



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

3 Tree Vista Adult Family Home LLC
3 Tree Vista Adult Family Home LLC
4701 SW Admiral Way PMB 47
Seattle, WA 98116

RE: 3 Tree Vista Adult Family Home LLC License # 753954

Dear Provider:

This letter addresses Compliance Determination(s) 40719 (Completion Date 05/06/2024) and 39028 (Completion Date 04/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2024 and found that you have corrected the violations listed in the Complaint report dated 04/01/2024. Your home is back in compliance as of 04/03/2024 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, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

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: 3 Tree Vista Adult Family Home LLC
License/Cert.#: 753954
Compliance Determination #: 39028
Investigator: Vadim Panitkov
Investigation Date(s): 03/28/2024 through 04/01/2024
Complainant Contact Date(s):

Provider Type: Adult Family Home
Intake ID: 122015
Region/Unit #: RCS Region 2 / Unit G

Allegation(s):

The Adult Family Home (AFH) is overdue on their licensing fees in the amount of \$1,350.00 (due 01/31/2024).

Investigation Methods:

Sample:	Total residents: 1 Resident sample size: 1 Closed records sample size: 0
Observations:	Staff to resident interaction Running water (hot and cold) Refrigerator and kitchen pantry General environment
Interviews:	Sampled resident AFH Staff Collateral Contact
Record Reviews:	Secure Tracking and Reporting System (STARS), utility bills, resident records.

Investigation Summary:

Observation showed one resident and one caregiver at the AFH. Observation of general environment showed no concerns. Observed resident was clean, dressed, and groomed appropriately. Interviewed AFH provider stated that they were not aware that they had not paid the licensing fee. The AFH provider stated that their family member paid the fee and that there was a miscommunication. The AFH provider stated that their family member was sending out a paper check for the annual licensing fee. Interviewed sampled resident stated that they had no concerns with care or services. Review of the departments STARS showed the AFH has a past due license fee in the amount of \$1,350.00.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 753954	Compliance Determination # 39028
Plan of Correction	3 Tree Vista Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: 3 Tree Vista Adult Family Home LLC	04/01/2024

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 03/28/2024 and 03/28/2024 of:

3 Tree Vista Adult Family Home LLC
15809 23rd Ave SW
Burien, WA 98166

This document references the following complaint number(s): 122015

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI

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.

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

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 license fee when due. This failure resulted in the AFH practicing with an invalid license from January 2024.

Findings included...

On 03/28/2024 a review of the departments Secure Tracking and Reporting System (STARS) showed the AFH was licensed on 01/31/2024, and the annual licensing fee was due in the month of January each year. A further review of records using the department STARS showed that the AFH had past due license fees in the amount of \$1,350.00.

On 03/28/2024 at 9:24 AM, observation showed Resident 1 in the AFH with Staff A, Entity Representative/Resident Manager.

On 03/28/2024 at 9:30 AM, Staff A stated that they had paid their licensing fees. Staff A stated that their Collateral Contact (CC) who does their accounting paid all their bills. Staff A, after contacting CC informed department staff that the bill had apparently not been paid. Staff A added that there was a miscommunication as to paying online or by paper check.

03/28/2024 at 11:13 AM in a phone conversation, Staff A said CC would be sending out the check to clear their licensing fees.

Attestation Statement

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

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, 3 Tree Vista Adult Family Home 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