, stated that the home assisted Residents 1, 2, 3, 4 and 6 with their medications, prepared all their meals, and offered them cues and reminders for their personal care.

Resident 1
Review of records revealed Resident 1 ‘s NCP was last reviewed and signed by the resident's representative and Staff A on 01/25/2023. Resident 1's record showed NCP dated 01/21/2024 and it was not signed by Resident 1’s representative and/or by Staff A.

Resident 2
Review of records revealed Resident 2 ‘s NCP was last reviewed and signed by the resident's representative and Staff A on 04/17/2023. Resident 2's record showed NCP dated 04/24/2024 and it was not signed by Resident 2’s representative and/or by Staff A.

Resident 3
Review of records revealed Resident 3 ‘s NCP was last reviewed and signed by the resident's representative and Staff A on 06/27/2023. Resident 3's record showed NCP dated 06/11/2024 and it was not signed by Resident 3’s representative and/or by Staff A.

Resident 4
Review of records revealed Resident 4 ‘s NCP was last reviewed and signed by the resident's representative and Staff A on 04/14/2023. Resident 4's record showed NCP

dated 07/26/2024 and it was not signed by Resident 4's representative and/or by Staff A.

Resident 6
Review of records revealed Resident 6 's NCP was last reviewed and signed by the resident and Staff A on 09/10/2023. Resident 6's record showed NCP dated 08/20/2024 and it was not signed by Resident 6 or the resident's representative and/or by Staff A.

In an interview on 10/01/2024 at 9:09 AM, Staff A stated that they were sorry for not having sign Residents' NCPs.

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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24 .

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

Provider (or Representative) 10/18/24 Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of the completed department's disclosure of charges form to all 6 of 6 current residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included...

Observation, on 10/01/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the

dated 07/26/2024 and it was not signed by Resident 4's representative and/or by Staff A.

Resident 6
Review of records revealed Resident 6 's NCP was last reviewed and signed by the resident and Staff A on 09/10/2023. Resident 6's record showed NCP dated 06/20/2024 and it was not signed by Resident 6 or the resident's representative and/or by Staff A.

In an interview on 10/01/2024 at 9:09 AM, Staff A stated that they were sorry for not having sign Residents' NCPs.

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, Am Angels 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

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of the completed department's disclosure of charges form to all 6 of 6 current residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included…

Observation, on 10/01/2024 at 8:01 AM, found Residents 1, 2, 3, 4, 5 and 6 lived in the

Statement of Deficiencies	License #: 753608	Compliance Determination # 48275
Plan of Correction	Am Angels Adult Family Home LLC	Completion Date
Page 7 of 10	Licensee: AM Angels Adult Family Home LLC	10/04/2024

AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative and Staff B, Caregiver and Staff C, Caregiver.

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2018, Resident 2 on [redacted]/2023; Resident 3 on [redacted]/2023; Resident 4 on [redacted]/2021; Resident 5 on [redacted]/2024 and Resident 6 on [redacted]/2023.

Residents 1, 2, 3, 4, 5 and 6's records did not have written acknowledgment that they had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1, 2, 3, 4, 5 and 6 had been signed by the residents, or their representatives, and Staff A.

In an interview, on 10/01/2024 at 08:43 AM, Staff A stated that they were not aware of the requirements of having disclosure of charges forms completed and signed by all parties as required.

On 10/03/2024, the department received emailed from the AFH that showed completed and signed disclosure of charges forms for Residents 2, 4, 6.

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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24 .

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

Provider (or Representative) — Date: 10/18/24

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

AFH and received care and services from the AFH caregivers, including Staff A, Entity Representative and Staff B, Caregiver and Staff C, Caregiver.

Review of residents' records showed the home admitted residents as follows: Resident 1 on [redacted]/2018, Resident 2 on [redacted]/2023; Resident 3 on [redacted]/2023; Resident 4 on [redacted]/2021; Resident 5 on [redacted]/2024 and Resident 6 on [redacted]/2023.

Residents 1, 2, 3, 4, 5 and 6's records did not have written acknowledgment that they had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1, 2, 3, 4, 5 and 6 had been signed by the residents, or their representatives, and Staff A.

In an interview, on 10/01/2024 at 08:43 AM, Staff A stated that they were not aware of the requirements of having disclosure of charges forms completed and signed by all parties as required.

On 10/03/2024, the department received emailed from the AFH that showed completed and signed disclosure of charges forms for Residents 2, 4, 6.

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, Am Angels 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a complete set of staff records readily available to review for 2 of 4 current staff (Staff A, Entity Representative and Staff B, Caregiver). This failure delayed the Department from determining if Staff A and B were qualified all vulnerable adults in the AFH.

Findings included...

Observation on 10/01/2024 at 8:05 AM showed Staff B answered the door.

In an interview on 10/01/2024 at 8:25 AM, Staff A stated that they were a live-in caregiver and worked Saturday to Sunday 24 hours a day. Staff A stated that Staff B was a full-time caregiver and worked for the home Monday to Friday from 7 AM -7:30 PM. Staff A stated that caregivers administered medications to Resident 2 and 3 and had Nurse Delegation [(ND)process for a nurse to direct another person to perform nursing tasks and activities] in place. Staff A added that Resident 1 had diagnosis of [redacted] ([redacted]).

Staff A
Review of Staff A record did not showed certificate of ND training special focus on Diabetes.

Staff B
Review of Staff B records did not show the following record: Staff B information such as address and contact information; orientation to the home documentation; background check based on fingerprint result; ND training and ND special focus on Diabetes certificates; specialty training such as Mental health and Dementia training certificates.

On 10/03/2024 the department received emailed from Staff B, showing Staff B's orientation to the home. The documents showed the AFH hired Staff B on 05/30/2023.

On 10/04/2024 the department received emailed from Staff B, showing Staff A 's ND special focus on Diabetes certificate dated 09/14/2010; Staff B's ND training dated 08/30/2022 and ND special focus on Diabetes certificates dated 08/31/2022; Mental Health training certificate dated 08/23/2022. No Staff B's background check based on fingerprint result, specialty dementia and CE training certificates received by the department.

In phone interview on 10/04/2024 at 8:03 AM Staff B stated that they completed their background check based on fingerprint result at their previous workplace and do not

have a record of it. Staff B stated that they completed their Dementia training but can't find the record of 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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24 .

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

Provider (or Representative) — Date: 10/18/24

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure continuing education requirements were met by 1 of 2 sampled caregivers (Staff B, Caregiver). This placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk for their needs not being met according to current caregiving standards.

Findings included...

Observation on 10/01/2024 at 8:05 AM showed Staff B answered the door and provided personal care and medication assistance to the residents in the home.

have a record of it. Staff B stated that they completed their Dementia training but can't find the record of 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, Am Angels 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure continuing education requirements were met by 1 of 2 sampled caregivers (Staff B, Caregiver). This placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk for their needs not being met according to current caregiving standards.

Findings included…

Observation on 10/01/2024 at 8:05 AM showed Staff B answered the door and provided personal care and medication assistance to the residents in the home.

Statement of Deficiencies	License #: 753608	Compliance Determination # 48275
Plan of Correction	Am Angels Adult Family Home LLC	Completion Date
Page of 10	Licensee: AM Angels Adult Family Home LLC	10/04/2024

In an interview on 10/01/2024 at 8:25 AM, Staff A, Entity Representative stated that Staff B was a full-time caregiver and worked for the home Monday to Friday from 7 AM -7:30 PM.

Review of Staff B records showed Staff B's birthday was on January 6. No continuing education certification(s) were found in the home for Staff B.

In an interview, on 10/01/2024 at 10:43 AM, Staff B stated that they had their CE certificates and would forward them to the Department by 10/02/2024.
As of 10/02/2024, 5:00 PM, no Staff B's CE training certificates had been received by the Department.

During a phone interview on 10/04/2024 at 8:03 AM Staff B stated they did not take any CE classes in 2023.

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, Am Angels Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/18/24 .

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

Provider (or Representative) 10/18/24 Date

In an interview on 10/01/2024 at 8:25 AM, Staff A, Entity Representative stated that Staff B was a full-time caregiver and worked for the home Monday to Friday from 7 AM -7:30 PM.

Review of Staff B records showed Staff B's birthday was on January 6. No continuing education certification(s) were found in the home for Staff B.

In an interview, on 10/01/2024 at 10:43 AM, Staff B stated that they had their CE certificates and would forward them to the Department by 10/02/2024.
As of 10/02/2024, 5:00 PM, no Staff B's CE training certificates had been received by the Department.

During a phone interview on 10/04/2024 at 8:03 AM Staff B stated they did not take any CE classes in 2023.

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, Am Angels 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