STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Faith House AFH LLC
Hope House AFH
2510 Berry Ln E
Fife, WA 98424

RE: Hope House AFH License # 755752

Dear Provider:

This letter addresses Compliance Determination(s) 50916 (Completion Date 12/02/2024) and 47643 (Completion Date 10/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/02/2024 and found that you have corrected the violations listed in the Complaint report dated 10/08/2024. Your home is back in compliance as of 11/14/2024 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:
Lisa Charette, NCI AFH Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
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PO Box 99250, Lakewood, WA 98496

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 09/25/2024 and 09/25/2024 of:

Hope House AFH
2510 Berry Ln E
Fife, WA 98424

This document references the following complaint number(s): 144774

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

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 interviews and record reviews, the Adult Family Home (AFH) failed to pay the facility's annual license fee. This placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk of being displaced and of receiving care in an unlicensed home.

Findings included…

On 09/24/2024, a record review of the Department's financial records showed the AFH had not paid the annual license fee due on 07/15/2024 in the amount of $1350.00.

On 09/25/2024, in an interview, the Resident Manager stated that the annual license fee not being paid by the due date was an oversight by the Provider and would be paid as soon as possible.

This is a repeated deficiency previously cited 09/12/2023.

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, Hope House AFH 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