



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

**AMENDED**  
01/28/2025

Angaza AFH LLC  
Angaza II AFH LLC  
15810 124th Ave E  
Puyallup, WA 98374

RE: Angaza II AFH LLC License # 756048

Dear Provider:

This letter addresses Compliance Determination(s) 51768 (Completion Date 01/27/2025) and 46923 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/27/2025 and found that you have corrected the violations listed in the Complaint report dated 11/15/2024. Your home is back in compliance as of 12/09/2024 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 388-76-10400-2

The Department staff who did the on-site verification:  
Tabitha Tubbs, AFH Complaint Investigator  
Lisa Cramer, Adult Family Home Field Manager

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Adult Family Home Field Manager  
Region 3, Unit A  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Statement of Deficiencies	License #: 756048	Compliance Determination # 46923
Plan of Correction	Angaza II AFH LLC	Completion Date
Page 1 of 5	Licensee: Angaza AFH LLC	11/15/2024

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 09/11/2024 and 11/15/2024 of:

Angaza II AFH LLC  
 15810 124th Ave E  
 Puyallup, WA 98374

This document references the following complaint number(s): 144942

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tabitha Tubbs, AFH Complaint Investigator

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3 , Unit A  
 PO Box 99250  
 Lakewood, WA 98496

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

\_\_\_\_\_  
 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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)

Date

**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

**This requirement was not met as evidenced by:**

Based on interviews and record reviews, the adult family home (AFH) failed to ensure that 1 of 4 residents [Resident 1, (R1)] received skin and wound care treatment or follow-up from 07/22/2024 until [REDACTED]/2024. This failure resulted in R1 being hospitalized for multiple wounds including foot sores and a buttock (bottom) sore and contributed to an above-the-knee amputation, and placed R1 at risk for further injury.

**Findings included...**

On 09/10/2024 at 10:27am, in an interview, Collateral Contact A (CCA, Case Manager) stated that according to the Comprehensive Assessment Reporting and Evaluation (CARE) assessment completed on 04/30/2024, R1 did not have any current pressure sores, and none were resolved in the last year. CCA said they had one onsite visit with R1 at the AFH at the beginning of R1's stay on 05/08/2024, and no skin problems were reported.

Record review of R1's CARE interim assessment dated 04/17/2024, and another interim assessment dated 04/30/2024, showed R1 had no pressure sores. R1 required one person assistance with bathing, toileting, and dressing. R1 was able to walk a short distance while in their room with the use of a walker, and caregivers provided assistance with transferring at R1's request. R1 had diagnoses to include [REDACTED] and [REDACTED], among others.

Record review of R1's negotiated care plan (NCP) dated [REDACTED] 2024, showed they admitted to Angaza II AFH LLC on [REDACTED]/2024. The NCP showed R1 had "skin issues" and needed diabetic foot care. Staff instructions did not identify what to do to manage and treat skin issues or diabetic foot care needs. No podiatrist was documented as being involved with R1's diabetic foot care.

Record review of medical records showed R1 was seen via Telehealth (the use of electronic technologies to provide health care services remotely) by a local clinic on 05/20/2024. This was the initial comprehensive health assessment. The assessment showed an AFH Staff (unidentified) reported that R1 admitted to the AFH approximately

one month before with multiple skin concerns including a small pressure sore (a localized area of damaged skin or tissue that can occur when pressure is applied for a period of time) to their coccyx (buttocks) which was now completely healed. An AFH Staff reported areas of discoloration and thickened skin to plantar (bottom of the foot) aspect of the right foot, and a need for a podiatry referral. Wound care orders were discontinued as skin issues were reported to be resolved.

On 09/11/2024 at 12:29pm, in an interview, the Provider said the doctor asked about podiatry care for R1 on 07/22/2024. The Provider said they told the doctor that they were still looking for a podiatrist because the former one no longer worked in AFHs and the new podiatrist they found was too expensive for R1. The Provider stated the doctor told them they were going to give a wound care referral and this all was discussed on 07/22/2024. The Provider stated they texted Collateral Contact B [(CCB)/Power of Attorney (POA)] to find out when the cardiologist appointment was so the wound care appointment could be scheduled without conflicts. The Provider stated the doctor came every 6-8 weeks and was there in May 2024 and in July 2024. Wound care was cancelled for R1 in May 2024 because there were no wounds. The Provider asked the doctor on 07/22/2024, to look at R1's skin, including legs, arms, and back, and said the doctor did not look at R1's buttocks. The doctor asked if there was anything to report and nothing was reported on R1's skin besides their chronic leg issues.

Record review showed no documentation of podiatry care for R1 from April through July 2024. There was no documentation of a wound care referral in R1's file.

Record review of a home visit on 07/22/2024, by a local clinic, showed an AFH Staff reported there was a sore under R1's pinky toe and that they admitted to the AFH with this issue. Assessment of skin showed no suspicious sores or skin problems, a small area of discoloration and thickened skin noted to plantar aspect (bottom of the foot) of right foot consistent with a callus (a thickened area of skin that forms due to repeated pressure or friction), and bilateral skin discoloration. Documentation showed during a phone call to a local clinic on [REDACTED]/2024 regarding the right foot wound, an AFH Staff reported that R1 had a wound on their right leg that was getting worse and a wound on the bottom of their foot.

Record review showed on [REDACTED]/2024 at 01:56pm, an AFH Staff reported that the foot wound started as a blister under R1's little toe, was dried up, but now open with pinkish drainage, penny sized, and warm and red. A local clinic advised the AFH to seek medical attention in 2-4 hours for R1. Documentation on 02:55pm, showed an AFH Staff reported the wound had been present for quite some time. They confirmed chronic leg swelling, and that R1's legs were swollen more this date than the day before. An AFH Staff reported drainage from the wound. The wound was pink before, but now it was warm and red. An AFH Staff said R1 had not seen podiatry. A local clinic gave orders for an antibiotic and an x-ray to rule out osteomyelitis (a serious bone infection).

Record review of medical records showed a local clinic called to follow up with the AFH, and was told R1 was sent to the hospital on [REDACTED]/2024.

Record review of R1's medical records from a local hospital dated [REDACTED]-[REDACTED]/2024, showed R1 was brought to the emergency room (ER) [REDACTED]/2024, with increased redness and swelling in the right foot and leg for the past month. An MRI (non-invasive medical imaging test) of the right foot was done and showed a soft tissue wound and underlying large fluid collection, likely an abscess (a painful, puss-filled pocket). An x-ray showed a bone infection of the right foot, and R1 was diagnosed with [REDACTED]

[REDACTED], and [REDACTED]

[REDACTED] Buttocks

wound and right foot wounds were present on admission. The right foot wound resulted in a below-the-knee amputation on 08/04/2024, and then required an above-the-knee amputation on 08/07/2024.

Record review of hospital record pictures which were recopied from CCB to show images in color of a right foot sore on the bottom side of the foot and a buttock wound. The picture showed a right skin tear/blister below the ankle, redness and swelling, and color changes from above the right ankle to the toes. The picture noted right foot soft tissue necrosis (the death of body tissue).

On 10/21/2024 at 12:53pm, in an interview, CCB stated they were contacted by the Provider on 07/25/2024, regarding R1's cardiologist appointment date because the doctor had made a referral for wound care and did not want them to be on the same day. The Provider stated the doctor was at the AFH on 07/22/2024 and made the wound care referral. This was the first time CCB had heard from the Provider about wounds. CCB stated they received a call on [REDACTED]/2024 from the hospital that R1 was in the hospital because of a foot infection. CCB was never contacted by the Provider to be notified that R1 was sent to the hospital. CCB contacted the Provider to find out what happened and informed the Provider that R1 was going to have to have their foot amputated. CCB asked about documentation regarding the foot wound and buttocks wound. The Provider told CCB that the wounds did not happen on their watch. CCB stated they didn't understand why it took ten days to get a wound care appointment. The Provider had the referral on 07/22/2024, and R1 went to the hospital on [REDACTED]/2024, so ten days went by with no wound care. The Provider said they had someone else who worked with them who could be used as the podiatrist since the one person was \$100 and R1 could not afford that. CCB did not know if R1 was ever seen by podiatry.

On 09/11/2024 at 12:33pm, in an interview, Caregiver B (CGB) stated R1 had some blisters on their ankle on [REDACTED]/2024, that looked like they were going to pop. They informed the Provider, and they checked again in the afternoon. CGB said in the evening, the foot looked worse. The Provider said to call emergency services and R1 went to the hospital. R1 did not have any other skin problems. R1 had a shower on 07/30/2024, and their buttocks did not have any redness. CGB said R1 did not have any redness on their buttocks the day they went to the hospital ([REDACTED]/2024). CGB said R1 only had redness to their right ankle.

On 11/01/2024 at 08:27am, in an interview, the Provider stated they did not receive a

wound care referral on 07/22/2024. When asked if they had contacted CCB to find out about R1's cardiology appointment so that the wound care appointment would not be on the same day, the Provider verified that they never received a wound care referral from a local clinic. They received an imaging referral on [REDACTED]/2024, when an AFH Staff contacted the doctor about the foot wound. The Provider mentioned to the doctor that R1 had a problem with the swelling since they admitted.

**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, Angaza II AFH LLC 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