



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 24, 2019

ANGEL CARING ADULT FAMILY HOMES INC
Angel Caring Adult Family Home Inc
3650 Bel Red Rd
Bellevue, WA 98008

RE: Angel Caring Adult Family Home Inc License #753243

Dear Provider:

On April 23, 2019 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 February 25, 2019.

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:
Liza Masher, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read "Bennetta Shoop".

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



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RECEIVED
 MAR 22 2019
 DSHS/ALISA/RCS

Statement of Deficiencies	License #: 753243	Completion Date
Plan of Correction	Angel Caring Adult Family Home Inc	February 25, 2019
Page 1 of 3	Licensee: ANGEL CARING ADULT FAMILY HOMES INC	

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: 2/21/2019

Angel Caring Adult Family Home Inc
 3650 Bel Red Rd
 Bellevue, WA 98008

The department staff that inspected the adult family home:
 Liza Masher, RN, BSN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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.

Elena Thompson

Residential Care Services

03/06/2019

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.

Fatemeh Monjezi
 Provider (or Representative)

3-13-2019

Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the PRN (as needed) medication ordered for one of two sampled residents (Resident #1) was available. This failure placed the resident at risk for medication error and/or not receiving the medication when needed due to unavailability of the medication prescribed.

Findings include:

Observation, interview, and record review, occurred on 02-21-2019 unless otherwise noted.

Between about 10:16 a.m. to 05:30 p.m., Staff interacted and provided care to Resident #1.

According to the Entity Representative (ER), the resident received medication assistance from staff.

The Department staff reviewed Resident #1's physician orders, medication log, and medications supply.

PHYSICIAN'S ORDER:

The doctor's order dated 03-27-18 reads; "Lorazepam (ATIVAN) 0.5 mg [milligrams] tablet ... Take 1 tablet (0.5 mg) by mouth 2 times daily as needed."

MEDICATION LOG:

Review of the February 2019 medication log showed the above medication was listed.

MEDICATION SUPPLY:

Observation at about 04:10 p.m. revealed the above prescribed medications was not included in the resident's medication supplies.

In an interview, the ER stated; "I have called the pharmacy and the doctor. They said just hold on the Lorazepam to see how additional Seroquel ... would do but they did not give me a discontinue order."

Further review of the MAR did not show any remarks to indicate the above medication was on hold.

Statement of Deficiencies

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Page 3 of 3

Licensee: ANGEL CARING ADULT FAMILY HOMES INC

MAR 22 2019

Attestation Statement

DSHS/ALTA/RCS

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, Angel Caring Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 3-18-2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Fatemeh Monjezi

Provider (or Representative)

3-13-2019

Date