STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

LOLITA MCDOWELL
CONCEJO AFH
6320 S FOUNTAIN ST
SEATTLE, WA 98178

RE: CONCEJO AFH License # 750099

Dear Provider:

This letter addresses Compliance Determination(s) 63371 (Completion Date 07/30/2025) and 60410 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2025 and found that you have corrected the violations listed in the Full report dated 06/10/2025. Your home is back in compliance as of 06/12/2025 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 388-76-10540, WAC 388-76-10540-1, WAC 388-76-10540-2, WAC 388-76-10540-2-a, WAC 388-76-10540-2-b, WAC 388-76-10540-2-c, WAC 388-76-10540-3, WAC 388-76-10540-4, WAC 388-76-10540-4-a, WAC 388-76-10540-4-b, WAC 388-76-10540-4-c, WAC 388-76-10540-5, WAC 388-76-10540-6, WAC 388-76-10540-7, WAC 388-76-10540-8, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the off-site verification:
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager

Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 the unannounced on-site full inspection on 05/30/2025 of:
CONCEJO AFH
6320 S FOUNTAIN ST
SEATTLE, WA 98178

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(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.

(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 6) with a disclosure of charges. This failure placed Resident 6 at risk of not knowing the charges for care and services provided in the home.

Findings included…

During a visit on 05/30/2025 at 11:50 AM, observation showed Resident 6 lived in and received care from the AFH.

A review of Resident 6’s records showed that Resident 6 was admitted to the AFH on [redacted]/2024. Further review of Resident 6’s records showed no written acknowledgment that Resident 6 received a disclosure of charges from the AFH.

During an interview on 05/30/2025 at 4:05 PM Staff A, Entity Representative/Resident Manager, stated that they could not find the disclosure of charges they provided to Resident 6. Staff A further stated they would ensure each resident had a completed disclosure of charges.

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, CONCEJO AFH 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

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to complete a current inventory of the resident's personal belongings for 2 of 2 sampled residents (Residents 1 and 6). This failure placed Resident 1 and Resident 6 at risk of losing personal belongings with no accountability on the part of the AFH.

Findings included…

During a visit on 05/30/2025 at 11:50 AM, observation showed Resident 1 and Resident 6 lived in and received care from the AFH.

A review of Resident 1's records showed that Resident 1 was admitted to the AFH on [redacted]/2025. Further review of Resident 1's records showed no personal belongings inventory.

A review of Resident 6's records showed that Resident 6 was admitted to the AFH on [redacted]/2024. Further review of Resident 6's records showed an incomplete personal belongings inventory form. Additional review showed the inventory form was not signed by the resident and the AFH.

During an interview on 05/30/2025 at 2:00 PM, Staff A, Entity Representative/Resident Manager, stated that they would complete a personal inventory form for Resident 1 and request Resident 1's representative to sign it. Staff A further stated that they would review the inventory form with Resident 6 to request their signature.

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, CONCEJO AFH 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