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

FOSTER MEADOWS AFH LLC
FOSTER MEADOWS AFH LLC
8587 COVINA LOOP NE
BREMERTON, WA 98311

RE: FOSTER MEADOWS AFH LLC # 751509

Dear Provider:

This document references Compliance Determination 34790 (01/16/2024), which included complaint number(s) 112111.

The Department completed a complaint investigation of your Adult Family Home on 01/16/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Angela Conklin, AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10025 License annual fee.

(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.

The adult family home (AFH) did not pay the annual licensing fee of $1350.00 which was due by 11/15/2023. During the interview on 01/10/2024, the AFH Provider stated they did not remember getting a bill. The Provider stated that if it was by email, they get over fifty emails per day and did not read all of them. The Provider overnighted the fee to the department on 01/10/2024. On 01/16/2024, the department's database showed the balance owing was $0.00.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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)983-3826.

Sincerely,

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

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: FOSTER MEADOWS AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 751509
Intake ID: 112111
Compliance Determination #: 34790
Region/Unit #: RCS Region 3 / Unit A
Investigator: Angela Conklin
Investigation Date(s): 01/10/2024 through 01/16/2024
Complainant Contact Date(s):

Allegation(s):

Reporter states that the adult family home (AFH) has not paid their annual licensing of $1350.00 which was due November 15, 2023.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 2
Observations:	General tour Power Water Food Caregiver to resident interaction
Interviews:	Resident Caregiver Provider
Record Reviews:	Negotiated care plan Incident log

Investigation Summary:

The AFH did not pay the annual licensing fee of $1350.00 which was due by 11/15/2023. During the interview on 01/10/2024, the AFH Provider stated they did not remember getting a bill. The Provider stated that if it was by email, they get over fifty emails per day and did not read all of them. The Provider overnighted the fee to the department on 01/10/2024. On 01/16/2024, the department's database showed the balance owing was $0.00.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A