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

Gravelly Lake Adult Family Home Corp

Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

RE: Gravelly Lake Adult Family Home Corp License # 751796

Dear Provider:

This letter addresses Compliance Determination(s) 44003 (Completion Date 07/11/2024) and 37623 (Completion Date 05/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/11/2024 and found that you have corrected the violations listed in the Follow up report dated 05/08/2024. Your home is back in compliance as of 05/09/2024 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 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Keyondra Okeke, AFH Compliant Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 follow-up on 02/29/2024 and 05/08/2024 of:
Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

This document references the following SOD dated: 05/08/2024

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

The department staff that inspected the Adult Family Home:

Keyondra Okeke, AFH Compliant Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer — Residential Care Services

05/10/2024 — 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.

Provider (or Representative) _____ Date _____

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family Home (AFH) failed to ensure the annual licensing fee was paid when due on 10/15/2023. This failure placed three current residents at risk of being displaced.

Findings included...

On 01/25/2024 at 1:30 p.m., during an interview, the Provider stated that the license fee check did not clear their bank account and they would look into what happened.

On 03/01/2024 at 4:55 p.m., during an interview, the Provider stated they noticed the check still did not clear their bank account.

Record review on 05/08/2024 at 6:36 p.m. showed the AFH's annual licensing fee of $1350 was due on 10/15/2023. Records showed the payment had not been made as of 05/08/2024, and was nearly seven months overdue.

On 05/08/2024 at 6:57 p.m., an email from the department was sent to the Provider informing them their check was sent to the wrong address. They were given the correct address to resend the AFH annual license fee within one business day.

On 05/10/2024 at 9:30 a.m., there was no email response received from the Provider.

This is a deficiency previously cited on 01/17/2024.

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, Gravelly Lake Adult Family Home Corp 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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 751796	Compliance Determination #:34363
Plan of Correction	Gravelly Lake Adult Family Home Corp	Completion Date
Page 1 of 2	Licensee: Gravelly Lake Adult Family Home Corp	01/17/2024

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 12/26/2023 and 01/17/2024 of:

Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

This document references the following complaint number(s): 108383

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Keyondra Okeke, AFH Compliant Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

01/17/2024
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.

Provider (or Representative) _____ Date _____

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family Home (AFH) failed to ensure the annual licensing fee was paid when due. This failure placed residents at risk of living in an unlicensed home and of being displaced.

Findings included...

Record review on 12/26/2023 at 9:00 a.m. showed the AFH's annual licensing fee of $1350 was due on 10/15/2023. Records showed the payment had not been made as of 12/26/2023, and was two months overdue.

On 12/26/2023 at 3:00 p.m., during an interview, the Provider stated they thought the fees had been paid.

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, Gravelly Lake Adult Family Home Corp 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 _____