



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Care Home 2 Lic LLC
Angelwings Senior Care
1710 S 220th St
Des Moines, WA 98198

RE: Angelwings Senior Care License # 755665

Dear Provider:

This letter addresses Compliance Determination(s) 76920 (Completion Date 05/06/2026) and 73710 (Completion Date 03/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2026 and found that you have corrected the violations listed in the Full report dated 03/06/2026. Your home is back in compliance as of 04/19/2026 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-b, WAC 388-76-10265-1-d, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10350-2-d, WAC 388-76-10380-4, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10490-2-b-i, WAC 388-76-10522-5, WAC 388-76-10532-2, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10715-3, WAC 388-76-10715-4, WAC 388-76-10750-7

The Department staff who did the on-site verification:

Linda Dunn, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager

This document was prepared by Residential Care Services for the Locator website.

Angelwings Senior Care # 755665

05/06/2026

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Region 2, Unit G

Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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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 02/24/2026 of:

Angelwings Senior Care
1710 S 220th St
Des Moines, WA 98198

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:

Linda Dunn, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

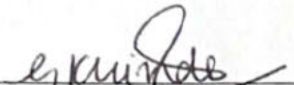
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


Residential Care Services

3-9-2026
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)

3/17/26
Date

① 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:

(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 ensure there was a valid Washington state name and date of birth Background Inquiry (BGI) for 1 of 1 Household member (HH 1). This failure placed all residents (Residents 1, 2, 3, and 4) at risk of harm from persons living in the AFH with an unknown current criminal background.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care at the AFH. Further observation showed HH 1 lived in a private residence on the second floor of the AFH.

On 02/24/2026 at 11:15 AM, observation showed HH 1 walked through the main floor of the AFH and into the living room area. Further observation showed Residents 1, 3, and 4 sat in the living room, and watched TV.

Record review of the BGI for HH 1 showed the BGI expired on 02/09/2026.

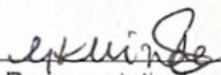
This document was prepared by Residential Care Services for the Locator website.

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In an interview on 02/24/2026 at 2:26 PM, Staff A, Entity Representative/Resident Manager, stated that HH 1 lived upstairs in the AFH, provided occasional maintenance assistance in the AFH, but was not a paid staff member. Staff A stated that they did not have a current BGI for HH 1

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 02/26/2026.

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


Provider (or Representative)

3/17/26
Date

② 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 Tuberculosis (TB) testing was completed within three days of employment for 1 of 1 staff (Staff C, Caregiver). This failure placed all residents at risk of potential exposure to TB, a communicable disease that affects the lungs.

Findings included...

Observation on 02/24/2026 at 8:16 AM, showed four residents (Residents 1, 2, 3, and 4) lived in and received care from the AFH. Further observation showed Staff C was in the kitchen and prepared a morning meal for the residents, then served the meal plates to Residents 1, 2, 3, and 4.

Record review of the AFH personnel records showed Staff C began working at the AFH on 08/18/2023. Further record review showed Staff C had completed a chest x-ray on 10/27/2022. There were no TB tests results found in Staff C's records.

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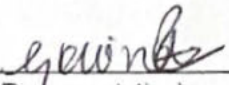
lived in and received care from the AFH. Further observation at 8:56 AM showed Staff A had entered the AFH.

Record review of personnel records for Staff A showed an after-visit clinic summary dated 10/5/2022. The summary showed Staff A had visited the clinic on 10/05/2022 for "TB skin read PPD for screening for tuberculosis." The summary did not show when the TB skin test was administered or if the skin test reading was positive or negative for TB.

In an interview on 02/24/2026 at 2:26 PM, Staff A stated that they had received two TB skin tests at the clinic on separate dates which were negative for TB. Staff A stated that they did not know why only one TB skin test was listed in the after-visit summary. Staff A stated that they did not have other records to show they had completed the two-step TB skin testing requirement.

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 4/19/26.

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


Provider (or Representative)

3/17/26
Date

③ WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure annual assessments were reviewed and updated every 12 months for 2 of 2 sampled residents (Resident 1 and Resident 2), whose care was privately funded. This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings Included...

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During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Resident 1

Record review of the Negotiated Care Plan (NCP) dated 12/26/2023 for Resident 1 showed the resident was admitted to the AFH on [REDACTED]/2023.

Record review of Resident 1's initial assessment titled, "Long Term Care Resident Assessment and Care Planning Tool" showed the assessment was completed on 10/26/2023.

Record review of Resident 1's "Residential Admission Agreement" signed by Resident 1's representative on [REDACTED]/2023, showed Resident 1 would be evaluated and assessed by a qualified assessor prior to admission and every year after.

In an interview on 02/24/2026 at 2:12 PM, Staff A, Entity Representative/Resident Manager stated that they did not have an updated yearly assessment for Resident 1.

Resident 2

Record review of Resident 2's AFH record showed an initial assessment titled, "Long Term Care Resident Assessment and Care Planning Tool", dated 11/14/2024.

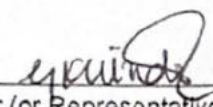
Record review of Resident 2's "Residential Admission Agreement" signed by Resident 2's representative on 11/14/2024, showed Resident 2 would be evaluated and assessed by a qualified assessor prior to admission and every year after.

In an interview on 02/24/2026 at 2:13 PM, Staff A, stated that they did not have an updated yearly assessment for Resident 2.

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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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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


Provider (or Representative)

3/17/26
Date

- ④ WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents' (Resident 1 and Resident 2) Negotiated Care Plan (NCP) were reviewed at least every 12 months. This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Resident 1

A review of Resident 1's NCP dated 12/26/2023, showed Resident 1 was admitted to the AFH on [REDACTED]/2023. Further review showed Resident 1's NCP was signed on 03/30/2024 by Resident 1's Representative.

Resident 2

A review of Resident 2's NCP dated 12/12/2024, showed Resident 2 was admitted to the AFH on [REDACTED] 2024. Further review showed Resident 2's NCP was signed by Resident 2's Representative on 12/12/2024.

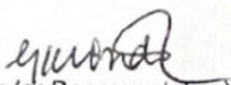
In an interview on 02/24/2026 at 1:10 PM, Staff B, Senior Manager, stated that they were responsible for updating resident NCPs. Staff B stated that they usually go through the NCPs every year, make updates and initial any changes, and document the date of

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the changes. Staff B further stated that they did not know why Resident 1 and Resident 2's NCPs' were not updated yearly.

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/30/26.

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


Provider (or Representative)

3/17/26
Date

5 WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules for medication administration for 2 of 2 residents (Resident 1 and Resident 2). The AFH failed to ensure 1 of 1 resident's (Resident 2) medication logs were kept current and initialed by the staff who gave medications. In addition, the AFH failed to have as needed medications readily available for 2 of 2 residents (Resident 1 and Resident 2). These failures placed Resident 1 and Resident 2 at risk of medication errors and worsening conditions from not receiving medications as prescribed.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

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In an interview on 02/24/2026 at 11:18 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 and Resident 2 received medication assistance at the AFH. Staff A stated that the AFH used an area pharmacy to fill most medications for residents and the AFH used an electronic medication administration record (eMAR) to document all medications provided by staff for residents.

★ Medication Orders

Record review of Resident 1's pharmacy generated physician orders dated February 2026 showed the order "Lactulose 10 grams (gm) /15 milligram (mg) solution take 30 mg by mouth twice daily, hold if having diarrhea." The record further showed the medication was scheduled to be given at 8:00 AM and 8:00 PM for constipation.

Record review of Resident 1's eMAR dated 02/01/2026 – 02/28/2026, showed under the heading PRN [(PRN) is a Latin abbreviation for pro re nata that means as needed] Medications, "Lactulose 30 ml strength, start 08/20/2024, quantity 1 oral liquid one time daily in the morning."

In an interview on 02/26/2026 at 12:00 PM, Staff C, Caregiver, confirmed Resident 1 was receiving the medication as needed and stated that they were unaware the physician's orders were incorrectly shown in the eMAR.

★ Medication Log

In an interview on 02/24/2026 at 11:15 AM, Staff C stated that Resident 2 had a medication scheduled to be given at 12:00 PM. Department staff requested observation of Staff C when they prepared and gave Resident 2 the medication at 12:00 PM.

In an interview on 02/24/2026 at 12:08 PM, Staff D, Caregiver, stated that they had given Resident 2 the 12:00 PM medication dose.

Record review of Resident 2's eMAR dated 02/01/2026 – 02/28/2026, showed Loratadine 10mg one time daily for allergies to be given at 12:00 PM. The eMAR showed the initials "ML" under the date 02/24/2026 at the scheduled time 12:00 PM. The record further showed at the bottom of page 3 the initials ML were associated with Staff C's name.

In an interview on 02/24/2026 at 12:36 PM, Staff C stated that they had not given Resident 2 their 12:00 PM medication dose. Staff C stated that Staff D had given Resident 2 the scheduled medication.

In an interview on 02/24/2026 at 12:57 PM, Staff D confirmed they had given Resident 2 the 12:00 PM scheduled medication. Staff D stated, "I didn't sign it out." Staff D stated that they were aware they should have provided their electronic signature instead of Staff C.

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A

Medication Availability

Record review of Resident 1's pharmacy generated Physician's Orders dated February 2026 showed Resident 1 was prescribed multiple medications on PRN basis, which included Tums Chewable tablets PRN for heartburn or indigestion and Miralax Powder as needed for constipation.

Observation on 02/24/2026 at 12:00 PM, showed a plastic storage box that contained Resident 1's scheduled and as needed medications. Observation further showed Tums Chewable tablets and Miralax Powder were not in the container.

Record review of Resident 2's pharmacy generated Physician's Orders dated February 2026 showed Resident 2 was prescribed multiple medications on PRN basis, including Tums Chewable tablets as needed for heartburn or indigestion, Miralax Powder PRN, for constipation, and Pepto-Bismol tablets PRN for abdominal discomfort.

Observation on 02/24/2026 at 12:36 PM, showed a plastic storage box that contained Resident 2's scheduled and PRN medications. Observation further showed Tums Chewable tablets, Pepto-Bismol tablets, and Miralax Powder were not in the container.

In an interview on 02/24/2026 at 12:58 PM, Staff C stated that medications that can be purchased without a doctor's order are typically brought in by resident family members because the medication costs are not covered by insurance. When asked to produce the as needed medications listed on the Physician's Orders for Resident 1 and Resident 2, Staff C stated, the medications "are not here."

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/30/26.

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

grinda
Provider (or Representative)

3/17/26
Date

S

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or

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were refused by the resident. The policy must:

- (b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and
- (i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of worsening conditions from potential use of expired medication.

Findings included...

A review of the AFH's undated "Medication Disposal Policy" showed one method for disposing of expired medication was to place expired medications in a Drug Buster bottle (a sealed container filled with a liquid solution designed to deactivate ingredients in medications) and to shake the bottle.

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's pharmacy generated Physician's Orders, dated February 2026, showed Resident 1 was prescribed Dulcolax EC 5 milligram (mg) tablet (for constipation), take 2 tablets (10 mg) by mouth every morning, hold for loose stool. Further review showed the word "Bingo" beside the order, indicating the medication would be provided by the pharmacy in a bingo card (A bingo card is a tamper-proof method of packaging medications used by pharmacies to organize medications by the time of day the medications are to be given).

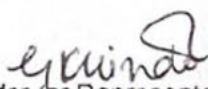
Observation on 02/24/2026 at 11:32 AM, showed a plastic storage box that contained Resident 1's medications. Further observation showed the box contained several medications for Resident 1 which had been packaged in bingo cards and labeled by the pharmacy. Observation showed 1 bingo card labeled Dulcolax EC 5mg one time daily take 2 tablets oral for constipation, hold for loose stool. Further observation of the label showed an expiration date of 04/02/2024.

In an interview on 02/24/2026 at 12:00 PM, Staff A, Entity Representative / Resident Manager stated that the AFH's medication disposal policy was to dispose of expired medication in their Drug Buster bottle or return the medication to the pharmacy. Staff A stated the medication should have been returned to the pharmacy. Staff A stated that the AFH would remove the expired medication from Resident 1's medication storage container.

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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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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


Provider (or Representative)

3/17/26
Date

- ⑥ WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide a separate written document for 2 of 2 sampled residents (Resident 1 and Resident 2) regarding the AFH's policy on accepting Medicaid as a payment source when they admitted them. This failure placed Resident 1 and Resident 2 and their representatives at risk of not knowing their rights in terms of payments options and sources.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 and Resident 2 lived in and received care at the AFH.

Resident 1

Record review of Resident 1's Negotiated Care Plan (NCP) dated 12/26/2023, showed Resident 1 was admitted to the AFH on [REDACTED] 2023.

Record review of Resident 1's "Residential Admission Agreement", showed a 26-page document with pages 11, 20, 22, and 23 signed by Resident 1's representative and dated [REDACTED] 2023. The document showed multiple sections that began on one page and

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continued onto the next page without page breaks between sections. Further review showed on page 22 a section titled, "Confirmation of Payment for Room Reservation." The section continued onto page 23 with Resident 1's representative signature at the top section of page 23. On the same page 23, review showed a bolded print section directly below the signature line titled, "Medicaid Payment Policy." Further review showed a second signature line on page 23 dated [REDACTED]/2023 and signed by Resident 1's representative.

Resident 2

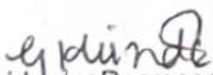
Record review of Resident 2's NCP dated 12/12/2024, showed Resident 2 was admitted to the AFH on [REDACTED]/2024.

Record review of Resident 1's "Residential Admission Agreement", showed a 26-page document with pages 11, 20, 22, and 23 signed by Resident 2's representative and dated 11/14/2024. The document showed multiple sections that began on one page and continued onto the next page without page breaks between sections. Further review showed on page 21 a section titled, "Confirmation of Payment for Room Reservation." The section continued onto page 22 with Resident 2's representative signature at the top section of page 22. On the same page 22, observation showed a bolded print section directly below the signature line titled, "Medicaid Payment Policy." Observation showed a second signature line on page 22 dated 11/14/2024, and signed by Resident 2's representative.

In an interview on 02/24/2026 at 4:20 PM, Staff A, Entity Representative / Resident Manager, stated that they were not aware the Medicaid Payment Policy should be a separate document. Staff A stated that they were told by the AFH's previous owner that it was "OK" to leave the policies in one document.

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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


Provider (or Representative)

3/17/26
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(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a department disclosure of charges form was used to identify AFH charges for 2 of 2 sampled residents (Resident 1 and Resident 2) and their representatives. This placed Resident 1 and Resident 2 and their representatives at risk of not being able to clearly identify the charges for care, services, and activities that the home provided.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 1 and Resident 2 lived in and received care at the AFH.

Resident 1

Record review of Resident 1's Negotiated Care Plan (NCP) dated 12/26/2023, showed Resident 1 was admitted to the AFH on [REDACTED]/2023.

Record review of Resident 1's "Residential Admission Agreement" showed a 26-page document with pages 11, 20, 22, and 23 signed by Resident 1's representative and dated [REDACTED]/2023. The document showed multiple sections that began on one page and continued onto the next page without page breaks between sections.

Further review of Resident 1's AFH records did not show a completed disclosure of charges form separate from the service agreement document.

Resident 2

Record review of Resident 2's NCP dated 12/12/2024, showed Resident 2 was admitted to the AFH on [REDACTED]/2024.

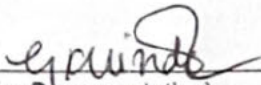
Record review of Resident 1's "Residential Admission Agreement" showed a 26-page document with pages 11, 20, 22, and 23 signed by Resident 2's representative and dated 11/14/2024. Further review of Resident 1's AFH records did not show a completed disclosure of charges form separate from the service agreement document.

In an interview on 02/24/2026 at 4:20 PM, Staff A, Entity Representative/Resident Manager, stated that they were not aware they needed to use the Department's approved forms when providing residents and their representatives with a disclosure of the AFH's charges. Staff A stated that they were told by the AFH's previous owner that it was "OK" to use the AFH's Resident Admission Agreement as written.

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


Provider (or Representative)

3/17/26
Date

⑧

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment was completed before using [REDACTED] for 1 of 1 residents (Resident 3). This failure placed Resident 3 at risk of entrapment between the [REDACTED] and mattress, and risk of potential injury from a fall.

Findings included...

A review of the U.S. Food & Drug Administration's website (www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts) on 02/27/2026 showed the agency was responsible for the regulation of [REDACTED]. The website further showed before using [REDACTED], an assessment to determine safe use was recommended for people with memory problems or those who walk unsafely without assistance. The website listed possible risks of [REDACTED] use that included bodily injury such as entrapment, suffocation, or strangulation.

During a visit on 02/24/2026 at 8:00 AM, observation showed Resident 3 lived in and received care at the AFH. Further observation showed Resident 3 ambulated with assistance and used a walker.

On 02/24/2026 at 10:35 AM during an environmental tour of resident bedrooms, observation showed Resident 3 lived in bedroom [REDACTED]. Observation showed the room had a metal frame bed with attached [REDACTED] on both sides.

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In an interview on 02/24/2026 at 10:36 AM, Staff C, Caregiver, stated that Resident 3 used the [REDACTED] at night in the raised position. Staff C further stated that they believed that Resident 3's insurance had provided the bed when Resident 3 was admitted to the AFH.

Record review of Resident 3's annual assessment dated 10/29/2025 showed Resident 3 was diagnosed with [REDACTED] and required assistance with activities of daily living. Under the heading, "Special Equipment", the assessment showed the word [REDACTED] and [REDACTED]. The assessment did not indicate why the [REDACTED] would be needed or if Resident 3 could safely use the special medical device.

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 3/17/26.

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

[Signature]
Provider (or Representative)

3/17/26
Date

a) WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(3) At least one door leading to the outside is designated as an emergency exit. In homes licensed after January 1, 2016, this door must have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents;

(4) Other doors leading to the outside that are not designated as an emergency exit must open without any special skills or knowledge, and they must remain accessible to residents unless doing so poses a risk to the health or safety of at least one resident; and

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure 2 of 2 entrance doors (front and back doors) of the AFH opened without special knowledge and effort. This placed all four residents (Residents 1, 2, 3, and 4) at risk of difficult or delayed exit and reentry into the home.

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Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Further observation on 02/24/2026 at 8:24 AM, showed Resident's 2, 3, and 4 independently ambulated from the living room area of the AFH to a dining table.

On 02/24/2026 at 9:05 AM, observation showed a front entrance on the north side of the AFH with a key in the locking mechanism on the interior side of the door. Further observation showed another door on the south side of the AFH had a locking mechanism on the interior side of the door that required a key to lock and unlock the door.

In an interview on 02/24/2026 at 9:16 AM, Staff C, Caregiver, stated that both the north and the south side doors of the AFH required a key to lock and unlock them. Staff C stated that the key was kept on top of a cabinet across from the north door front entrance. Staff C stated that all residents knew where the key was kept. Staff C stated that the key locking mechanism was placed on the interior side of the doors due to Resident 2 "wandering and trying to leave."

Observation on 02/24/2026 at 9:18 AM, showed Staff C removed the key from the front entrance.

On 02/24/2026 at 9:23 AM, Department staff attempted to exit through the front entrance. Observation showed the front entrance was locked and could not be opened by Department staff without a key. Further observation showed Staff C produced the front entrance key and opened the door for Department staff to exit the AFH.

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 2/27/26.

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

Lyndee
Provider (or Representative)

3/17/26
Date

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WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 AFH provider kept all hazardous materials securely locked in storage, and not accessible to residents. This failure placed all residents (Residents 1, 2, 3, and 4) at risk of chemical exposure and misuse of toxic substances.

Findings included...

During a visit on 02/24/2026 at 8:00 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Further observation on 02/24/2026 at 8:24 AM, showed Residents 2, 3, and 4 used mobility devices without staff assistance to independently ambulate from the living room area of the AFH to a dining table.

Observation on 02/24/2026 at 10:11 AM, showed a hallway with an unlocked door. Observation showed stackable laundry machines behind the door. Further observation showed a container of liquid labeled "Pure Bright Bleach Germicidal Bleach" with "Keep out of the reach of children" on the floor next to the machines. Observation showed a second container of liquid labeled "Distilled Vinegar", and a third container of liquid labeled "Wondercide" with "Keep out of the reach of children" on the label. Observation showed a fourth container of liquid-filled pods labeled "Tide Pods" with "Keep out of the reach of children" on the label.

Observation on 02/24/2026 at 10:43 AM, showed a set of unlocked double doors in a common area of the AFH. Observation showed the doors opened into a small closet storage area that contained several large bottles of water and other items. Further observation showed two bottles of liquid labeled "Lysol" with "Keep out of the reach of children" on the label. Observation showed a second container of liquid labeled "Bleach" and a third container of household paint on a shelf.

In an interview on 02/24/2026 at 10:46 AM, Department staff asked Staff A, Entity Representative/Resident Manager, if the residents in the AFH could safely use the unlocked chemicals. Staff A stated, "We will lock that up."

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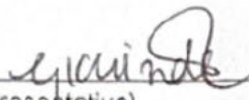
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Licensee: Care Home 2 Lic LLC

03/08/2026

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, Angelwings Senior Care is or will be in compliance with this law and / or regulation on (Date) 2/27/26.

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


Provider (or Representative)

3/17/26
Date