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) 52449 (Completion Date 01/02/2025) and 48930 (Completion Date 11/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/02/2025 and found that you have corrected the violations listed in the Complaint report dated 11/07/2024. Your home is back in compliance as of 11/17/2024 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 388-76-10355-3

The Department staff who did the on-site verification:
Kurt Routzahn, AFH/ALF Complaint Investigator

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

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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 an unannounced on-site complaint investigation on 10/18/2024 and 10/18/2024 of:

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

This document references the following complaint number(s): 151703

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 investigated the Adult Family Home:

Kurt Routzahn, AFH/ALF Complaint Investigator

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.

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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a negotiated care plan (NCP) contained information about when and how care would be provided to 1 of 6 residents (Resident 1). This failure resulted in Resident 1 receiving care and services not in accordance with their assessment.

Findings included…

Review of Resident 1's annual assessment dated 04/09/2024 showed the resident required minimal assistance to reposition in bed or recliner, transferring from bed to chair, bathe, dress, and to complete all incontinence care. The assessment showed Resident 1 woke four times per night to toilet. According to the assessment, the resident would require minimal physical assist for the completion of cares while the resident was in bed.

Review of Resident 1's NCP dated 06/20/2024 showed that Resident 1 was dependent on staff for transfers from bed to wheelchair, bed mobility, incontinence care, and personal hygiene. The NCP showed Resident 1 woke two-four times per night to toilet. The NCP did not identify how many people were required to assist the resident with transfers, bed mobility, incontinence care, and personal hygiene.

On 10/22/2024 at 12:18 PM Staff A, Provider, stated Resident 1 was dependent on staff for assistance with repositioning, transferring, bathing, dressing, and incontinence care. Staff A reported Resident 1's preference was to sleep from 9:00 PM to 6:00 AM without being disturbed. Staff A stated the resident's NCP instructed staff to assist the resident with all care.

On 10/18/2024 at 11:00 AM Staff B, Caregiver, stated that Resident 1 had been assessed as needing 1-person physical assist with repositioning, dressing, bathing, incontinence care, and all personal hygiene. Staff B stated that Resident 1 required a total assist of 1-2 people to be present each time the resident required assistance with repositioning, dressing, bathing, incontinence care, and personal hygiene.

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)_____ .

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

Provider (or Representative) _____ Date _____