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 the unannounced on-site full inspection on 04/01/2026 of:

Angelwings Assisted Living
1704 South 220th St
Des Moines, WA 98198

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:

Angelica Rios, ALF Licensor
Staci Dilg, IDR Program Manager

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 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.

Staci Oilg, IDR PM for Reg 2 G
Residential Care Services

May 20, 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)

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 observation, interview, and record review, the Adult Family Home (AFH) failed to have a current Medical Test Site Waiver (MTSW) which is required to perform certain medical tests in an AFH. This failure led to the AFH conducting tests on Resident 1 without proper licensure.

Findings included...

Review of AFH records showed they did not have an MTSW.

Observation, on 04/01/2026 at 11:00 AM, showed Resident 1 lived in and received care from the AFH.

During an interview on 04/01/2026 at 11:58 AM, Staff C, Senior Business Manager, stated that Resident 1 had Diabetes (a chronic disease where the body doesn't properly regulate blood sugar levels) and required regular blood sugar testing.

During an interview on 04/01/2026 at 1:40 PM, Staff C stated that they were not aware a MTSW was required for blood sugar testing in the home. Staff C further stated that they would apply for the MTSW.

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 Assisted Living 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

WAC 388-112A-0400 What is specialty training and who is required to take it?

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 ;

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

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 staff (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver) had developmental disabilities (conditions beginning in childhood that affect an individual's physical, learning, language or behavior development) specialty training before they provided care to developmentally disabled residents. This failure placed Resident 3 at risk of unmet care needs.

Findings included...

Observation, on 04/01/2026 at 11:00 AM, showed Resident 3 lived in and received care from the AFH. Further observation showed Staff A and Staff B provided care to Resident 3.

Review of Staff A's personnel records showed Staff A was hired on 04/18/2025. Further review showed Staff A had no record of developmental disability specialty training.

Review of Staff B's personnel records showed Staff A was hired on 04/01/2022. Further review showed Staff B had no record of developmental disability specialty training.

Review of Resident 3's records showed Resident 3 was admitted to the AFH on [redacted]/2025. Further review of Resident 3's record showed Resident 3 had a developmental disability.

During an interview on 04/01/2026 at 12:50 PM, Staff A and Staff B stated that they had not taken the developmental disabilities specialty training.

During an interview on 04/01/2026 at 3:50 PM, Staff F, Owner, stated that they were not aware that caregiving staff needed to complete developmental disabilities specialty training prior to providing care to residents with a developmental disability. Staff F further stated that they would ensure all caregiving staff completed the training.

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 Assisted Living 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 _____

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medications were available for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of missing a prescribed medication.

Findings included...

Observation on 04/01/2026 at 11:00 AM, showed Resident 4 lived in and received medication assistance from the AFH.

Review of Resident 4's April 2026 Electronic Medication Administration Record (EMAR) showed that Resident 4 was prescribed Melatonin 3 milligrams, take 1-2 tablets as needed at bedtime for sleep.

Observation on 04/01/2026 at 2:00 PM, showed Resident 4's medication storage container did not contain Melatonin tablets.

During an interview on 04/01/2026 at 2:40 PM, Staff C, Senior Business Manager, stated that Resident 4's Melatonin had expired and they did not have a replacement. Staff C stated that they would reach out to Resident 4's family to request a new bottle of Melatonin.

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 Assisted Living 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 _____

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special

education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required twelve hours per WAC 388-112A-0610 . Not required.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(e) Caregivers.

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 2 sampled staff (Staff B, Caregiver) obtained an active Home Card Aide (HCA) certification or alternative certification within 365 days of hire. This failure placed all residents (Residents 1, 2, 3, 4, 5 and 6) at risk of unmet care needs.

Findings included...

Observation on 04/01/2026 at 11:00 AM, showed Residents 1, 2, 3, 4, and 5, lived in and received care from the AFH. Further review showed that Staff B was the only Staff in the AFH upon entrance and provided care to all residents.

Review of a Washington State Department of Health bulletin on 07/30/2025, showed that as authorized by Senate Bill 5672, long-term care workers have 365 days from the date of hire to become a certified.

Review of Staff B's personnel record showed Staff B was hired on 04/01/2022 and had a current Nursing Assistant Registration (NAR) certification. Review showed Staff B was first issued their NAR on 08/12/2020. Further review showed Staff B did not acquire any certification within the 365 day deadline of their hire date and had no other active

credentials.

During an interview on 04/01/2026 at 12:50 PM, Staff B stated they were working on their Nursing Assistant Certification (NAC). Staff B further stated that they recently took the NAC test and were waiting for their license.

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 Assisted Living 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

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to include the use of psychopharmacologic medication in the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 3 and 4). This failure placed Residents 3 and 4 at risk of unmet care needs. Findings included...

Observation on 04/01/2026 at 11:00 AM, showed Residents 3 and 4 lived in and received care from the AFH.

<Resident 3>
Review of Resident 3's April 2026 Electronic Medication Administration Record (EMAR) showed that Resident 3 was prescribed Quetiapine Fumarate (antipsychotic used to treat schizophrenia, bipolar disorder and major depressive disorder)150 milligrams (mg), take 1 tablet at bedtime.

Review of Resident 3's NCP dated 12/23/2025 showed no information regarding Resident 3's psychopharmacological medication and symptoms.

<Resident 4>
Review of Resident 4's April 2026 EMAR showed that Resident 4 was prescribed Sertraline (a psychotropic medication used to treat depression, anxiety) 50 mg, take 3 tablets once daily. Further review of Resident 4's MAR showed they were prescribed Quetiapine Fumarate 25 mg, take 1.5 tablets on time daily and 1 tablet daily as needed.

Review of Resident 4's NCP dated 02/05/2026 showed no information regarding their psychopharmacological medications and symptoms.

During an interview on 04/01/2026 at 3:50 PM, Staff F, Owner, stated that they would update Resident 3 and Resident 4's NCP to include information on the use of psychopharmacologic medications and their symptoms.

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 Assisted Living 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 _____

WAC 388-76-10505 Specialty care Admitting and retaining residents. The adult family home must not admit or keep a resident with specialty care needs, such as developmental disability, mental illness, or dementia as defined in WAC 388-76-10000 , if the provider, entity representative, resident manager and staff have not completed the specialty care training required by chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure they were designated for developmental disability care by the Department before admitting 1 of 1 resident (Resident 3) that had a developmental disability. This failure placed Resident 3 at risk of unmet care needs.

Findings included...

According to 388-76-10495 Specialty care—Designations. The department may designate an adult family home to provide specialty care in one or more of the following areas:
(1) Developmental disability;

Review of the provider summary on the Department of Social and Health Services Secure Tracking and Reporting System, showed the AFH was designated to provide Dementia (a decline in mental ability) and Mental health specialty care only. Further review showed the AFH did not have a specialty care designation for developmental disabilities.

Observation on 04/01/2026 at 11:00 AM, showed Resident 3 lived in and received care from the AFH.

Review of Resident 3's records showed that Resident 3 was admitted to the AFH on [redacted]/2025. Further review of Resident 3's record showed Resident 3 had a developmental disability.

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 Assisted Living 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 _____