STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

St. Fredricks Compassionate Care Home

St. Fredricks Compassionate Care Home
601 S Woodruff Rd Apt E303
Spokane Valley, WA 99206

RE: St. Fredricks Compassionate Care Home License # 755469

Dear Provider:

This letter addresses Compliance Determination(s) 42026 (Completion Date 05/30/2024) and 41373 (Completion Date 05/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/30/2024 and found that you have corrected the violations listed in the Complaint report dated 05/16/2024. Your home is back in compliance as of 05/22/2024 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:
Kortne Reed, NCI Complaint Investigator

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: St. Fredricks Compassionate Care Home
Provider Type: Adult Family Home
License/Cert.#: 755469
Intake ID: 128350
Compliance Determination #: 41373
Region/Unit #: RCS Region 1 / Unit E
Investigator: Kortne Reed
Investigation Date(s): 05/16/2024 through 05/16/2024
Complainant Contact Date(s):

Allegation(s):

1. The adult family home failed to pay their annual license fee.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 4 Closed records sample size: 0
Observations:	General environment/condition of home
Interviews:	Provider
Record Reviews:	Department payment records

Investigation Summary:

1. The provider was interviewed and stated they had forgotten to pay the licensing fee. A citation was issued for WAC 388-76-10025(1); see Statement of Deficiencies dated 05/16/2024.

Conclusion / Action:

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

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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 05/16/2024 and 05/16/2024 of:

St. Fredricks Compassionate Care Home
10605 Windham Ct
Spokane, WA 99208

This document references the following complaint number(s): 128350

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Kortne Reed, NCI Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

(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 ensure the annual licensing fee was paid as required to maintain a valid license for 4 of 4 residents (Residents 1, 2, 3, 4). This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included…

On 05/16/2024 review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $1,350.00 was due on 03/15/2024 and had not been paid.

On 05/16/2024 at 9:22 AM observation showed the home had four residents that required care and services from AFH staff.

On 05/16/2024 at 9:22 AM Staff A, Provider, stated they had forgotten to pay their annual licensing 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, St. Fredricks Compassionate Care Home 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