STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Amazing Angels LLC
Amazing Angels LLC 2
5901 Thornbury Dr SE
Lacey, WA 98513

RE: Amazing Angels LLC 2 License # 755846

Dear Provider:

This letter addresses Compliance Determination(s) 26166 (Completion Date 07/06/2023) and 24813 (Completion Date 06/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/06/2023 and found that you have corrected the violations listed in the Complaint report dated 06/14/2023. Your home is back in compliance as of 06/13/2023 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10765-2

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

RECEIVED
MAY 17 2023
DSHS RCS REGION 3
Tumwater Field Office

Statement of Deficiencies	License #: 755846	Compliance Determination # 23084
Plan of Correction	Amazing Angels LLC 2	Completion Date
Page 1 of 3	Licensee: Amazing Angels LLC	05/05/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/25/2023 and 05/01/2023 of:
Amazing Angels LLC 2
5901 Thornbury Dr SE
Lacey, WA 98513

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Colleen Arthur, AFH Nurse Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the on-site visit(s), 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.

Jennifer LeMaster
Residential Care Services

05/05/2023
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.

EGithu
Provider (or Representative)

05/11/23
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to ensure that tuberculosis testing was implemented within three days of employment for Caregiver B (CGB). This failure placed 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) at risk of harm due to the potential spread of communicable disease and illness.

Findings included...

Direct observations made on 04/25/2023 at 11:05 AM showed CGB was working as the second caregiver at time of the licensing visit.

Record review of document titled Staff Orientation Checklist on 04/25/2023 at 1:10PM showed CGB was hired on 04/17/2023, and had orientation in the AFH on 04/17/2023, 04/18/2023, 04/19/2023 and 04/20/2023. On the orientation checklist there was a written note stating CGB must get the TB test or chest x-ray.

In an interview on 04/25/2023 at 1:25PM, CGB stated that they had not yet had a TB test done.

In an interview on 05/05/2023 at 10:12 AM, the Provider stated that CGB had not had a tuberculosis test completed.

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, Amazing Angels LLC 2 is or will be in compliance with this law and / or regulation on (Date) 05/11/23 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Esther Githu — Provider (or Representative)

05/11/23 — Date

The correction was done on 05/5/23 and completed 1st step on 05/8/23. 2nd step to be done after 14 days. Completed results sent to Nurse Licenser Esther Githu

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