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

#1 Little Angel Adult Family Home LLC

#1 Little Angel Adult Family Home LLC
4610 Kent Ct
Kent, WA 98032

RE: #1 Little Angel Adult Family Home LLC License # 755763

Dear Provider:

This letter addresses Compliance Determination(s) 75075 (Completion Date 03/30/2026) and 72890 (Completion Date 02/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/30/2026 and found that you have corrected the violations listed in the Follow up report dated 02/23/2026. Your home is back in compliance as of 03/07/2026 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 388-76-10455-2

The Department staff who did the off-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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 an unannounced off-site follow-up on 02/12/2026 and 02/17/2026 of:

#1 Little Angel Adult Family Home LLC
4610 Kent Ct
Kent, WA 98032

This document references the following SOD dated: 02/23/2026

The following sample was selected for review during the unannounced off-site verification: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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

As a result of the off-site verification(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 — 03/02/2026 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) — 03/07/26 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses] was completed, re-evaluated and documented for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk for harm from unmet medication needs and medication errors.

Findings included...

During desk review follow up on 02/12/2026 at 2:58 PM, Staff A, Entity Representative was informed to nurse delegation paperwork for Resident 3 to the department staff within 24 hours.

An email was sent to the AFH on 02/12/2026 at 3:41 PM, explaining to Staff A that Resident 3's ND paperwork were to be sent to complete their follow-up visit.

On 02/14/2026 an email received from the AFH stated that Resident 1 did not have ND and that. Resident 1 had, "no prns[sic]."

Record review of Resident 3's AFH records showed that the AFH admitted Resident 3 on

As a result of the off-site verification(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 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses] was completed, re-evaluated and documented for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk for harm from unmet medication needs and medication errors.

Findings included…

During desk review follow up on 02/12/2026 at 2:58 PM, Staff A, Entity Representative was informed to nurse delegation paperwork for Resident 3 to the department staff within 24 hours.

An email was sent to the AFH on 02/12/2026 at 3:41 PM, explaining to Staff A that Resident 3's ND paperwork were to be sent to complete their follow-up visit.

On 02/14/2026 an email received from the AFH stated that Resident 1 did not have ND and that. Resident 1 had, "no prns[sic]."

Record review of Resident 3's AFH records showed that the AFH admitted Resident 3 on

[redacted]/2023. Resident 3's 01/08/2025 annual assessment showed that ND was in place for medication management. Resident 3's 03/08/2025 NCP showed that there was an ND for medication management.

In a telephone interview on 02/17/2026 at 2:35 PM, Staff A was informed that the requested ND documents were for Resident 3. While on the phone, Staff A stated that they would check their email, then acknowledged that they missed the message that the ND documents were for Resident 3. Staff A stated that they would send the ND documents that same day, however it would be after office hours.

The AFH sent an email on 02/17/2026 at 3:16 PM, with Resident 3's 08/27/2025 nursing assessment.

An email was sent to AFH on 02/17/2026 at 3:48 PM, stating that the document received was Resident 3's nursing assessment. Resident 3's ND documents requested were not received. Department staff attached department forms of ND consent and ND visits as a sample of what documents were needed.

The AFH sent an email on 02/17/2026 at 4:03 PM, Staff A stated that they were aware that Resident 3's nursing assessment was sent to the department as it was part of the delegation. In addition, Staff A stated that they would send all the documents.

As of 02/20/2026, department staff had not received Resident 3's ND documents.

This is an uncorrected deficiency previously cited on 01/09/2026.

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03107/2026.

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

Provider (or Representative) — Date: 03107/2026

[redacted]/2023. Resident 3's 01/08/2025 annual assessment showed that ND was in place for medication management. Resident 3's 03/08/2025 NCP showed that there was an ND for medication management.

In a telephone interview on 02/17/2026 at 2:35 PM, Staff A was informed that the requested ND documents were for Resident 3. While on the phone, Staff A stated that they would check their email, then acknowledged that they missed the message that the ND documents were for Resident 3. Staff A stated that they would send the ND documents that same day, however it would be after office hours.

The AFH sent an email on 02/17/2026 at 3:16 PM, with Resident 3's 08/27/2025 nursing assessment.

An email was sent to AFH on 02/17/2026 at 3:48 PM, stating that the document received was Resident 3's nursing assessment. Resident 3's ND documents requested were not received. Department staff attached department forms of ND consent and ND visits as a sample of what documents were needed.

The AFH sent an email on 02/17/2026 at 4:03 PM, Staff A stated that they were aware that Resident 3's nursing assessment was sent to the department as it was part of the delegation. In addition, Staff A stated that they would send all the documents.

As of 02/20/2026, department staff had not received Resident 3's ND documents.

This is an uncorrected deficiency previously cited on 01/09/2026.

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, #1 Little Angel 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

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 11/20/2025 of:

#1 Little Angel Adult Family Home LLC
4610 Kent Ct
Kent, WA 98032

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

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 — 1-12-2026 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) — 01/26/2026 Date

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that a personal belonging inventory was completed, signed and dated for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of losing their personal belongings and being unable to identify or recover them.

Findings included...

Observation on 11/20/2025 at 9:30 AM, showed Staff B, Caregiver and Staff C, Caregiver providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

Review of Resident 3's AFH electronic medication log record showed the AFH admitted Resident 3 on [redacted]/2022.

In an interview on 11/20/2025 at 1:36 PM, Staff B stated that Resident 3's AFH records were not available. Staff B stated that Staff A, Entity Representative/Resident Manager, took Resident 3's AFH records home, to review and update.

On 11/20/2025 at 4:31 PM, Staff B acknowledged that they would send Resident 3's AFH records that include the personal belongings inventory list.

As of 12/31/2025, Department staff had not received Resident 3's personal belonging inventory record.

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/2026

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

Provider (or Representative) — Date: 01/26/2026

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure Negotiated Care Plan (NCP) was developed and completed within thirty days of admission for 1 of 2 sampled residents (Residents 3). This failure placed Resident 3 of unmet care needs.

Findings included...

Observation on 11/20/2025 at 9:30 AM, showed Staff B, Caregiver and Staff C, Caregiver providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

Review of Resident 3's AFH electronic medication log record showed the AFH admitted Resident 3 on [redacted]2022.

In an interview on 11/20/2025 at 1:36 PM, Staff B stated that Resident 3's AFH records were not available. Staff B stated that Staff A, Entity Representative/Resident Manager,

took Resident 3's AFH records home, to review and update them. Staff B stated they would send Resident 3's AFH records to the department staff.

As of 12/31/2025, Department staff had not received Resident 3's 2022 NCP.

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/2026.

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

Provider (or Representative) — Date: 01/26/2026

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses] was completed, re-evaluated and documented for 1 of 2 sampled residents (Resident 5). This failure placed Resident 5 at risk for harm from unmet medication needs and medication errors.

Findings included...

Observation on 11/20/2025 at 9:30 AM, showed Staff B, Caregiver and Staff C, Caregiver providing care and medication services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview on 11/20/2025 at 9:50 AM, Staff B stated that Resident 5 had ND in place.

Review of Resident 5's AFH records showed that the AFH admitted Resident 5 on [redacted]/2023. Resident 5's 01/08/2025 annual assessment showed that ND was in place for medication management. Resident 5's 03/08/2025 NCP showed that there was an ND for medication management.

In an interview on 11/20/2025 at 11:15 AM, Staff B stated that they could not find Resident 5's ND records. Staff B stated that they would ask Staff A, Entity Representative/Resident Manager for the ND records and would send them to the department.

As of 12/31/2025, Department staff had not received Resident 5's ND records

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/2026.

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

Provider (or Representative) — Date: 01/26/2026

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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

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

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure that 1 of the 2 sampled residents (Resident 3) had a signed and dated Medicaid Policy in their record. This failure placed Resident 3 at risk of not being informed of the home's Medicaid policy.

Findings included...

Observation on 11/20/2025 at 9:30 AM, showed Staff B, Caregiver and Staff C, Caregiver providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

Review of Resident 3's AFH electronic medication log record showed the AFH admitted Resident 3 on [redacted]/2022.

In an interview on 11/20/2025 at 1:36 PM, Staff B stated that Resident 3's AFH records were not available. Staff B stated that Staff A, Entity Representative/Resident Manager, took home Resident 3's AFH records to review and update. Staff B stated that they would ask Staff A to send the requested record to the department.

As of 12/31/2025, Department staff had not received Resident 3's Medicaid Policy.

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/2026

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

Provider (or Representative) — Date 01/26/2025

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

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

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep a signed and dated copy of) disclosure of charges for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included…

Observation on 11/20/2025 at 9:30 AM, showed Staff B, Caregiver and Staff C, Caregiver providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

Review of Resident 3's AFH electronic medication log record showed the AFH admitted Resident 3 on [redacted]2022.

In an interview on 11/20/2025 at 1:36 PM, Staff B stated that Resident 3's AFH records were not available. Staff B stated that Staff A, Entity Representative/Resident Manager took home Resident 3's AFH records to review and update. Staff B stated that they would ask Staff A to send the requested record to the department.

Department staff had left messages to Staff A requesting Resident 3's AFH records that include the disclosure of services on 12/12/2025 at 12:38 PM, 12/15/2025 at 4:43 PM, and 12/17/2025 at 2:56 PM. Department staff sent emails to Staff A requesting Resident 3's AFH records that include the disclosure of services form.

As of 12/31/2025, Department staff had not received Resident 3's disclosure of services.

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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/20/2026.

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

Provider (or Representative)

01/26/2026
Date