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

The Adult Family Home Masters LLC

The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

RE: The Adult Family Home Masters, LLC License # 754894

Dear Provider:

This letter addresses Compliance Determination(s) 42858 (Completion Date 06/18/2024) and 39991 (Completion Date 04/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2024 and found that you have corrected the violations listed in the Complaint report dated 04/19/2024. Your home is back in compliance as of 05/02/2024 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, WAC 388-76-10025-4

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 04/18/2024 and 04/18/2024 of:

The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

This document references the following complaint number(s): 124775

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:

Ivy Mordo, Nursing Consultant Institutional

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

4/23/2024
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.

(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.

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 it was due. This failure resulted in the AFH operating without a valid license since 02/15/2024 and placed all residents at risk of losing their home.

Findings included…

Review of the AFH financial information in the department's "Secured Tracking and Reporting System" on 04/18/2024, showed the annual license fee was due on 02/15/2024. The AFH owed an amount of $1350.00, which had not been paid.

In an unannounced visit on 04/18/2024 at 4:20 PM, observed six Residents (Residents 1, 2, 3, 4, 5 and 6) resided and received care in the AFH.

In an interview on 04/18/2024 at 4:45 PM, Staff A, Entity Representative stated that they forgot to pay the annual license fee.

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, The Adult Family Home Masters, 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