



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
***PO Box 98907, Lakewood, WA 98496***

December 18, 2019

Arnel T Cajucom  
Angels' Lighthouse AFH  
9808 Onyx Dr SW  
Lakewood, WA 98498

RE: Angels' Lighthouse AFH License #751788

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 17, 2019 for the deficiency or deficiencies cited in the report/s dated November 14, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Emily Vincent, AFH Licenser

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Angels' Lighthouse AFH (688854)      **Intake ID(s):** 3664051  
**License/Cert. #:** AF751788  
**Investigator:** Maulana, Woodetta      **Region/Unit:** RCS Region 3/Unit A      **Investigation Date(s):** 08/16/2019 through 11/14/2019  
**Complainant Contact Date(s):**

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**Allegations:**

1. Resident had multiple pressure ulcers (heel and back), and had significant weight loss.
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**Investigation Methods:**

**Sample:** 4 sample residents to include named resident

**Observations:** staff to resident interaction  
residents  
general observation of the home

**Interviews:** staff  
residents

**Record Reviews:** resident records

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**Allegation Summary:**

1. The adult family home (AFH) failed to notify the resident's health care provider when a significant change occurred for Resident #1.
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**Unalleged Violation(s):**       **Yes**       **No**

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

388-76-10225-2-c Reporting requirement



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Statement of Deficiencies	License #: 751788	Completion Date
Plan of Correction	Angels' Lighthouse AFH	November 14, 2019
Page 1 of 2	Licensee: Arnel T. Cajucom	

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 complaint investigation of: 8/16/2019  
 Angels' Lighthouse AFH  
 9808 Onyx Dr SW  
 Lakewood, WA 98498

This document references the following complaint number: 3664051

The department staff that inspected and investigated the adult family home:  
 Woodetta Maulana

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

As a result of the on-site complaint investigation 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

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

**WAC 388-76-10225 Reporting requirement.**

- (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
- (c) The resident's health care provider;

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to notify the resident's health care provider when a significant change occurred for one of four sample residents (#1). This failure placed the resident at risk for unmet care needs.

**Findings included:**

On 08/18/19, at 3:00 p.m., during an interview, the provider (Staff A), stated the resident developed an open area to her heel two days before going to the hospital. When asked, Staff A stated he was not able to notify the nurse delegator. Staff A stated the Nurse Practitioner (NP) was aware of the resident's skin issues.

On 11/14/2019, at 2:00 p.m., during a phone interview, Collateral Contact (NP) stated she was aware of the resident's scratches and dry skin, but not made aware of the resident's open area to her heel.

**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, Angels' Lighthouse AFH 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 cited deficiency.

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Provider (or Representative)

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Date