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

SENAIDA GABRIEL
CHRISTIAN CARE ADULT FAMILY HOME
30524 157TH PL SE
KENT, WA 98042

RE: CHRISTIAN CARE ADULT FAMILY HOME License # 751684

Dear Provider:

This letter addresses Compliance Determination(s) 32677 (Completion Date 11/16/2023) and 28522 (Completion Date 09/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/16/2023 and found that you have corrected the violations listed in the Complaint report dated 09/11/2023. Your home is back in compliance as of 09/11/2023 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 388-76-10025-3, WAC 388-76-10025-2, WAC 388-76-10025-1

The Department staff who did the on-site verification:
Denetta Uzzell, NCI Complaint Investigator

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: CHRISTIAN CARE ADULT FAMILY HOME
Provider Type: Adult Family Home
License/Cert.#: 751684
Intake ID: 91264
Compliance Determination #: 28522
Region/Unit #: RCS Region 2 / Unit G
Investigator: Denetta Uzzell
Investigation Date(s): 08/23/2023 through 09/11/2023
Complainant Contact Date(s):

Allegation(s):
The Adult Family Home (AFH) failed to pay its annual license fee by the date it was due.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 0
Observations:	Indoor environment food supply
Interviews:	Two of four residents. AFH staff
Record Reviews:	Residents assessments an Negotiated Care plan The departments Facility Management Systems data.

Investigation Summary:
Four residents received care and service at the AFH. Review of the departments FMS showed AFH license fee was due on 6/15/2023 and had not been paid. All utilities were working. There was adequate amount of food available. Residents interviewed said they had not been asked for any additional funds. AFH staff said they receive regular paychecks. AFH owner said they had paid the fee. Department record showed the payment was returned from the bank and no other payment was made.
Failed practice identified. WAC 388-76-10025(1)(2)(3)

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 08/23/2023 and 08/23/2023 of:

CHRISTIAN CARE ADULT FAMILY HOME
30524 157TH PL SE
KENT, WA 98042

This document references the following complaint number(s): 91264

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Denetta Uzzell, NCI Complaint Investigator

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.

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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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee when it was due. This failure resulted in the AFH operating without a valid license since 6/15/2023.

Findings included…

On 8/23/23 at 12:30 PM observation showed four residents (Residents 1, 2, 3 and 4) lived and received care from the AFH.

Review of the department's record using the Facilities Management System (FMS) on 8/22/2023, showed the AFH's licensing fee was due in the month of June and by the 15th day annually. Review of FMS record further showed the annual licensing fee for the AFH was overdue in the amount of $900.00.

On 9/11/2023 at 9:50 AM, in a phone interview, Staff A, Provider, said they had sent a check to the department for the license fee in the amount of $900.00.

On 9/11/2023 received email from the Office of Financial Records that showed on 5/17/2023, check #1450 dated 5/10/2023 in the amount of $900.00, had been returned from the bank for Non-Sufficient Funds (NSF). No other payment was noted on the account.

On 9/11/023 at 11:40 AM in a phone interview, Staff A said they did not receive notice from the bank about the NSF. They said they would send out the payment for the license fee.

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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, CHRISTIAN CARE ADULT FAMILY HOME 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

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