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

Compassion Family Care LLC

Compassion Family Care LLC
23430 98TH AVE S
KENT, WA 98031

RE: Compassion Family Care LLC License # 756245

Dear Provider:

This letter addresses Compliance Determination(s) 47887 (Completion Date 09/27/2024) and 43331 (Completion Date 07/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/27/2024 and found that you have corrected the violations listed in the Complaint report dated 07/31/2024. Your home is back in compliance as of 07/05/2024 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 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Jennifer Domingo, AFH Complaint Investigator

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

Statement of Deficiencies	License #: 756245	Compliance Determination # 43331
Plan of Correction	Compassion Family Care LLC	Completion Date
Page 1 of 3	Licensee: Compassion Family Care LLC	07/31/2024

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 06/27/2024 and 06/27/2024 of:

Compassion Family Care LLC
23430 98TH AVE S
KENT, WA 98031

This document references the following complaint number(s): 132693

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Domingo, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 07/31/2024 (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.

(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 the annual licensing fee when it was due on 04/15/2024. This failure placed residents at risk of possible unmet care need due to unknown financial status of the AFH.

Findings included…

Review of department's record on 06/27/2024 at 10:04 AM showed the AFH did not pay the annual licensing fee of $1350.00 which was due on 04/15/2024 and remained unpaid when the department arrived at the AFH.

Observation on 06/27/2024 at 2:28 PM showed there were six residents in the AFH.

In an interview on 06/27/2024 at 2:48 PM, Staff A, Entity Representative, stated that they did not know they did not pay their license fee due in April 2024.

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, Compassion Family Care 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 _____