STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

Yirgalem H. Solomon
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

RE: A Caring Family Home # 752873

Dear Provider:

This document references Compliance Determination 27182 (08/08/2023), which included complaint number(s) 87810.

The Department completed a complaint investigation of your Adult Family Home on 08/08/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Twyla Robinson, AFH Licensor

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.**

(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.

The Adult Family Home failed to ensure the Department of Social and Health Services' annual license fee was paid by the due date. This failure placed the residents at risk of living in an unlicensed home.

**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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
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

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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

## Residential Care Services
### Investigation Summary Report

**Provider/Facility:** A Caring Family Home
**Provider Type:** Adult Family Home
**License/Cert.#:** 752873
**Compliance Determination #:** 27182
**Intake ID:** 87810
**Investigator:** Twyla Robinson
**Region/Unit #:** RCS Region 2 / Unit I
**Investigation Date(s):** 07/27/2023 through 08/08/2023
**Complainant Contact Date(s):** 07/24/2023

**Allegation(s):**
1. The AFH failed to pay licensing fees.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 1<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | On-site staff-resident interactions, home environment, and food supplies |
| **Interviews:** | Resident, Provider |
| **Record Reviews:** | Resident records, facility records, Department records |

**Investigation Summary:**
1) Observations showed that residents interacted with staff casually displaying no hesitancy nor fear. In interviews, resident denied any concerns. In interview, the Provider reported that the licensing fee was paid to the Department of Social and Health Services (DSHS) on time. Review of DSHS's facility management database showed that the licensing fee was paid and the current balance was $0.

**Conclusion / Action:**

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