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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 751179	Completion Date
Plan of Correction	Winged Angels Adult Family Home	March 28, 2016
Page 1 of 2	Licensee: Monica Schweigert	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

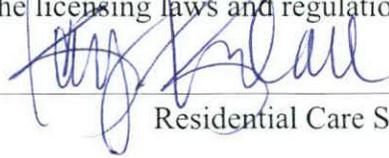
The department has completed data collection for the unannounced on-site full inspection of:
3/28/2016

Winged Angels Adult Family Home
3607 100th Place NE
Marysville, WA 98270

The department staff that inspected the adult family home:
Patty Johnson, RN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223
(360)651-6872

As a result of the on-site full inspection 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.

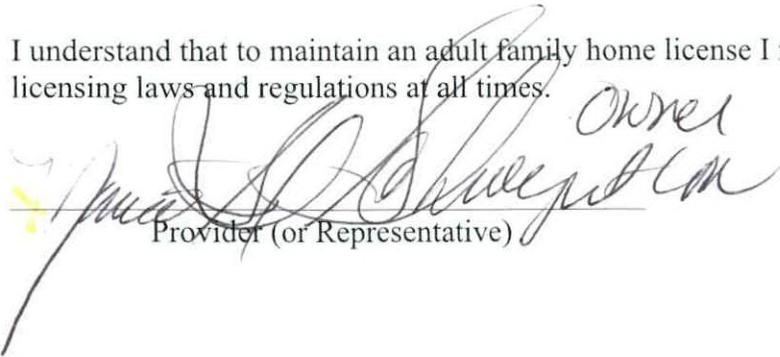


Residential Care Services

4/3/16

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)

4/14/2016

Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on interview and record review the provider failed to have a system in place to ensure a written notice was given at least every 24 months of the services available, the cost of services, availability and related costs of items and activities, as well as the homes policies and rules for 1 of 2 residents (Resident 1). This failure placed the resident at risk of not being fully informed about the homes policies and rules, care, services, and activities available.

Findings include:

All interviews and record reviews occurred on March 28, 2016.

Record review revealed Resident 1's written notice of services dated for April 26th, 2013, more than 24 months of the expected time.

In an interview, the provider reported Resident 1 had not been provided a written notice of services since the original notice. She stated she didnt realize the agreement needed to be reviewed with the resident/ resident representative again.

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, Winged Angels Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/30/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Monica Schweigert *owner*
 Provider (or Representative)

4/11/2016
 Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 26, 2016

Monica Schweigert
Winged Angels Adult Family Home
3607 100th Place NE
Marysville, WA 98270

RE: Winged Angels Adult Family Home License #751179

Dear Provider:

On April 18, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated March 28, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Patty Johnson, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services