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

A Place for Angels LLC

A Place For Angels LLC
2645 Forest Ridge Dr SE
Auburn, WA 98002

RE: A Place For Angels LLC License # 754663

Dear Provider:

This letter addresses Compliance Determination(s) 60617 (Completion Date 06/04/2025) and 57344 (Completion Date 04/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/04/2025 and found that you have corrected the violations listed in the Full report dated 04/07/2025. Your home is back in compliance as of 04/22/2025 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 388-76-10365, WAC 388-76-10705-2-c, WAC 388-76-10198-4, WAC 388-76-10161-2-b

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

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 04/01/2025 of:

A Place For Angels LLC
2645 Forest Ridge Dr SE
Auburn, WA 98002

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

Statement of Deficiencies	License #: 754663	Compliance Determination # 57344
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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.

Residential Care Services

4-8-2025
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)

4/9/2025
Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.
There is some language that is untruthful in this report

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement the Negotiated Care Plan (NCP) for 5 of 5 residents (Residents 1, 3, 4, 5 and 6) to show the required use of [redacted] for two-person transfers. This failure placed Residents 1, 3, 4, 5, and 6 at risk of harm for injury due to improper use of the [redacted].

Findings included...

In an interview, on 04/01/2025 at 8:55 AM, Staff A, Entity Representative, stated that all six residents (Residents 1, 2, 3, 4 ,5 and 6) required assistance with their transfers. Staff A stated that AFH staff used a [redacted] for Residents 1, 3, 4 ,5 and 6 transfers. Staff A stated that Residents 3, 4 and 5 were not interviewable and Residents 1and 6 were "sometimes" interviewable and confused due to their diagnosis. Staff A stated That Resident 5 was on Hospice (end of life) services. Staff A stated that Residents 1, 3, 4, 5 and 6 used wheelchairs.

Resident 5

Review of resident's NCP dated 04/21/2024 revealed the AFH admitted Resident 5 on [redacted]'2024. Resident 5's Annual assessment, dated 04/16/2024, showed they were chairfast/bedfast, totally dependent for transfers with two-person physical assist. Under caregiver instructions it was documented:" Complete transfers for client...Physically

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.

Provider (or Representative) | Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to implement the Negotiated Care Plan (NCP) for 5 of 5 residents (Residents 1, 3, 4, 5 and 6) to show the required use of [redacted] for two-person transfers. This failure placed Residents 1, 3, 4, 5, and 6 at risk of harm for injury due to improper use of the [redacted].

Findings included…

In an interview, on 04/01/2025 at 8:55 AM, Staff A, Entity Representative, stated that all six residents (Residents 1, 2, 3, 4 ,5 and 6) required assistance with their transfers. Staff A stated that AFH staff used a [redacted] for Residents 1, 3, 4 ,5 and 6 transfers. Staff A stated that Residents 3, 4 and 5 were not interviewable and Residents 1and 6 were “sometimes” interviewable and confused due to their diagnosis. Staff A stated That Resident 5 was on Hospice (end of life) services. Staff A stated that Residents 1, 3, 4, 5 and 6 used wheelchairs.

Resident 5

Review of resident’s NCP dated 04/21/2024 revealed the AFH admitted Resident 5 on [redacted]/2024. Resident 5’s Annual assessment, dated 04/16/2024, showed they were [redacted]/[redacted], totally dependent for transfers with two-person physical assist. Under caregiver instructions it was documented:” Complete transfers for client…Physically

assist completing transfers, Use assistive devices for transfers."

The Resident 5's current NCP dated 04/21/2024 showed that the resident was [redacted], totally dependent for transfers. Under locomotion outside of immediate living environment it was documented that the resident:" be 2 person [redacted] transfer from bed to w/c (wheelchair) and back daily."

Observation on 04/01/2025 at 8:09 AM showed Staff B, Caregiver transferred Resident 5 with [redacted] from their bed into a wheelchair and wheeled into living room.

Resident 3

Review of Resident 3's NCP dated 04/27/2024 revealed the AFH admitted the resident on [redacted]/2023. Resident 3's Annual assessment, dated 12/04/2024, showed they were [redacted], totally dependent for transfers with two-person physical assist and use of [redacted]. Under caregiver instructions it was documented:" Complete transfers for client. Physically assist completing transfers, use assistive devices for transfers."
The Resident 3's current NCP dated 04/27/2024 showed the resident was wheelchair dependent. Under bed mobility/transfer documentation showed the resident was totally dependent for all transfers and needed two person "caregivers full lift or use of [redacted] for all transfers."

Observation on 04/01/2025 at 8:11 AM showed Staff C, Caregiver transferred Resident 3 with [redacted] from their bed into a wheelchair and wheeled into living room.
In an interview on 04/01/2025 at 8:18 AM, Staff C stated that five of six residents (Residents 1, 3, 4, 5 and 6) needed the use of a [redacted] for transfers. Staff C stated that Residents 3, 4, 5 and 6 were cleaned, fed and received their morning medications in their beds. Staff C stated that Resident 1 had their breakfast and medications and preferred to get up at 9:00 AM.

Observation on 04/01/2025 at 8:47 AM showed Staff A, Entity Representative arrived at the home.

Resident 1

Review of Resident 1's admission agreement revealed the AFH admitted them on [redacted]/2022. Resident 1's Annual assessment, dated 04/24/2024, showed they were [redacted], totally dependent for transfers with two-person physical assist. It was documented the resident was dependent on two persons for [redacted] transfer.

The Resident 1's current NCP dated 04/27/2024 showed that the resident was wheelchair dependent. Under bed mobility/transfer documentation showed the resident dependent on two persons for transfer using [redacted].

Observation on 04/01/2025 at 9:05 AM showed Staff C entered Resident 1's bedroom to clean the resident.

Observation on 04/01/2025 at 9:14 AM showed Staff C transferred Resident 1 with [redacted] from their bed into a wheelchair.

Resident 4

Review of Resident 4's NCP dated 04/27/2024 revealed the AFH admitted the resident on [redacted]/2023. Resident 4's Annual assessment, dated 10/16/2024, showed they had diagnosis of a [redacted] and list of behaviors. It was documented that the resident was [redacted]/[redacted], totally dependent for transfers with two-person physical assist. Under caregiver instructions documentation showed the resident needed two-person total [redacted] assistance with transfers.

The Resident 4's current NCP dated 04/13/2024 showed that the resident was wheelchair dependent. Under bed mobility/transfer it was documented: "caregiver help to transfer the resident from bed to wheelchair by using [redacted]. 2 people assist for resident's safety."

Resident 6

Review of resident's NCP dated 03/01/2025 revealed the AFH admitted Resident 6 on [redacted]/2022. Resident 6's Annual assessment, dated 02/25/2025, showed they had diagnosis of [redacted] and list of behaviors. It was documented that the resident was [redacted]/[redacted], totally dependent for transfers with two-person physical assist. Under bed mobility's caregivers' instructions, it was documented that the resident was "uncooperative during activities of daily living, including bed mobility. Client is bedbound/wheelchair bound and needs to be repositioned every two hours to prevent pressure injuries. Client tries to hit CGs (caregivers) during personal care. One CG perform the task, the other CG will calm client and fix bed sheets while providing supervision." Under transfers caregiver instruction documented: "Client is combative during care and requires two-person assist using a [redacted] to transfer."

The Resident 6's current NCP dated 03/01/2025 showed the resident had combative behaviors. Under mobility the NCP showed that the resident was [redacted]/[redacted], very frail, needed two persons assist for bed mobility and "full lift and 2-person transfer." Under Equipment was documented: "[redacted]."

Observation on 04/01/2025 at 8:20 AM showed Staff C transferred Resident 6 with [redacted] from their bed into a wheelchair and wheeled into living room.

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In an interview on 04/01/2025 at 12:48 PM, Staff C stated that they provided personal care and performed transfers for Residents 1, 3 and 6 and Staff B, Caregiver provided personal care and performed transfers for Residents 4 and 5. Staff C stated that at the date of the inspection when they provided care for Resident 1 in their room, Staff A asked Staff C to perform [redacted] transfers of the resident with two caregivers. When Staff C asked Staff A, why the resident's transfer needed to be done by two caregivers, Staff A said to Staff C that they were being inspected today. Then, Staff C stated that they asked Staff A if they want caregivers to do [redacted] transfers alone after the inspection is completed. Staff C stated that they did not know how to perform transfers using a [redacted] with two caregivers. Staff C added that caregivers in the AFH did [redacted] transfers with only one staff.

On 04/04/2025 at 2:12 PM received an emailed statement from Staff A's Collateral Contact (CC1), stating as follow: "My client (Staff A) has informed me that H** caregivers knew the requirement that it takes two people to use the [redacted]. They had discussed it. If only one caregiver used the [redacted] they did not tell my client about it."

There is some language that is untruthful in this report

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, A Place For Angels LLC is or will be in compliance with this law and / or regulation on (Date) ~~May 30, 2025~~ for MAY 22, 2025.

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

Provider (or Representative) Date 4/9/2025

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) used the residents' living room as a sleeping area for 1 of 1 caregiver (Staff C, Caregiver) at the home during the night. This placed one ambulatory resident (Resident 1) at risk of not having free access to the common area.

In an interview on 04/01/2025 at 12:48 PM, Staff C stated that they provided personal care and performed transfers for Residents 1, 3 and 6 and Staff B, Caregiver provided personal care and performed transfers for Residents 4 and 5. Staff C stated that at the date of the inspection when they provided care for Resident 1 in their room, Staff A asked Staff C to perform [redacted] transfers of the resident with two caregivers. When Staff C asked Staff A, why the resident's transfer needed to be done by two caregivers, Staff A said to Staff C that they were being inspected today. Then, Staff C stated that they asked Staff A if they want caregivers to do [redacted] transfers alone after the inspection is completed. Staff C stated that they did not know how to perform transfers using a [redacted] with two caregivers. Staff C added that caregivers in the AFH did [redacted] transfers with only one staff.

On 04/04/2025 at 2:12 PM received an emailed statement from Staff A's Collateral Contact (CC1), stating as follow: "My client (Staff A) has informed me that H** caregivers knew the requirement that it takes two people to use the [redacted]. They had discussed it. If only one caregiver used the [redacted], they did not tell my client about it."

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, A Place For Angels 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 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) used the residents' living room as a sleeping area for 1 of 1 caregiver (Staff C, Caregiver) at the home during the night. This placed one ambulatory resident (Resident 1) at risk of not having free access to the common area.

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Findings included...

Observation on 04/01/2025 at 8:04 AM showed Staff B, Caregiver and C, Caregiver were on duty. Observed six residents (Residents 1, 2, 3, 4, 5 and 6) in the home receiving care from Staff B and C. Residents 1, 3, 5 and 6 were watching TV in the living room.

In interview on 04/01/2025 at 8:08 AM, Staff C stated that they (Staff C) and Staff B, worked for the home twenty-four hours a day, seven days a week.

In interview on 04/01/2025 at, 8:55 AM, Staff A, Entity Representative stated that Staff B and C were live-in caregivers and worked at the home Monday to Friday, 24-hour shifts.

In interview on 04/01/2025 at 12:48 PM, Staff C stated on the day of the inspection, Staff A said to them to inform the department staff that Staff C slept in the upstairs' bedroom. Staff C stated that they slept on a mattress on the living room floor.

In interview on 04/01/2025 at 1:10 PM, Staff A stated that Staff C slept in the living room. Staff A stated that they could not accommodate two live-in caregivers without letting them sleep in the living room.

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, A Place For Angels LLC is or will be in compliance with this law and / or regulation on (Date) ~~MAY 30, 2025~~ MAY 22, 2025

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

Provider (or Representative) — Date: 4/9/2025

There is some language that is untruthful in this report

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:

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

Findings included…

Observation on 04/01/2025 at 8:04 AM showed Staff B, Caregiver and C, Caregiver were on duty. Observed six residents (Residents 1, 2, 3, 4, 5 and 6) in the home receiving care from Staff B and C. Residents 1, 3, 5 and 6 were watching TV in the living room.

In interview on 04/01/2025 at 8:08 AM, Staff C stated that they (Staff C) and Staff B, worked for the home twenty-four hours a day, seven days a week.

In interview on 04/01/2025 at, 8:55 AM, Staff A, Entity Representative stated that Staff B and C were live-in caregivers and worked at the home Monday to Friday, 24-hour shifts.

In interview on 04/01/2025 at 12:48 PM, Staff C stated on the day of the inspection, Staff A said to them to inform the department staff that Staff C slept in the upstairs' bedroom. Staff C stated that they slept on a mattress on the living room floor.

In interview on 04/01/2025 at 1:10 PM, Staff A stated that Staff C slept in the living room. Staff A stated that they could not accommodate two live-in caregivers without letting them sleep in the living room.

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, A Place For Angels 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:

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1of 4 current caregivers, (Staff C, Caregiver) had a Fingerprint Based background Check (FBC) result readily available to review. This failure delayed the Department from determining if Staff C was qualified to care for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6).

Findings included…

Observation on 04/01/2025 at 8:04 AM showed Staff B, and C, Caregivers were on duty. Observed six residents in the home receiving care from Staff B and C.

In interview on 04/01/2025 at, 8:55 AM, Staff A, Entity Representative stated that Staff C was a live-in caregiver and worked at the home Monday to Friday, 24-hour shifts.

Review of Staff C's record showed Washington name and date of Birth Background Inquiry (BGI) dated 12/26/2023. No FBC result for Staff C was found in the home.

In interview on 04/01/2025 at 1:15 PM, Staff A, stated that they would look for Staff C's copy of final FBC results.

During a phone interview on 04/02/2025 at 3:28 PM, Staff A stated that Staff C had been fingerprinted at their previous employment. Staff A stated that they did not have Staff C's copies of final FBC result.

On phone interview on 04/04/2025 at 10:32 AM, the department's background central unit stated that Staff C completed an FBC on 07/19/2022.

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, A Place For Angels LLC is or will be in compliance with this law and / or regulation on (Date) ~~MAY 30, 2025~~. MAY 22, 2025

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

Provider (or Representative) — Date: 4/9/2025

There is some language that is untruthful in this report

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, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 former caregiver, Staff E, Caregiver had a required national Fingerprint-Based background check (FBC). This placed all six residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from caregiver with an unknown fingerprint-based background check status.

Findings included...

In interview on 04/01/2025 at 8:55 AM, Staff A, Entity Representative stated that Staff E was a live - in caregiver and worked at the home Monday to Friday, 24-hour shifts.

Review of Staff E's record showed the AFH hired them on 04/01/2023. Staff E's records showed interim FBC results dated 10/28/2022. No FBC result for Staff E was found in the home.

In an interview on 04/01/2025 at 1:15 PM, Staff A, stated that Staff E left their employment on 07/31/2023.

During a phone interview, on 04/02/2025 at 3:28 PM, Staff A stated that Staff E had been fingerprinted at their previous employment. Staff A stated that they did not have Staff E's copy of final FBC result.

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, A Place For Angels 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 388-76-10161 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, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 former caregiver, Staff E, Caregiver had a required national Fingerprint-Based background check (FBC). This placed all six residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from caregiver with an unknown fingerprint-based background check status.

Findings included…

In interview on 04/01/2025 at 8:55 AM, Staff A, Entity Representative stated that Staff E was a live - in caregiver and worked at the home Monday to Friday, 24-hour shifts.

Review of Staff E's record showed the AFH hired them on 04/01/2023. Staff E's records showed interim FBC results dated 10/28/2022. No FBC result for Staff E was found in the home.

In an interview on 04/01/2025 at 1:15 PM, Staff A, stated that Staff E left their employment on 07/31/2023.

During a phone interview, on 04/02/2025 at 3:28 PM, Staff A stated that Staff E had been fingerprinted at their previous employment. Staff A stated that they did not have Staff E's copy of final FBC result.

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Review of email on 04/03/2025 from department's background central unit showed that Staff E completed FBC on 03/10/2025 (after leaving employment).

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, A Place For Angels LLC is or will be in compliance with this law and / or regulation on (Date) ~~MAY 30, 2025~~ MAY 22, 2025

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

Provider (or Representative) — Date: 4/9/2025

There is some language that is untruthful in this report

Review of email on 04/03/2025 from department's background central unit showed that Staff E completed FBC on 03/10/2025 (after leaving employment).

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, A Place For Angels 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