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

Angels of Joy LLC

Angels of Joy LLC
28849 38th Ave S
Auburn, WA 98001

RE: Angels of Joy LLC License # 755113

Dear Provider:

This letter addresses Compliance Determination(s) 67983 (Completion Date 10/29/2025) and 64574 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/29/2025 and found that you have corrected the violations listed in the Full report dated 09/08/2025. Your home is back in compliance as of 10/13/2025 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 388-76-10255-1, WAC 388-76-10355-7-c

The Department staff who did the on-site verification:
Marites Gatan, NCI

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
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755113	Compliance Determination # 64574
Plan of Correction	Angels of Joy LLC	Completion Date
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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:
Angels of Joy LLC
28849 38th Ave S
Auburn, WA 98001

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:

Marites Gatan, 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.

Residential Care Services

9-11-2025
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)

09/15/2025
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 1 of 2 sampled staff (Staff C, Caregiver) when they provided care for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of acquiring infectious disease.

Findings included...

Observation on 08/21/2025 at 9:35 AM showed four residents (Residents 1, 2, 3, and 4) with Staff A, Entity Representative/Resident Manager, Staff B, Caregiver and Staff C who provided them with care.

In an interview on 08/21/2025 at 9:48 AM, Staff A stated Resident 4 required total assistance with transfers and was incontinent.

Observation on 08/21/2025 at 1:33 PM, Staff C with gloves on wiped with disposable cleaning wipes Resident 4's bottom area. Staff C wore the same gloves, applied Vaseline cream to Resident 4's bottom area.

In an interview on 08/21/2025 at 1:34 PM, when prompted they wore contaminated gloves to apply the Vaseline cream, Staff C stated they were aware. Staff C added that new gloves should have been used to apply Vaseline cream, and it was an "oversight"

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on their part.

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, Angels of Joy LLC is or will be in compliance with this law and / or regulation on (Date) 10/13/2025 .

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

Provider (or Representative) — Date: 09/15/2025

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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) the use of the [redacted] and related safety plans for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of harm from unknown safety issues related to the [redacted].

Findings included...

Observation on 08/21/2025 at 9:35 AM showed four residents (Residents 1, 2, 3, and 4) with Staff A, Entity Representative/Resident Manager, Staff B, Caregiver and Staff C, Caregiver who provided them with care.

During the bedroom tour on 08/21/2025 at 10:43 AM, Resident 2's bed upper half [redacted] on both sides of the bed.

Review of Resident 2's AFH records showed the AFH admitted them on [redacted]/2024. Resident 2 had a 03/31/2025 physical therapy [redacted] assessment that indicated

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the [redacted] were for fall prevention and for assistance with their mobility. Resident 2 had 01/02/2025 physician order of the [redacted] Resident 2's 12/09/2024 NCP did not address their use of the [redacted] and its related safety plan.

In an interview on 08/21/2025 at 1:20 PM, Resident 2 stated they had used the [redacted] during their admissions at the local health facility, a nursing rehabilitation facility and now at AFH. Resident 2 stated they were informed it was for their balance and to prevent fall.

In an interview on 08/21/2025 at 5:39 PM, Staff A stated that they did not realize that Resident 2's NCP did not include their use of the [redacted].

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, Angels of Joy LLC is or will be in compliance with this law and / or regulation on (Date) 10/13/2025 .

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

Provider (or Representative) — Date: 09/15/2025