



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

May 13, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 6779**

Licensee, Angel Guard Home Care LLC.  
Angel Guard Home Care LLC.  
1233 South Geiger Street  
Tacoma, WA 98465

Adult Family Home License #**752825**  
Entity Representative: John Karanja

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On May 8, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **1233 South Geiger Street, Tacoma**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **May 8, 2015**.

**WAC 388-76-10390(1)(a) – Admission and continuation of services.**

**The licensee admitted and continued to provide services when they could not safely or appropriately meet the need for medication administration for one resident.**

**WAC 388-76-10430(1)(2)(c)(d) – Medication system.**

**The licensee failed to ensure a safe medication system was in place to meet the needs of one resident.**

**WAC 388-76-10455(2) – Medication—Administration.**

**The licensee failed to ensure medication administration was done by nurse delegation to one resident.**

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**WAC 388-76-10475(1)(3)(c)(i)(ii)(iii)(iv) – Medication log.**

**The licensee failed to keep an up-to-date daily medication log for one resident.**

***NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.***

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The licensee, at the licensee's expense, must contract with a licensed nurse qualified to check blood sugars and administer medications as ordered for one resident requiring medication administration while the resident resides in the Adult Family Home.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license was **verbally** imposed on **May 8, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lisa Cramer, Field Manager  
Region 3, Unit B  
PO Box 45819 – MS: N27-24  
Olympia, WA 98504-5819  
Phone: (253) 983-3826 / Fax: (253) 589-7240

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

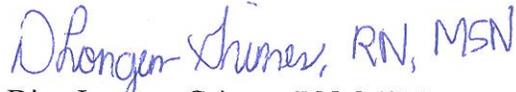
Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

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Sincerely,



Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Dina Longen-Grimes, Compliance Specialist  
Field Manager, Region 3, Unit B  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
NDL