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's Heart Adult Family Home Corp
Angel's Heart AFH
32224 27th Ave SW
Federal Way, WA 98023

RE: Angel's Heart AFH License # 755504

Dear Provider:

This letter addresses Compliance Determination(s) 62762 (Completion Date 07/17/2025) and 59828 (Completion Date 05/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/17/2025 and found that you have corrected the violations listed in the Full report dated 05/22/2025. Your home is back in compliance as of 05/30/2025 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 388-76-10285-2

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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 05/19/2025 of:

Angel's Heart AFH
32224 27th Ave SW
Federal Way, WA 98023

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:

Kirsten Biddle, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 | 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 sampled staff (Staff B, Caregiver) had a second Tuberculosis (TB [a communicable disease affecting the lungs]) skin test completed one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included…

Record review of the AFH's personnel records, Staff B's titled, undated AFH orientation documentation showed a hire date of 07/29/2023. Further review showed Staff B had a negative TB skin test administrated on 07/24/2023 and read on 07/26/2023. Staff B had no record of a second TB skin test.

In an interview on 05/19/2025 at 4:50 PM, Staff A, Provider, stated that they were unaware of the second TB skin test requirement and will be working with Staff B to complete the TB testing to meet the requirement.

Refer to: WAC 388-76-10280 Tuberculosis—One test.

The adult family home is only required to have a person take one test if the person has any of the following:
(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
(2) A documented negative result from one skin or blood test in the previous twelve months.

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's Heart AFH 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