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 II
1402 Auburn Way N #453
Auburn, WA 98002

RE: Angel Haven II License # 753657

Dear Provider:

This letter addresses Compliance Determination(s) 59240 (Completion Date 05/13/2025) and 54648 (Completion Date 02/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/13/2025 and found that you have corrected the violations listed in the Full report dated 02/11/2025. Your home is back in compliance as of 02/06/2025 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 388-76-10475-1, WAC 388-76-10161-2-b

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

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Statement of Deficiencies	License #: 753657	Compliance Determination # 54648
Plan of Correction	Angel Haven II	Completion Date
Page 1 of 5	Licensee: Angel Haven Estates Inc	02/11/2025

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 02/06/2025 of:
Angel Haven II
1711 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:

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

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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

03/12/2025
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)

3-13-25 DS
~~2-6-2025~~
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication administration record (MAR) for 1 of 2 sampled residents (Resident 2) was kept current. This failure placed Resident 2 at risk of medication errors.

Findings included...

On 02/06/2025 at 8:30 AM, observation showed Resident 2 ambulated using a walker in the home and received medication administration from Staff C, Caregiver.

In an interview on 02/06/2025 at 8:22 AM, Staff A, Entity Representative stated that caregivers assisted Resident 2 with their medications.

Review of Resident 2's assessment dated 11/21/2024 showed Resident 2 required assistance with their medications.

On 02/06/2025 at 10:22 AM, observation of the home supply of Resident 2's medications showed a bottle of over-the-counter Omega XL (medication helps with promoting joint health) with Resident 2's first and last names written and a direction, to "take 1 tablet once a day."

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Review of Resident 2's February 2025 MAR showed Omega XL was not documented on the MAR.

Resident 2's February 2025 MAR showed Fish Oil (medication used to lower cholesterol),1000 milligram (mg), take 1 capsule once a day and was initialed as given by caregivers from 02/01/2025 - 02/05/2025 (day before the inspection).

On 02/06/2025 at 10:22 AM, observation of the home supply of Resident 2's medications did not show Fish oil 1000 mg.

In an interview 02/06/2025 at 10:24 AM, Staff A stated that Resident 2's doctor changed order from fish oil to Omega Xl on 12/06/2024.

Review of Resident 2's doctor's note dated 12/06/2024, under "active medication" was listed as follow: "Omega XL, take 1 capsule by mouth every day for joint support" and no fish oil was listed as an active medication for the resident.

Further review of Resident 2's December 2024 and January 2025 MARs showed Fish oil 1000 mg, 1 capsule once a day and was initialed as given from 12/01/2024 - 01/31/2025.

In an interview on 02/06/2025 at 10:24 AM, Department staff asked Staff A how often the resident's medications had been reconciled. Staff A stated that Staff A reconciled them once a month. Staff A stated that they were looking at the resident's MAR daily.

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 II is or will be in compliance with this law and / or regulation on (Date) 2-6-25 .

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

Provider (or Representative) 3-13-25 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.

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 6 Caregivers (Staff E, Caregiver) hired after January 1, 2012, had the required national fingerprint background check. This placed all five residents (Residents 1, 2, 3, 4 and 5) at risk of harm from a caregiver with an unknown fingerprint background check.

Findings included...

Review of Staff E's record showed the AFH hired them on 07/05/2023. Staff E's records showed the name and date of birth background check results dated 07/06/2023. No final fingerprint result for Staff E was found in the home.

In an interview on 02/06/2025 at 11:36 AM, Staff A, Entity Representative stated that Staff E had their fingerprint appointment and "never got a final result." Staff A stated that they would follow up on this.

On 02/07/2025 Staff A emailed to the department Staff E's fingerprint background check dated 02/06/2025 (date of the inspection).

In an interview on 02/10/2025 at 9:15 AM, Staff A stated that they sent Staff E to the background agency to obtain the record.

Review of email on 02/10/2025 from department's background central unit (BCU) showed that the AFH originally submitted a fingerprint background check for Staff E on 07/05/2023, but the Staff E "was never fingerprinted for this background check." The email showed that Staff E did not complete the fingerprint check. The email said that the AFH submitted another Staff E's fingerprint background check into the system. Staff E was fingerprinted, and the background check was completed on 02/06/2025.

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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 II is or will be in compliance with this law and / or regulation on (Date) 2-6-25 .

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

Provider (or Representative) 2-13-25 Date