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) 40103 (Completion Date 04/23/2024) and 38181 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/23/2024 and found that you have corrected the violations listed in the Complaint report dated 04/10/2024. Your home is back in compliance as of 04/19/2024 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 388-76-10605

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

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Amazing Angels LLC 2 **Provider Type:** Adult Family Home
License/Cert.#: 755846
Compliance Determination #: 38181 **Intake ID:** 121221
Investigator: Laura Newberry **Region/Unit #:** RCS Region 3 / Unit G
Investigation Date(s): 03/13/2024 through 04/10/2024
Complainant Contact Date(s): 04/10/2024

Allegation(s):

1. Quality of care/treatment – The named resident (NR) had a fall and was not helped.
2. Dietary Services – The NR was served greasy, spicy food, is not provided with snacks and the AFH has ants.

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 3 Closed records sample size: 0
Observations:	AFH staff, NR, other AFH residents, care and service, AFH environment
Interviews:	NR, AFH residents, AFH staff, Resident Representative, Others not associated with AFH
Record Reviews:	Assessment, Negotiated care plan (NCP), progress notes, medication administration record, staff records, AFH log

Investigation Summary:

1. Quality of care/treatment - The unannounced on-site investigation was conducted in relation to allegations and/or incidents reported. Based on observations, interviews, and records reviewed, no failed facility practice was substantiated in relation to original reported allegations and/or incidents. Interview with AFH resident and staff showed the AFH failed to accommodate resident space for use of their personal possessions. Failed practice was found.

2. Dietary Services – Observation showed the AFH had ants and was working with a professional exterminator company. Interview with AFH residents stated ants have decreased since exterminator came to home. Observation showed the AFH had a wide range of food options available and accommodated resident choice. Review of record showed the AFH failed to have their NCP signed yearly. Consultation was provided.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 755846	Compliance Determination # 38181
Plan of Correction	Amazing Angels LLC 2	Completion Date
Page 1 of 3	Licensee: Amazing Angels LLC	04/10/2024

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 an unannounced on-site complaint investigation on 03/13/2024, 03/13/2024 and 03/15/2024 of:

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

This document references the following complaint number(s): 121221, 122456

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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.

Residential Care Services

04/16/2024
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.

Esther Githui
Provider (or Representative)

04/19/2024
Date

WAC 388-76-10605 Resident rights Personal property and storage space. The adult family home must ensure each resident's right to keep and use personal possessions, including furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide 1 of 3 Residents (Resident 1 [R1]) use of their personal possessions. This failure placed R1 at risk and decrease quality of life when they were not permitted to keep their belongings in their room.

Findings included...

Review of R1's record, titled "Assessment", dated 2/7/2024, showed no information listed around R1's personal possessions or storage.

On 03/15/2024 at 3:40 PM, observed R1, who had two "Teletubby" dolls in their possession. Observed R1's shared bedroom with a single bed and a bedside table for their personal use.

On 03/15/2024 at 3:40 PM, interviewed R1, who stated that their other Teletubbies were stored in the garage, and they did not know why. R1 stated they would like to have more of their Teletubbies with them in their room, but the Provider stated they already had enough of them in their room (two Teletubbies).

On 03/22/2024 at 4:24 PM, interviewed Provider, who stated that R1's Teletubbies were stored in the garage and that R1 could have two of them at a time. Provider stated that R1's representative (RR) was aware of this.

On 04/04/2024 at 2:15 PM, interviewed RR, who stated they have not had a conversation with the Provider or AFH staff about storing R1's Teletubbies in the garage. RR stated they did not know why they were kept there and felt that R1 should have at least one of each of the four Teletubbies with her (or four Teletubbies at a time).

On 04/04/2024 at 4:52 PM, interviewed collateral contact (CC), who completed R1's Assessment, stated storage of the Teletubbies was not included on her Assessment and that the AFH did not want their whole collection in their room.

Provider (or Representative) _____ Date _____

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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) 04/19/2024

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

Esther Githui
Provider (or Representative)

04/19/2024
Date

- The AFH has on going treatment for the Black Ants. The Pest Control Inc Comes once a month to treat the house and the surrounding areas. PCI Phone# 360628 8625 Foods are kept under tight containers especially those foods with sugar.
- The Resident was given all her telefubbies which number 26 are in a box in her closet. Has all other items with her.

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)_____ .

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 # 755846

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 04/10/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services

Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(11) Keep the home free from:

(d) Other vermin.

Observation showed the adult family home (AFH) had ants. The Provider stated the AFH was proactively working with a professional exterminator and ensuring food was in airtight containers. Consultation was provided.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home (AFH) failed to ensure a residents negotiated care plan was signed by the resident, yearly. The AFH made immediate corrective action and had the NCP signed. Consultation was provided.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a 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.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider

any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600