STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73159 (Completion Date 02/19/2026) and 62563 (Completion Date 10/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2026 and found that you have corrected the violations listed in the Complaint report dated 10/15/2025. Your home is back in compliance as of 10/17/2025 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 388-76-10355-2

The Department staff who did the on-site verification:
Denetta Uzzell, NCI Complaint Investigator

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

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 an unannounced on-site complaint investigation on 07/14/2025 of:

Angel Haven II
1711 4TH ST NE
AUBURN, WA 98002

This document references the following complaint number(s): 186314, 190648, 190384

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 investigated the Adult Family Home:

Denetta Uzzell, NCI Complaint Investigator

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 #: 753657	Compliance Determination #:62563
Plan of Correction	Angel Haven II	
Page 2 of 3	Licensee: Angel Haven Estates Inc	Completion Date 10/15/2025

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 — 10-16-2025 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) — 10-17-2025 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 residents (Resident 1) reflected their assessed care needs. This failure placed Resident 1 at risk of unmet needs.

Findings included...

On 07/14/2025 at 2:30 PM, observed Resident 1 lived in and received care and services at the AFH.

On 07/14/2025 at 3:00 PM, in an interview, Staff B, Resident Manager, said they had been taking Resident 1 to their medical appointments. Staff B said that they were trying to encourage Resident 1's Collateral Contact (CC) to take a more active role in transporting Resident 1, to and from medical appointments. Staff B said it was their practice that CCs engaged in transporting their residents to their appointments and stay with them until the appointment was over. Staff B said their role was to groom and dress Resident 1 to be ready to pick up from their CC.

On 08/14/2025 4:50 PM in a phone interview, CC for Resident 1 said that they expected the AFH to provide transportation and oversight to Resident 1 for medical

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Residential Care Services | Date

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Provider (or Representative) | Date

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Statement of Deficiencies	License #: 753657	Compliance Determination #: 62583
Plan of Correction	Angel Haven II	Completion Date
Page 3 of 3	Licensee: Angel Haven Estates Inc	10/15/2025

appointments.

Review of Resident 1's NCP, dated and signed for 03/20/2025, showed that Resident 1 was dependent on staff to arrange transportation. The NCP showed that AFH staff coordinated with the family to make appointments. The AFH staff were to prepare Resident 1 for their appointments.

Review of Resident 1's assessment, dated 02/20/2025 under Transportation section, stated: "caregiver instructions are to Provide assistance at client's request, assist with transfers in/out of vehicle, Drive client to appointments, arrange medical transportation, Accompany client to appointment."

On 10/7/2025 at 1:00 PM Staff A, Entity Representative, said they, as a business, do not typically provide transportation to their residents. Staff A said they will have to pay better attention to assessments moving forward.

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) 10-17-2025

We are being careful with [redacted] Assessments especially the transportation section not accepting

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Assessments that indicate so that we provide transportation.

[signature]

Provider (or Representative)

10-17-2025

Date

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

_____ _____

Provider (or Representative) Date