



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

Angel Haven Estates Inc
Angel Haven I
1402 Auburn Way North #453
Auburn, WA 98002

RE: Angel Haven I License # 753656

Dear Provider:

This letter addresses Compliance Determination(s) 66580 (Completion Date 10/08/2025) and 64540 (Completion Date 09/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2025 and found that you have corrected the violations listed in the Full report dated 09/05/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10895-2-b

The Department staff who did the on-site verification:
Angelica Rios, ALF Licenser

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

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 753656	Compliance Determination #64540
Plan of Correction	Angel Haven I	Completion Date
Page 1 of 3	Licensee: Angel Haven Estates Inc	09/05/2025

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 08/21/2025 of:

Angel Haven I
1615 4TH ST NE
AUBURN, WA 98002

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:

Angelica Rios, ALF Licenser

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

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Page 2 of 3	Licensee: Angel Haven Estates Inc	09/05/2025

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.


 Residential Care Services

9-8-2025
 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.


 Provider (or Representative)

9-13-25
 Date

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

(2) The adult family home must conduct:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to complete a full emergency evacuation drill at least once a year. This failure placed all residents (Resident 1, 2, 3, 4 and 5) at risk of harm in the event of an emergency that required evacuation of the home.

Findings included...

During a visit on 08/21/2025 at 11:00 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

Review of the AFH's evacuation drill logs showed the last full emergency evacuation drill was conducted on 02/08/2024.

During an interview on 08/21/2025 at 1:00 PM, Staff A, Entity Representative/Resident Manager, stated that they did not realize an evacuation drill had not been conducted since February 2024. Staff A further stated that they would conduct a full evacuation drill within 24 hours and ensure they conducted a full drill at least once a year.

Review of an email correspondence from Staff A on 08/22/2025 at 1:27 PM, showed a

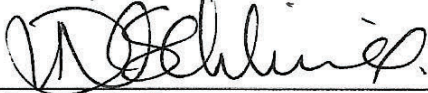
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full evacuation drill was conducted on 08/21/2025 at 5.00 PM. Further review showed the drill was completed in 1 minute and 45 seconds.

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, Angel Haven I is or will be in compliance with this law and / or regulation on (Date) 8-21-2025

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



Provider (or Representative)

9-13-2025

Date

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