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) 59612 (Completion Date 05/20/2025) and 53940 (Completion Date 02/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/20/2025 and found that you have corrected the violations listed in the Complaint report dated 02/04/2025. Your home is back in compliance as of 02/14/2025 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 388-76-10025-3

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 on-site complaint investigation on 01/29/2025 of:

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

This document references the following complaint number(s): 161503

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 investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 755974	Compliance Determination # 53940
Plan of Correction	Angelwings Assisted Living	Completion Date
Page 2 of 3	Licensee: Care Home 3 LIC LLC	02/04/2025

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.

Dahl Kim — Residential Care Services

02/12/2025 — 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) MLemmons

2/14/25 Date

WAC 388-76-10025 License annual fee.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview. and record review, the Adult Family Home (AFH) failed to pay the annual license fees during the month of November 2024. This failure resulted in the AFH operating with an invalid license from 11/15/2024 to present and placed all residents at risk for displacement.

Findings included...

Review of Department records on 01/29/2025 at 9:50 AM showed the AFH annual license fees were due 11/15/2024 in the amount of $1350.00.

Observation of the AFH on 01/29/2025 at 1:47 PM showed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) received care from Staff D, Caregiver at the AFH.

During a telephone interview while onsite at the AFH on 01/29/2025 at 1:53 PM Staff A, Entity Representative, stated they mailed the AFH annual licensing fee to the Department, but did not remember when. Staff A stated they left a message for someone at the Department the other day when they noticed the check had not cleared the AFH bank account. AFH Provider stated, they should have logged the payment.

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 | 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

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Statement of Deficiencies	License #: 755974	Compliance Determination # 53940
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Page 3 of 3	Licensee: Care Home 3 LIC LLC	02/04/2025

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) 2/14/25.

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

MLemmons
Provider (or Representative)

2/14/25
Date

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