



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

WILLOW GLEN AFH  
WILLOW GLEN AFH  
110 CEDAR LN  
PACIFIC, WA 98047

RE: WILLOW GLEN AFH License # 750989

Dear Provider:

This letter addresses Compliance Determination(s) 50031 (Completion Date 11/01/2024) and 45901 (Completion Date 09/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2024 and found that you have corrected the violations listed in the Complaint report dated 09/06/2024. Your home is back in compliance as of 09/23/2024 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 388-76-10025, 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 off-site verification:

Mavis Downing, NCI

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

Sincerely,

Lydia Owusu-Acheampong, 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

|                           |                           |                                   |
|---------------------------|---------------------------|-----------------------------------|
| Statement of Deficiencies | License #: 750989         | Compliance Determination # 459061 |
| Plan of Correction        | WILLOW GLEN AFH           | Completion Date                   |
| Page 1 of 3               | Licenses: WILLOW GLEN AFH | 09/06/2024                        |

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 09/20/2024 and 09/26/2024 of:

WILLOW GLEN AFH  
110 CEDAR LN  
PACIFIC, WA 98047

This document references the following complaint number(s): 141009

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home.

Mavis Downing, NCI

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

9-12-2024  
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.



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**20425 72nd Avenue S, Suite 400, Kent, WA 98032**

|                           |                           |                                  |
|---------------------------|---------------------------|----------------------------------|
| Statement of Deficiencies | License #: 750989         | Compliance Determination # 45901 |
| Plan of Correction        | WILLOW GLEN AFH           | Completion Date                  |
| Page 1 of 3               | Licensee: WILLOW GLEN AFH | 09/06/2024                       |

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 08/20/2024 and 08/20/2024 of:

WILLOW GLEN AFH  
110 CEDAR LN  
PACIFIC, WA 98047

This document references the following complaint number(s): 141009

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Mavis Downing, NCI

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

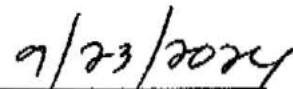
Date

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.

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

|                           |                           |                                  |
|---------------------------|---------------------------|----------------------------------|
| Statement of Deficiencies | License #: 750989         | Compliance Determination # 45901 |
| Plan of Correction        | WILLOW GLEN AFH           | Completion Date                  |
| Page 2 of 3               | Licensee: WILLOW GLEN AFH | 09/06/2024                       |

  
 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 license fee when it was due. This failure resulted in the AFH operating with an invalid license from 06/15/2024 to 06/20/2024 (56 days overdue).

#### Findings included...

Observation on 08/20/2024 at 2:00 PM showed, the AFH had a total of 5 residents (Residents 1, 2, 3, 4 and 5) admitted in the home. Observed Staff B, Caregiver and Staff C, Caregiver, were responsible for the residents.

On 08/20/2024 at 2:30 PM Resident 1 denied any abuse or neglect by staff. On 10/20/2022 at 2:45 PM Resident 2 stated they felt safe in the home.

Records Review of facility records in the Secure Tracking and Reporting System (STARS), showed that the Adult Family Home was licensed on 04/14/2008, and their annual licensing fee was due by the 15th of each year since 2008. Department records showed the annual fee of \$1,350.00 was not paid when due on 06/15/2024 as required.

On 08/20/2022 at 03:00 PM, in a telephone interview, Staff A, Entity Representative, stated that, they had issued a check to the department's business office on 28th July 2024 in the amount of \$1350. Staff A then stated that, the payment had since not gone through their bank account. When Staff A was asked to provide proof of the issued payment, they were unable to provide.

Attestation Statement

\_\_\_\_\_  
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 license fee when it was due. This failure resulted in an the AFH operating with an invalid license from 06/15/2024 to 06/20/2024 (66 days overdue).

Findings included...

Observation on 08/20/2024 at 2:00 PM showed, the AFH had a total of 5 residents (Residents 1, 2, 3, 4 and 5) admitted in the home. Observed Staff B, Caregiver and Staff C, Caregiver, were responsible for the residents.

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On 08/20/2022 at 03:00 PM, in a telephone interview, Staff A, Entity Representative, stated that, they had issued a check to the department's business office on 29th July 2024 in the amount of \$1350. Staff A then stated that, the payment had since not gone through their bank account. When Staff A was asked to provide proof of the issued payment, they were unable to provide.

\_\_\_\_\_  
**Attestation Statement**

Statement of Deficiencies

License #: 750389

Compliance Determination # 45301

Plan of Correction

WILLOW GLEN AFH

Completion Date

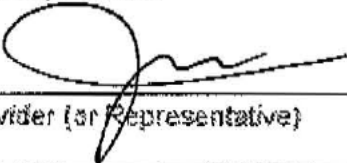
Page 3 of 3

Licensee: WILLOW GLEN AFH

09/06/2024

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, WILLOW GLEN AFH is or will be in compliance with this law and / or regulation on (Date) 9/23/2024.

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

  
\_\_\_\_\_  
Provider (or Representative)9/23/2024  
\_\_\_\_\_  
Date

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, WILLOW GLEN 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