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

GREENWOOD POINT LLC
GREENWOOD POINT LLC LAKE HOUSE 1
4238 192ND LN SE
ISSAQUAH, WA 98027

RE: GREENWOOD POINT LLC LAKE HOUSE 1 License # 750598

Dear Provider:

This letter addresses Compliance Determination(s) 53171 (Completion Date 01/15/2025) and 49918 (Completion Date 11/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2025 and found that you have corrected the violations listed in the Full report dated 11/21/2024. Your home is back in compliance as of 12/04/2024 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 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10685-2-b, WAC 388-76-10130-3, WAC 388-112A-0610-1-f

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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 11/04/2024 and 11/04/2024 of:
GREENWOOD POINT LLC LAKE HOUSE 1
4238 192ND LN SE
ISSAQUAH, WA 98027

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:

Lyra Ouano, AFH Licensor
Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 11/22/2024 (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.

Daniel A. Greenwood
Provider (or Representative)

12/9/24
Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the home submitted a Washington State name and date of birth background check (BGC) applications and completed a signed disclosure statement that the individual denies having criminal conviction for 3 of 3 staff (Staff F, Staff G, and Staff H) no later than one business day after conditional employment. This placed all residents at risk of harm from staff with unknown criminal background.

Findings included...

Record review of Staff F's home orientation document dated 07/06/2024, showed the AFH hired them on 07/06/2024. Staff F's BGC was completed on 07/20/2024, 14 days later after date of hire. There was no record Staff F completed a criminal background disclosure statement and there was no other BGC result found for Staff F in the home. Staff F provided previous BGC from another employer while we waited for our BGC to return. This position is never without additional caregiver present D.A.N.

Record review of Staff G's home orientation document dated 09/08/2023, showed the AFH hired them on 09/08/2023. Staff G's BGC was completed on 09/29/2023, 21 days later after date of hire. There was no other BGC result or completed criminal background disclosure statement found for Staff G. Staff G provided previous employer BGC while we waited for our submission — This position is always in presence of additional caregivers/staff D.A.N.

Record review of Staff H's home orientation document dated -1/20/2020 showed the AFH hired them on 01/20/2020. Staff H's BGC was completed on 08/03/2020, over six months later after date of hire. There was no record Staff H completed a criminal background disclosure statement and there was no other BGC result found for Staff H in the home. Staff H position is with additional caregiver/staff. She has been with us for years! D.A.N.

Provider (or Representative) Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the home submitted a Washington State name and date of birth background check (BGC) applications and completed a signed disclosure statement that the individual denies having criminal conviction for 3 of 3 staff (Staff F, Staff G, and Staff H) no later than one business day after conditional employment. This placed all residents at risk of harm from staff with unknown criminal background.

Findings included...

Record review of Staff F's home orientation document dated 07/06/2024, showed the AFH hired them on 07/06/2024. Staff F's BGC was completed on 07/20/2024, 14 days later after date of hire. There was no record Staff F completed a criminal background disclosure statement and there was no other BGC result found for Staff F in the home.

Record review of Staff G's home orientation document dated 09/08/2023, showed the AFH hired them on 09/08/2023. Staff G's BGC was completed on 09/29/2023, 21 days later after date of hire. There was no other BGC result or completed criminal background disclosure statement found for Staff G.

Record review of Staff H's home orientation document dated -1/20/2020 showed the AFH hired them on 01/20/2020. Staff H's BGC was completed on 08/03/2020, over six months later after date of hire. There was no record Staff H completed a criminal background disclosure statement and there was no other BGC result found for Staff H in the home.

Statement of Deficiencies	License #: 750598	Compliance Determination # 49918
Plan of Correction	GREENWOOD POINT LLC LAKE HOUSE 1	Completion Date
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On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that they were not aware Staff F, G, and H's BGC were not done within one day of hire.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date) 11/30/24.

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

Daniel A. Greenwood
Provider (or Representative)

12/9/24
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff H, Caregiver), had current background checks (BGC) as required. In addition, no new BGC authorization form was submitted to the background check unit. This placed all the residents at potential risk of harm from staff with an unknown background.

Findings included...

On 11/04/2024 at 10:15 AM interview, Staff B, ~~Co-Provider~~ Not a "Co-Provider" D.H., said that Staff H was a live-in weekend caregiver.

On 11/04/2024 review of Staff H's BGC record dated 08/03/2020, showed it expired on 08/03/2022. There was no record the AFH submitted a new background authorization form to the background check unit for Staff H. There was no other BGC record found for Staff H in the home. Staff H's BGC was 27 months overdue.

On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that they were not aware Staff F, G, and H's BGC were not done within one day of hire.

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, GREENWOOD POINT LLC LAKE HOUSE 1 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff H, Caregiver), had current background checks (BGC) as required. In addition, no new BGC authorization form was submitted to the background check unit. This placed all the residents at potential risk of harm from staff with an unknown background.

Findings included...

On 11/04/2024 at 10:15 AM interview, Staff B, Co-Provider, said that Staff H was a live-in weekend caregiver.

On 11/04/2024 review of Staff H's BGC record dated 08/03/2020, showed it expired on 08/03/2022. There was no record the AFH submitted a new background authorization form to the background check unit for Staff H. There was no other BGC record found for Staff H in the home. Staff H's BGC was 27 months overdue.

Statement of Deficiencies	License #: 750598	Compliance Determination # 49918
Plan of Correction	GREENWOOD POINT LLC LAKE HOUSE 1	Completion Date
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On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that not submitting a new BGC and authorization form to the background check unit was an oversight. Staff A said that they would submit a new BGC for Staff H the following day. staff H had worked for us for years! D.A.M This position is with other staff/caregivers D.M.

On 11/08/2024, Staff A sent to the department Staff H's BGC authorization dated 11/07/2024.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date) 11/25/24.

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

David A. Greenwood — Provider (or Representative)

12/9/24 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff H, Caregiver) had complete staff records readily available for Department Staff to review. This failure resulted the delay of determining if these four staff were qualified to care for the residents in the home.
* Not true! staff "E" records present, staff "D" was her very 1st day! D.A.M.

Findings included ...

"Not a Co-provider

On 11/04/2024 at 10:15 AM interview, Staff B, ~~Co-Provider~~, said that Staff D, E, F, and H were full-time caregivers in the home. Staff B said that Staff D and E worked three days * Not true D.A.M.

On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that not submitting a new BGC and authorization form to the background check unit was an oversight. Staff A said that they would submit a new BGC for Staff H the following day.

On 11/08/2024, Staff A sent to the department Staff H's BGC authorization dated 11/07/2024.

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, GREENWOOD POINT LLC LAKE HOUSE 1 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff H, Caregiver) had complete staff records readily available for Department Staff to review. This failure resulted the delay of determining if these four staff were qualified to care for the residents in the home.

Findings included ...

On 11/04/2024 at 10:15 AM interview, Staff B, Co-Provider, said that Staff D, E, F, and H were full-time caregivers in the home. Staff B said that Staff D and E worked three days

Statement of Deficiencies	License #: 750598	Compliance Determination # 49918
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per week as live-in night shift caregivers, Staff F worked ~~five~~ 4 days per week as day shift live-in caregiver, while Staff H was a weekend live-in caregiver. No caregiver work more than 4 days! They are both "additional" floating caregiver providing addition help to primary staff D.A.S.

Review of Staff D's home orientation record dated 01/20/2024, showed the AFH hired them on 01/20/2024. Staff D's files did not show Background check (BGC) result and fingerprint based BGC result. There was no other BGC, or fingerprint based BGC records found for Staff D. Not true! staff D was hired on 11/1/24 and 11/4 was her 1st shift! I told inspectors that her paperwork was still in my office. D.A.S.

Review of Staff E's record showed a BGC dated 04/12/2024. Staff E's files did not show home orientation and date of hire records. There was no other home orientation and date of hire records found for Staff E in the home. Not true! staff E's records are included. * FYI: we keep additional "copies of everything in my office for safety D.A.S

Review of Staff F's home orientation record dated 07/06/2024, showed the AFH hired them on 07/06/2024 and Staff H's home orientation record dated 01/20/2020 showed the AFH hired them on 01/20/2020. Staff F and H's files did not show a fingerprint based BGC result record. There was no other fingerprint based BGC result found for Staff F and H.

On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that they were not aware Staff D, E, F and H were missing records in their files. Staff A said that they would send the missing records to the department as soon as possible. Staff D was on her 1st shift! D.A.S.

On 11/08/2024, Staff A sent Staff D's BGC authorization dated 11/06/2024, Staff F's fingerprint appointment form dated 07/20/2024, Staff H's undated fingerprint appointment form and a BGC authorization dated 11/07/2024, via email correspondence. No record was received for Staff E. That's because staff "E"s records were/are fully present! D.A.S.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date) 11/8/24.

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

David A. Greenwood — Provider (or Representative)

12/9/24 — Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

per week as live-in night shift caregivers, Staff F worked five days per week as day shift live-in caregiver, while Staff H was a weekend live-in caregiver.

Review of Staff D's home orientation record dated 01/20/2024, showed the AFH hired them on 01/20/2024. Staff D's files did not show Background check (BGC) result and fingerprint based BGC result. There was no other BGC, or fingerprint based BGC records found for Staff D.

Review of Staff E's record showed a BGC dated 04/12/2024. Staff E's files did not show home orientation and date of hire records. There was no other home orientation and date of hire records found for Staff E in the home.

Review of Staff F's home orientation record dated 07/06/2024, showed the AFH hired them on 07/06/2024 and Staff H's home orientation record dated 01/20/2020 showed the AFH hired them on 01/20/2020. Staff F and H's files did not show a fingerprint based BGC result record. There was no other fingerprint based BGC result found for Staff F and H.

On 11/04/2024 at 4:25 PM interview, Staff A, Entity Representative, said that they were not aware Staff D, E, F and H were missing records in their files. Staff A said that they would send the missing records to the department as soon as possible.

On 11/08/2024, Staff A sent Staff D's BGC authorization dated 11/06/2024, Staff F's fingerprint appointment form dated 07/20/2024, Staff H's undated fingerprint appointment form and a BGC authorization dated 11/07/2024, via email correspondence. No record was received for Staff E.

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, GREENWOOD POINT LLC LAKE HOUSE 1 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

Statement of Deficiencies	License #: 750598	Compliance Determination # 49918
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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure screens were on the window of 2 of 2 resident bedrooms (Bedroom [redacted] and Bedroom [redacted]). This placed residents at risk of getting bitten by insects or having flies land on food and causing food-borne illnesses.

Findings included...

Not a "Co-Provider" ! D.A.

On 11/04/2024 at 10:20 AM interview, Staff B, ~~Co-Provider~~, said that Bedroom [redacted] was occupied by Residents 4 and 6, and Bedroom [redacted] was occupied by Residents 3 and 5.

On 11/04/2024 at 11:35 AM environmental tour of resident bedrooms with Staff B, showed window in Bedroom [redacted] and Bedroom [redacted] was missing its screens.

In an interview on 11/04/2024 at 11:35 AM, Staff B said that the screens were probably removed over the summer to make room for an air-conditioning unit, and staff had not replaced them.

As I stated - screens were removed in late fall for repair - very special screens get abused over summer. They were reinstalled after repair as I've done over the last 30+ years! D.A.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date) 12/4/24 .

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

Daniel A. Greenwood — Provider (or Representative)

12/9/24 — Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure screens were on the window of 2 of 2 resident bedrooms (Bedroom [redacted] and Bedroom [redacted]). This placed residents at risk of getting bitten by insects or having flies land on food and causing food-borne illnesses.

Findings included...

On 11/04/2024 at 10:20 AM interview, Staff B, Co-Provider, said that Bedroom [redacted] was occupied by Residents 4 and 6, and Bedroom [redacted] was occupied by Residents 3 and 5.

On 11/04/2024 at 11:35 AM environmental tour of resident bedrooms with Staff B, showed window in Bedroom [redacted] and Bedroom [redacted] was missing its screens.

In an interview on 11/04/2024 at 11:35 AM, Staff B said that the screens were probably removed over the summer to make room for an air-conditioning unit, and staff had not replaced them.

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, GREENWOOD POINT LLC LAKE HOUSE 1 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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

Statement of Deficiencies	License #: 750598	Compliance Determination # 49918
Plan of Correction	GREENWOOD POINT LLC LAKE HOUSE 1	Completion Date
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(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure 1 of 1 staff (Staff A, Entity Representative), had a current continuing education requirement in food safety as required. This placed residents at risk for exposure to foodborne illnesses related to possible mishandling of food. Staff A; entity Representative has been such for over 30 years! staff A does not work around food – * Not true – staff A's food safety credentials all present and accounted for. D.A.M.

Findings included...

On 11/04/2024 record review of Staff A's food worker card dated 11/27/2021, showed it expired on 11/27/2023. There was no other food worker card or certificate, or food handling continuing education record found for Staff A in the home. Not True! staff A's Food handling card is/was in back! Dated 11/10/23 – expires on 11/10/26

On 11/04/2024 at 4:25 PM interview, Staff A said that they were not aware their food worker card was expired. Staff A said that they would renew it as soon as possible. Never said that! D.A.M.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date) 11/4/24 .

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

David A. Greenwood — Provider (or Representative)

12/9/24 — Date

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure 1 of 1 staff (Staff A, Entity Representative), had a current continuing education requirement in food safety as required. This placed residents at risk for exposure to foodborne illnesses related to possible mishandling of food.

Findings included...

On 11/04/2024 record review of Staff A's food worker card dated 11/27/2021, showed it expired on 11/27/2023. There was no other food worker card or certificate, or food handling continuing education record found for Staff A in the home.

On 11/04/2024 at 4:25 PM interview, Staff A said that they were not aware their food worker card was expired. Staff A said that they would renew it as soon as possible.

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, GREENWOOD POINT LLC LAKE HOUSE 1 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

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

11/22/2024

GREENWOOD POINT LLC
GREENWOOD POINT LLC LAKE HOUSE 1
4238 192ND LN SE
ISSAQUAH, WA 98027

RE: GREENWOOD POINT LLC LAKE HOUSE 1 # 750598

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/21/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

During water temperature check on 11/04/2024 at 11:40 AM of Bathroom 1 and Bathroom 2's sink, accessible to Residents 1, 2, 3, 4, and 5, the temperatures were 123 and 123.9 degrees Fahrenheit. On 11/04/2024 at 11:40 AM, observation showed Staff A, Entity Representative, adjusted the thermostat of the home's water heater tank. After several adjustments of the water heater thermostat by Staff A, on 11/04/2024 at 4:24 PM, observation of the water temperature in Bathroom 1 and Bathroom 2's sink was 108 degrees Fahrenheit.

This deficiency was corrected onsite at the time of visit.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager

Region 2, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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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