



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504**

September 19, 2018

**CERTIFIED MAIL**

7014 1200 0000 6673 9880

Three Angels Adult Family Home, LLC  
Three Angels Adult Family Home LLC  
7032 Stone St SE  
Lacey, WA 98513

RE: Three Angels Adult Family Home LLC License #752762

Dear Provider:

The Department completed a full inspection of your Adult Family Home on September 18, 2018 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:  
Cheryl Everett, Licensors

**Consultation:**

**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.

One of two sampled resident's admission policy (Resident #3's) had not been reviewed with his guardian since 1/8/16. After being identified by the licensors this was corrected during the inspection while the guardian was visiting the home.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

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The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

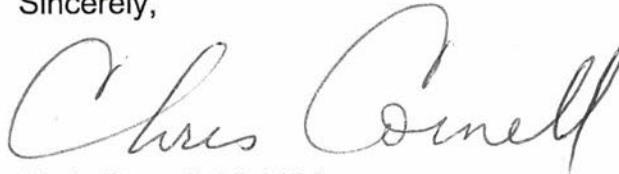
You May:

- Ask for an 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.

**If You Have Any Questions:**

- Please contact me at (360) 664-8421.

Sincerely,

A handwritten signature in cursive script that reads "Chris Cornell". The signature is written in black ink and is positioned above the typed name and title.

Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services

Enclosure