STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 69282 (Completion Date 12/02/2025) and 65845 (Completion Date 10/03/2025).

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 Complaint report dated 10/03/2025. Your home is back in compliance as of 09/25/2025 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 388-76-10015-1, WAC 388-76-10225-2-f, WAC 388-76-10225-3-b, WAC 388-76-10255-1

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

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit G
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***

| Statement of Deficiencies | License #: 755763 | Compliance Determination # 65845 |
|---|---|---|
| Plan of Correction | #1 Little Angel Adult Family Home LLC | Completion Date |
| Page 1 of 7 | Licensee: #1 Little Angel Adult Family Home LLC | 10/03/2025 |

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 on-site complaint investigation on 09/18/2025 of:

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

This document references the following complaint number(s): 195119

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that investigated 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 — 10-9-2025 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) — 10/22/2025 Tm. ~~09/25/2025~~ Date

**WAC 388-76-10015 License Adult family home Compliance required.**

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

**This requirement was not met as evidenced by:**

Based on interview, and record review, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver certificate (MTSW) for performing the Coronavirus-19 ([COVID-19] a respiratory illness caused by a virus that can spread from person to person) test for 4 of 4 residents (Residents 1, 2, 3, and 4) and staff at the AFH. This led to the AFH performing tests without an MTSW as required.

Findings included...

Observation on 09/18/2025 at 9:42 AM showed Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 09/18/2025 at 9:44 AM, Staff B stated that Staff A, Entity Representative/Resident Manager, informed them that they and Resident 4 was COVID-19 [redacted].

In a telephone conversation on 09/18/2025 at 9:45 AM, Staff A stated they found out the night before that they and Resident 4 were COVID-19 [redacted]. Staff A stated that Staff C, Caregiver tested COVID-19 [redacted] two days prior.

In a telephone conversation on 09/18/2025 at 9:58 AM, Department staff had requested the AFH's MTSW certificate. Staff A stated they would send the document.

The department staff sent an email to Staff A on 09/18/2025 at 1:24 PM for the requested documents including the MTSW.

In a telephone conversation on 09/18/2025 at 3:15 PM, Staff A stated that on 09/15/2025, they tested all the four residents (Residents 1, 2, 3, and 4) and them for COVID-19 and the result came back negative. Staff A stated that they completed the COVID-19 test for them and all four residents again on 09/17/2025. The test result came back [redacted] for them and for Resident 4.

As of 10/02/2025 the department had not received the MTSW from 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, #1 Little Angel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/29/2025 .

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

Provider (or Representative) — Date: 10/22/2025

**WAC 388-76-10225 Reporting requirement.**

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to notify the Coronavirus-19 ([COVID-19] a respiratory illness caused by a virus that can spread from person to person) outbreak affecting 1 of 4 residents (Resident 4) and two staff in the

home, to the case manager and department's complaint toll-free hotline number or online reporting system. This failure placed the residents at risk of needs not being met and placed them and all other essential workers, and the community at risk for contracting COVID-19.

Findings included...

Review on 09/18/2025 of Washington Department of Health COVID-19 outbreak definition showed that outbreak are 2 or more cases of suspect, probable or confirmed COVID-19 among Health Care personnel and one or more case of probable or confirmed COVID-19 among residents with epi-linkage. Epi-linkage was defined as having the potential to have been cared for by common staff within a 7-day period. Epi-linkage also means having the potential to have been within 6 feet for 15 minutes or longer while working in the facility during the 7 days prior to the onset of symptoms.

Observation on 09/18/2025 at 9:42 AM showed Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 09/18/2025 at 9:44 AM, Staff B stated that Staff A, Entity Representative/Resident Manager, informed them that Staff A and Resident 4 were COVID-19 [redacted].

In a telephone conversation on 09/18/2025 at 9:45 AM, Staff A stated they found out previous night that they and Resident 4 were COVID-19 [redacted]. Staff A stated that Staff C, Caregiver tested COVID-19 [redacted] two days prior.

In a telephone conversation on 09/19/2025 at 3:15 PM, Staff A stated they notified the Department of Health, the family members of the residents and the AFH physician of the outbreak. Staff A responded that they did not notify the department as they were not aware that they were supposed to.

The AFH sent an email on 09/30/2025 that included their policy. In the undated "Resident with known or suspected COVID-19" policy it stated that when there is a COVID-19 outbreak, the Provider will call and report the incident to Residential Care Services Complaint Resolution Unit. The AFH did not follow their policy.

Review of the department's Comprehensive Assessment Reporting and Evaluation (CARE) website on 10/02/2025 showed there was no communication entry to Resident 4's case manager from 09/01/2025 to 10/02/2025.

In an interview on 10/02/2025 at 2:22 PM, Collateral Contact 4 stated that they were not notified of the COVID-19 [redacted] incident at 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, #1 Little Angel Adult Family Home LLC, is or will be in compliance with this law and / or regulation on (Date) 09/19/2025.

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

Provider (or Representative) — Date: 10/22/2025

**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, interview and record review, the Adult Family Home (AFH) failed to ensure that infection control standards were followed for 1 of 4 residents (Resident 4) who tested [redacted] for the Coronavirus-19 ([COVID-19] a respiratory illness caused by a virus that can spread from person to person). This failure placed Resident 4 at risk of needs not being met and placed all the other residents, all other essential workers, and the community at risk for contracting COVID-19.

Findings included...

Review of the Information for AFH Providers website under AFH standard precautions table showed that to help prevent spread of infection was to use the standard precautions for all resident care. Standard precautions include hand hygiene, respiratory hygiene, use of Personal Protective Equipment ([PPE] protective clothing, other garments or equipment designed to protect the wearer's body from injury or infection) and resident placement. The use of PPE included use of gown, gloves, mask and eye protection. To use N95 mask (provides tight seal against the face and filters out at least 95 percent of airborne particles including dust and microorganisms) for germs that spread through the air.

Observation on 09/18/2025 at 9:41 AM showed Staff B, Caregiver with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff. The three residents were seated at the living room area watching TV.

Observation on 09/18/2025 at 9:42 AM showed a bedroom at the end of the hallway with the door opened. Staff B walked inside the bedroom and stood close to the bed. Staff B introduced Resident 4 who laid in with the head of the bed elevated at 90 degrees. Resident 4 stated they were "fine."

In an interview on 09/18/2025 at 9:43 AM, Staff B stated that all four residents (Residents 1, 2, 3, and 4) had their breakfast and morning medications.

In an interview on 09/18/2025 at 9:44 AM, Staff B stated that Staff A, Entity Representative/Resident Manager, informed them that Staff A and Resident 4 were COVID-19 [redacted].

In a telephone conversation on 09/18/2025 at 9:45 AM, Staff A stated they found out the night before that they and Resident 4 were COVID-19 [redacted]. Staff A stated that Staff C, Caregiver tested [redacted] COVID-19 two days prior. Staff A stated the other residents (Residents 1, 2, and 3) tested negative of COVID-19. Department staff informed Staff A that Resident 4's bedroom door was open, and Staff B did not wear the N95 mask, gown, gloves when they went inside Resident 4's bedroom or when they took care of them earlier.

In a continued conversation over the phone on 09/18/2025 at 9:58 AM, Staff A had no response when department staff informed them Resident 4 had not been isolated and they did not provide the PPE supplies in the home as required.

Observation on 09/18/2025 at 10:08 AM showed Staff B wore surgical mask. Department staff asked Staff B if the AFH had the N95 mask and gowns. Staff B stated they had the supplies.

Observation on 09/18/2025 at 10:11 AM showed Staff B brought up a plastic container with two drawers. Inside the drawers were COVID-19 test kits, boxes of N95 masks and disposable gowns. Staff B stated they would use the PPE when they go inside the bedroom and take care of Resident 4.

In an interview on 09/18/2025 at 5:09 PM, Staff A claimed that prior to the department staff's arrival to the AFH, they had informed Staff B to obtain the cart with the PPE supplies and placed them in front of Resident 4's bedroom for their use. Department staff informed Staff A that the AFH had no infection control standard in place when the department staff arrived and completed the quick tour of the home.

The AFH sent an email to the department on 09/30/2025 with their policy. The undated "Resident with known or suspected COVID-19" policy stated to isolate the symptomatic

resident as soon as possible with the door closed. The AFH will post clear signage on the door or wall outside of the resident room. The AFH will make PPE immediately available outside of the resident room. Restrict all residents to their rooms and caregivers will wear the recommended PPE for care of all the residents. The AFH failed to follow their 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) 09/25/2025.

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

Provider (or Representative)

10/22/2025
Date