



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 ADULT FAMILY HOMES II
16000 75th PI W
EDMONDS, WA 98026

RE: MILLCREEK ADULT FAMILY HOMES II License # 520702

Dear Provider:

This letter addresses Compliance Determination(s) 63674 (Completion Date 08/05/2025) and 61578 (Completion Date 06/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2025 and found that you have corrected the violations listed in the Complaint report dated 06/26/2025. Your home is back in compliance as of 07/24/2025 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 388-76-10025-3, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-4

The Department staff who did the off-site verification:
Ellen Schooler, NCI Nurse Consultant Institution

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
Residential Care Services



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Statement of Deficiencies	License #: 520702	Compliance Determination # 61578
Plan of Correction	MILLCREEK ADULT FAMILY HOMES II	Completion Date
Page 1 of 3	Licensee: JORGE FLOREZ	06/26/2025

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 06/25/2025 of:

MILLCREEK ADULT FAMILY HOMES II
504 N 179th Pl
Shoreline, WA 98133

This document references the following complaint number(s): 181005

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Institution

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Provider (or Representative)

Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee of \$1,350 before the due date on 04/15/2025. This failure resulted in the AFH operating without a valid license since 04/16/2025.

Findings included...

Review of the Department records, on 06/25/2025, showed the AFH had not paid their annual licensing fee due on 04/15/2025. Department records showed the balance due at \$1,350.

During an interview on 06/25/2025 at 12:32PM, Staff B, Resident Manager/Caregiver, stated that they were not aware the annual licensing fee was overdue. Staff B stated that Staff A, AFH Provider, managed the license fee payment.

During an interview, on 06/26/2025 at 5:00PM, Staff A stated they did not pay the annual licensing fee by 04/15/2025. Staff A stated that the unpaid license fee had been

an oversight issue. Staff A stated that they thought they had paid the annual license fee for this AFH. Staff A stated that they had not received a bill for this home.

This is a repeated deficiency cited on 06/24/2024 and 06/26/2023.

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, MILLCREEK ADULT FAMILY HOMES II 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