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 III
1402 Auburn Way North #453
Auburn, WA 98002

RE: Angel Haven III License # 753659

Dear Provider:

This letter addresses Compliance Determination(s) 50431 (Completion Date 11/18/2024) and 47656 (Completion Date 10/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/18/2024 and found that you have corrected the violations listed in the Full report dated 10/07/2024. Your home is back in compliance as of 10/27/2024 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10420-4

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, 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 #: 753659	Compliance Determination # 47656
Plan of Correction	Angel Haven III	Completion Date
Page 1 of 4	Licensee: Angel Haven Estates Inc	10/07/2024

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 09/23/2024 and 09/23/2024 of:
Angel Haven III
37820 160TH PL SE
AUBURN, WA 98092

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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 — 10-17-1024 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.

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Provider (or Representative) 10-21-24 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a current valid Washington state name and date of birth Background Inquiry (BGI) for 2 of 5 staff (Staff B, Resident Manager, and Staff H, Non-Caregiver/Maintenance). This failure placed all 4 residents' (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 09/23/2024 at 8:23 AM, observation showed Resident's 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH.

Review of Staff B's personnel records showed a date of hire of 12/27/2017. Further review showed Staff B's BGI had expired on 07/22/2024.

In an interview on 09/23/2024 at 11:20 AM, Staff A, Entity Representative, stated that they were reviewing the background check system for a current BGI for Staff B.

Review of Staff H's personnel records showed the AFH was licensed on 04/16/2018. Further review showed Staff H's BGI had expired on 07/20/2024.

In an interview on 09/23/2024 at 11:30 AM, Staff A stated that Staff H had submitted a BGI in February 2024. Staff A further stated that it normally took a couple of months to receive a mailed copy of Staff H's BGI results.

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Statement of Deficiencies	License #: 753659	Compliance Determination # 47656
Plan of Correction	Angel Haven III	Completion Date
Page 3 of 4	Licensee: Angel Haven Estates Inc	10/07/2024

Review of Background Check Central Unit (BCCU) records showed Staff H had a Fingerprint Based Check (FBC) submitted on 02/08/2024 and on 02/09/2024 the AFH was sent the interim results/BGI.

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, Angel Haven III is or will be in compliance with this law and / or regulation on (Date) 09/23/2024 & 09/24/2024

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

Provider (or Representative) 10-21-24 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have written approval from 3 of 4 residents' (Residents 1, 3, and 4) Primary Care Physician (PCP) to serve them Ensure (nutritional supplement to increase nutrition and calories). This failure placed Residents 1, 3, and 4 at risk of dietary problems.

Findings included...

During a visit on 09/23/2024 at 8:34 AM, observation showed Residents 1, 3, and 4 lived in and received care from the AFH.

In an interview on 09/23/2024 at 9:15 AM, Staff B, Resident Manager, stated that Residents 1, 3, and 4 received Ensure. Staff B further stated that Resident 1 and Resident 3 received Ensure when they did not eat enough. In addition, Staff B stated that Resident 4 received Ensure so the resident did not feel left out.

Resident 1
Review of Resident 1's September 2024 pharmacy-generated Medication Administration Record (MAR) showed no entry for Ensure.

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Review of Resident 1's Negotiated Care Plan (NCP) dated 11/07/2023 showed Resident 1 was admitted to the AFH on [redacted]/2023. Further review showed no information that Resident 1 used Ensure as a supplement.

In an interview on 09/23/2024 at 1:30 PM, Staff B stated that they had an order from Resident 1's PCP for Ensure.

Review of Resident 1's "United Wound Healing" paperwork dated 07/26/2024 showed Resident 1's dietary interventions were to increase protein.

In an interview on 09/23/2024 at 3:23 PM, Staff A, Entity Representative, stated that the home health provider had verbalized that Resident 1 should receive a protein shake such as Ensure. Staff A further stated that Resident 1 already received protein three times per day with meals.

Resident 3
Review of Resident 3's records showed Resident 3 was admitted to the AFH on [redacted]/2022.

Resident 4
Review of Resident 4's records showed Resident 4 was admitted to the AFH on [redacted]/2023.

In an interview on 09/23/2024 at 1:30 PM, Staff B stated that there was no doctor's order from Resident 3 or Resident 4's PCP for Ensure. Staff B further stated that Ensure was not on Resident 3 or Resident 4's MAR.

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, Angel Haven III is or will be in compliance with this law and / or regulation on (Date) 09/27/2024.

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

[redacted] 10-21-2024

Provider (or Representative) Date

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