STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Angelic Adult Care LLC

Angelic Adult Care LLC
227 E Midway Rd
Colbert, WA 99005

RE: Angelic Adult Care LLC License # 756604

Dear Provider:

This letter addresses Compliance Determination(s) 36121 (Completion Date 01/31/2024) and 32825 (Completion Date 12/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/31/2024 and found that you have corrected the violations listed in the Full report dated 12/05/2023. Your home is back in compliance as of 01/19/2024 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 388-76-10130-12, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 11/20/2023 and 11/20/2023 of:
Angelic Adult Care LLC
227 E Midway Rd
Colbert, WA 99005

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo — Residential Care Services

12/12/2023 — 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) 12/15/2023 Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(12) Have tuberculosis screening to establish tuberculosis status per this chapter.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a two-step tuberculosis (TB) skin test was completed for 1 of 3 sample staff (Staff A). This failure placed the residents at risk for exposure to respiratory illness.

Findings included...

Review of Staff A's, Provider, employee file showed a single negative TB test completed on 07/12/2023. There was no other documentation that showed Staff A received a second TB test as required.

During an interview on 11/20/2023 at 9:08 AM, Staff A stated she did not understand the two-step TB test requirement.

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, Angelic Adult Care LLC is or will be in compliance with this law and / or regulation on (Date) 01/19/2024.

Completed 12/16/2023

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

Provider (or Representative) Date 12/15/2023

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 written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 2 of 3 staff (Staff A & C). This failure placed residents at risk for exposure to communicable diseases.

Findings included...

WAC 296-842-12005
Develop and maintain a written program.

(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), and Changes To Department Of Health RPP Resources" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of infection control documentation showed there was no written respiratory protection program, no documentation that training for use of personal protective equipment had occurred or fit testing had been completed for Staff A, Provider and Staff C, Caregiver.

In an interview on 11/20/2023 at 10:47 AM, Staff A stated that they did not have a respiratory protection program in place and staff were not fit tested for N95 respirators.

Statement of Deficiencies	License #: 756604	Compliance Determination # 32825
Plan of Correction	Angelic Adult Care LLC	Completion Date
Page 4 of 4	Licensee: Angelic Adult Care LLC	12/05/2023

Staff A stated that they were not aware of the requirement.

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, Angelic Adult Care LLC is or will be in compliance with this law and / or regulation on (Date) 01/19/2024.

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

Provider (or Representative) 12/15/2023 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Angelic Adult Care LLC
Angelic Adult Care LLC
227 E Midway Rd
Colbert, WA 99005

RE: Angelic Adult Care LLC # 756604

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/05/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10320 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.

The adult family home did not ensure two of six residents had a current inventory of residents' personal belongings. This was completed during the inspection.

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:

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

The adult family home did not ensure two of six residents had a signed copy of the policy on accepting Medicaid as a payment source in the residents' records. This was completed during the inspection.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The adult family home did not ensure one of two dogs who lived in the home had updated Rabies vaccine. Once the Provider was made aware of expired Rabies an appointment was made the same day and completed during the inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600