



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

Family First LLC
FAMILY FIRST
4700 Point Fosdick Dr Ste 312
Gig Harbor, WA 98335

RE: FAMILY FIRST License # 750029

Dear Provider:

This letter addresses Compliance Determination(s) 36697 (Completion Date 02/23/2024) and 34724 (Completion Date 01/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/23/2024 and found that you have corrected the violations listed in the Complaint report dated 01/10/2024. Your home is back in compliance as of 01/23/2024 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 388-76-10540-6

The Department staff who did the on-site verification:
Angela Conklin, AFH Complaint Investigator

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

Sincerely,

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: FAMILY FIRST

Provider Type: Adult Family Home

License/Cert.#: 750029

Compliance Determination #: 34724

Intake ID: 112177

Investigator: Angela Conklin

Region/Unit #: RCS Region 3 / Unit A

Investigation Date(s): 01/09/2024 through 01/10/2024

Complainant Contact Date(s):

Allegation(s):

Reporter states that the Identified Resident (IR) was moved out of the home 9 days earlier than required, and money is owed by the adult family home (AFH).

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 2
Observations:	General tour Resident to caregiver interaction
Interviews:	Resident Caregiver Provider Complainant
Record Reviews:	Admission documents Negotiated care plans incident log

Investigation Summary:

Based on interviews and record reviews, the adult family home (AFH) did not refund amount owed to Identified Resident (IR) within required time frames. Failed facility practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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 #: 750029

Compliance Determination # 34724

Plan of Correction

FAMILY FIRST

Completion Date

Page 1 of 2

Licensee: Family First LLC

01/10/2024

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 01/09/2024 and 01/12/2024 of:

FAMILY FIRST
8219 DOGWOOD LANE NW
GIG HARBOR, WA 98332

This document references the following complaint number(s): 112177

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 2 former residents.

The department staff that investigated the Adult Family Home:

Angela Conklin, 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

01/12/2024

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.

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

Statement of Deficiencies

License #: 750029

Compliance Determination # 34724

Plan of Correction

FAMILY FIRST

Completion Date

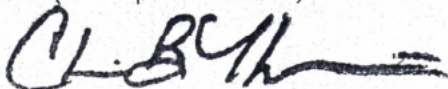
Page 2 of 2

Licensee: Family First LLC

01/10/2024

Provider (or Representative)

Date



1/23/2024

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

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 6 residents, [Former Resident 6 (R6)] was refunded monies owed within thirty days of discharge. This failure placed R6 at risk for a decline in physical health due to a financial burden.

Findings included...

On 01/09/2024, record review of the Resident Contract – Refund Policy showed the refund was to be made by the AFH provider within 30 days of the resident vacating the premises. R6 vacated the premises on [REDACTED]/2023, requiring the refund to be paid by [REDACTED]/2023.

During an interview on 01/09/2024 at 1:46 PM, the Provider stated that an outside agency does the accounting for the AFH, and it appeared "the ball was dropped" regarding the refund. An invoice for the refund was processed on 01/09/2024.

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, FAMILY FIRST is or will be in compliance with this law and / or regulation on (Date) 1/23/2024.

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



Provider (or Representative)

1/23/2024

Date



4700 Point Fosdick Dr. STE 312
Gig Harbor, WA 98335
Office 253-853-2033
Fax 253-853-6373

Family First Rosedale Home License #750029

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

6)The adult family home must provide the resident with any and all refunds due within thirty days from the residents date of discharge from the home.

Plan of Correction:

How will we correct this problem: Family First will assure to issue all refunds due within 30 days from date of discharge.

How will we continue to assure this problem stays fixed: Family First Owner Julie Thomson will do weekly meetings with bookkeeping to review all refunds and other financials matters. This will help assure any missed emails or other financial matters are caught and addressed in a timely manner.

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

A handwritten signature in black ink, appearing to read "C. B. H." followed by a long horizontal stroke.

1/23/2024