STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

APPLE CREEK INC
APPLE CREEK
PO BOX 11776
YAKIMA, WA 98909

RE: APPLE CREEK License # 621301

Dear Provider:

This letter addresses Compliance Determination(s) 35318 (Completion Date 01/17/2024) and 34139 (Completion Date 12/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2024 and found that you have corrected the violations listed in the Complaint report dated 12/20/2023. Your home is back in compliance as of 12/22/2023 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: APPLE CREEK
Provider Type: Adult Family Home
License/Cert.#: 621301
Compliance Determination #: 34139
Intake ID: 108327
Investigator: Jo Whitney
Region/Unit #: RCS Region 1 / Unit C
Investigation Date(s): 12/19/2023 through 12/20/2023
Complainant Contact Date(s):

Allegation(s):
1) Annual license of $1350 due in October 2023 unpaid.

Investigation Methods:

Sample:	Total residents: 0 Resident sample size: 0 Closed records sample size: 0
Observations:	Home environment for safety and resident quality of life, evidence of water/sewer/garbage services, food supply. The home was empty of residents at this time.
Interviews:	Provider, Resident Manager
Record Reviews:	Facility Management System (FMS) database, AFH mailing address, certificate of liability insurance coverage

Investigation Summary:
1) Provider and administrative staff were unaware the 2023 annual fee due annually in October was unpaid. Administrative staff collected mailed documents and scanned them for electronic storage. They were unable to say why there was no action to pay the fee per the invoice statement sent 60 days in advance. Failed practice identified WAC 388-76-10025 The AFH must pay the annual license fee.

Conclusion / Action:

- [x] 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 # 621301	Compliance Determination # 34139
Plan of Correction	APPLE CREEK	Completion Date
Page 1 of 3	Licensee: APPLE CREEK INC	12/20/2023

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 an unannounced on-site complaint investigation on 12/19/2023 and 12/19/2023 of:

APPLE CREEK
517 West Washington Ave
Yakima, WA 98903

This document references the following complaint number(s): 108327

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

The department staff that investigated the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Cloaner — Residential Care Services

12/22/2023 — 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.

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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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: 12/22/23

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 observation, record review and interview, the Adult Family Home (AFH) failed to pay their annual license fee. This failure puts the home at risk for financial concerns.

Findings included...

On 12/11/2023, the Facility Management System (FMS) database showed the AFH was licensed October 17, 2005. The renewal license history showed the annual license fee for 6 residents was not paid when due in October 2023. The fee remained unpaid on 12/19/2023.

On 12/19/2023 at 12:30 PM, Staff A, Provider, was unaware the license fee was unpaid and would see that it was paid as soon as possible. On 12/19/2023 at 12:45 PM, Staff C, Administrative Support, stated mail was delivered to a post office box, collected, and opened. They said documents were reviewed for action, then scanned for electronic storage. Staff D did not know why the annual license fee was unpaid.

On 12/19/2023 at 12:35 PM, the AFH did not have any current residents. The home was warm, necessary supplies and equipment was available in the home for upcoming admissions.

Attestation Statement

Provider (or Representative) Date

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Attestation Statement

Statement of Deficiencies	License # 821301	Compliance Determination # 34139
Plan of Correction	APPLE CREEK	Completion Date
Page 3 of 3	Licensee: APPLE CREEK INC	12/20/2023

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 12/22/23 .

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

Provider (or Representative) — Date: 12/22/23

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