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

Edmonds Light AFH LLC

Edmonds Light AFH LLC
8121 234th St SW
Edmonds, WA 98026

RE: Edmonds Light AFH LLC License # 754620

Dear Provider:

This letter addresses Compliance Determination(s) 45407 (Completion Date 08/09/2024) and 41869 (Completion Date 06/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/09/2024 and found that you have corrected the violations listed in the Complaint report dated 06/24/2024. Your home is back in compliance as of 05/29/2024 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 388-76-10020-2

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 05/29/2024 and 05/29/2024 of:

Edmonds Light AFH LLC
8121 234th St SW
Edmonds, WA 98026

This document references the following complaint number(s): 132309

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourgue
Residential Care Services

06/27/2024
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)

07/01/2024.
Date

WAC 388-76-10020 License Ability to provide care and services. The provider must have the:

(2) Ability to meet all personal and business financial obligations.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to have a system in place to meet business financial obligations and pay the electric bill resulting in a disconnection notice of the electrical power to the AFH. This failure placed Resident 1, 2, 3, 4, 5, and 6 at risk of interruption of services, diminished quality of life, and harm.

Findings included...

Review of Public Utility District (PUD) log, dated 05/28/2024, showed that an urgent notice was left on the AFH front door, on 05/24/2024, for Staff A, Provider.

In an interview, on 05/29/2024 at 10:13 AM, Staff B, Caregiver, stated that there were six residents in the AFH.

In an interview, on 05/29/2024 at 1:42 PM, Staff A stated that they received a bill from PUD last week that they had not paid their bill. Staff A stated that if the PUD bill was not paid on time, PUD services at the AFH would be disconnected.

In an interview, on 06/24/2024 at 9:13 AM, Collateral Contact 1 (CC1), PUD Representative, stated that the AFH received an urgent notice on 05/24/2024 for a 48-hour business day notification to pay their past due amount of $1467.69 before the electric service would be disconnected. CC1 stated that the AFH had payments that were made in February 2024 and March 2024 that failed to go through. CC1 also stated that the AFH had a long outstanding balance that was overdue and unpaid.

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, Edmonds Light AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/29/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____

WAC 388-76-10020 License Ability to provide care and services. The provider must have the:

(2) Ability to meet all personal and business financial obligations.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to have a system in place to meet business financial obligations and pay the electric bill resulting in a disconnection notice of the electrical power to the AFH. This failure placed Resident 1, 2, 3, 4, 5, and 6 at risk of interruption of services, diminished quality of life, and harm.

Findings included...

Review of Public Utility District (PUD) log, dated 05/28/2024, showed that an urgent notice was left on the AFH front door, on 05/24/2024, for Staff A, Provider.

In an interview, on 05/29/2024 at 10:13 AM, Staff B, Caregiver, stated that there were six residents in the AFH.

In an interview, on 05/29/2024 at 1:42 PM, Staff A stated that they received a bill from PUD last week that they had not paid their bill. Staff A stated that if the PUD bill was not paid on time, PUD services at the AFH would be disconnected.

In an interview, on 06/24/2024 at 9:13 AM, Collateral Contact 1 (CC1), PUD Representative, stated that the AFH received an urgent notice on 05/24/2024 for a 48-hour business day notification to pay their past due amount of $1467.69 before the electric service would be disconnected. CC1 stated that the AFH had payments that were made in February 2024 and March 2024 that failed to go through. CC1 also stated that the AFH had a long outstanding balance that was overdue and unpaid.

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, Edmonds Light AFH 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.

License #: 754620
Edmonds Light AFH LLC
Licensee: Edmonds Light AFH LLC

Compliance Determination # 41869
Completion Date
06/24/2024

Francis Oyamo (Continued) 07/01/24.

Provider (or Representative) Date

Provider (or Representative) Date