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

Nov Adult Family Homes LLC

Nov Adult Family Homes LLC
3021 68th Ave SE
Mercer Island, WA 98040

RE: Nov Adult Family Homes LLC License # 753515

Dear Provider:

This letter addresses Compliance Determination(s) 57129 (Completion Date 03/28/2025) and 55249 (Completion Date 02/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/28/2025 and found that you have corrected the violations listed in the Complaint report dated 02/27/2025. Your home is back in compliance as of 03/11/2025 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

The Department staff who did the on-site verification:
Lori Smith, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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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 02/24/2025 of:

Nov Adult Family Homes LLC
4224 Island Crest Way
Mercer Island, WA 98040

This document references the following complaint number(s): 165422

The following sample was selected for review during the unannounced on-site visit: 2 of 8 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lori Smith, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Provider (or Representative) | Date

WAC 388-76-10025 License annual fee.

(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 ensure the department received one of one annual license fee payments of $1,800.00 by the due date. This failure placed residents at risk of possible unmet care needs due to unknown financial status of the AFH.

Findings included…

Review of the department's record on 02/24/2025 showed the AFH had an unpaid annual license fee balance due of $1,800.00.

Review of an invoice, dated 10/15/2024, showed the AFH annual license fee for eight licensed beds in the amount of $1,800.00 was due on 12/15/2024.

During an unannounced visit on 02/24/2025 at 11:07 AM, observation showed eight residents resided in the AFH.

In an interview on 02/24/2025 at 1:04 PM, Staff A, Entity Representative, said that they thought they paid the annual license fee, and had not heard that it was not paid. Staff A said that they needed to check with their bank for evidence of payment.

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In an email communication on 02/26/2025 at 12:24 PM, Staff A said that they could not find any record of payment.

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, Nov Adult Family Homes LLC 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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