



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

Care Home 3 LIC LLC
Angelwings Assisted Living
1704 South 220th St
Des Moines, WA 98198

RE: Angelwings Assisted Living License # 755974

Dear Provider:

This letter addresses Compliance Determination(s) 45601 (Completion Date 08/16/2024) and 40751 (Completion Date 06/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/16/2024 and found that you have corrected the violations listed in the Complaint report dated 06/10/2024. Your home is back in compliance as of 08/13/2024 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, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

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



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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies License #: 755974 Compliance Determination # 40751
Plan of Correction Angelwings Assisted Living Completion Date
Page 1 of 3 Licensee: Care Home 3 LIC LLC 06/10/2024

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 05/02/2024 and 05/02/2024 of:

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

This document references the following complaint number(s): 129186, 133529

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 investigated the Adult Family Home:

Vadim Panitkov, 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

6-14-2024

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.

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Statement of Deficiencies	License #: 755974	Compliance Determination # 40751
Plan of Correction	Angelwings Assisted Living	Completion Date
Page 2 of 3	Licensee: Care Home 3 LIC LLC	06/10/2024


Provider (or Representative)

8/13/2024
Date

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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(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 have a valid Washington State Background Inquiry (BGI) for 3 of 5 staff (Staff B, Caregiver, Staff C, Caregiver, and Staff E, Administrative Staff). This failure placed the residents at risk of receiving care and services from staff who had not met the background check requirements and placed all their residents at risk of harm from staff with unknown current criminal backgrounds.

Findings included...

On 05/02/2024 at 2:27 PM, observation showed Staff A, Entity Representative/Resident Manager, and Staff B at the AFH with four residents (Residents 1, 2, 3, and 4). Staff E arrived shortly after.

A review of staff records on 05/07/2024, showed Staff B and Staff C had no valid BGI. Staff B was hired 03/22/2022 with BGI completed on 04/25/2022 and expired on 04/25/2024. Staff C was hired on 10/19/2021, with BGI completed on 10/06/2021 and expired on 10/06/2023.

A further review of staff records received by email on 05/20/2024, showed Staff E had no valid BGI. Staff E's BGI was completed on 06/11/2021 and expired on 06/11/2023. Staff E date of hire was on 11/18/2022.

On 05/23/2024 at 5:01 PM, in a telephone interview, department staff asked why the BGI were outdated, Staff E stated that they had a change of ownership and lost all access to previous account information and records. When asked when the BGI's were re-done, Staff

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E stated that they did not know that information and stated that they would search and forward the BGI's that they had on file.

On 05/23/2024 review email received from Background Check Central Unit (BCCU) showed Staff B had a BGI completed on 04/25/2022 and Staff E had a BGI completed on 06/11/2021, 11/10/2021, and 04/15/2022. These were all expired. No other BGI were completed prior to 05/02/2024.

On 05/29/2024 another record received from BCCU showed that Staff C had an expired BGI completed on 10/06/2021. No other BGI's were completed prior to 05/02/2024 for Staff C.

Attestation Statement

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) 8/13/2024.

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

ML

Provider (or Representative)

8/13/2024

Date

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