STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

JORGE FLOREZ
MILLCREEK AFH I
16820 1st Ave SE
Bothell, WA 98012

RE: MILLCREEK AFH I # 435600

Dear Provider:

This document references Compliance Determination 36229 (02/12/2024), which included complaint number(s) 114637.

The Department completed a complaint investigation of your Adult Family Home on 02/12/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Tekeste Demissie, Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

Based on interview, and record review, the Adult Family Home (AFH) failed to a have medical test site waiver license (MTSW) for performing a COVID-19 at home test (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk).Staff F (Provider) applied for MTSW license and sent a copy of the application the next day.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: MILLCREEK AFH I
Provider Type: Adult Family Home
License/Cert.#: 435600
Compliance Determination #: 36229
Intake ID: 114637
Investigator: Tekeste Demissie
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 02/01/2024 through 02/12/2024
Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) has [redacted] COVID cases.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size:
Observations:	Adult Family Home Environment Resident Appearance Resident to Staff Interaction Direct Resident Care.
Interviews:	Resident Staff/Provider
Record Reviews:	Resident Records Monitoring Logs AFH Policies and Procedures

Investigation Summary:

1. Observation showed the AFH had an ample supply of PPE, disinfectant wipes, hand sanitizers, and testing kits. Residents and Staff were all tested negative and reported doing well. In an interview, AFH Provider stated they placed the home in quarantine after their first resident tested [redacted] for COVID-19. The AFH Provider stated they made the required notifications to the Local Health Jurisdiction (LHJ), resident responsible parties, medical providers, and the Complaint Hotline. Record review showed the AFH had a COVID plan in place, followed the directions given by the LHJ and they were monitoring residents and staff. The AFH did not have Required medical test site waiver license. See consultation dated on 02/12/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A