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

Adoring Angels Adult Family Home LLC

Adoring Angels Adult Family Home LLC
14666 SE 173rd St
Renton, WA 98058

RE: Adoring Angels Adult Family Home LLC License # 755612

Dear Provider:

This letter addresses Compliance Determination(s) 69464 (Completion Date 12/02/2025) and 64607 (Completion Date 10/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/02/2025 and found that you have corrected the violations listed in the Full report dated 10/06/2025. 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 388-76-10265-1-d

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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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 08/20/2025 of:
Adoring Angels Adult Family Home LLC
14666 SE 173rd St
Renton, WA 98058

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:

Karen Beardsley, NCI

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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

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 4 staff (Staff B, Caregiver) had tuberculosis (TB [a communicable disease]) skin testing within three days of hire. This failure placed all residents, staff and visitors at risk of possible exposure to TB.

Findings included…

On 08/20/2025 at 10:42 AM, observation showed one staff member, Staff B, in the home providing stand-by assist (another person remains nearby, usually within arm's reach, to provide verbal cues or non-physical support, but does not provide direct physical help, to ensure the safety of an individual performing an activity) for Resident 6, walking from their bedroom to the living room.

Record review of TB test results dated 03/01/2023 showed a TB blood test completed on 03/01/2023 which was negative for TB.

On 08/20/2025 at 12:03 PM, during an interview with Staff B, they stated that they had been working in the home since it opened. When asked to clarify, they stated that their date of hire was 07/19/2022.

On 08/20/2025 at 12:05 PM, during an interview with Staff A, Provider, they stated that Staff B had not gotten the TB testing within three days of hire because they didn't know about the TB requirements at the time and that they learned about them after they hired a consultant.

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, Adoring Angels Adult Family Home 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