STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Jack's AFH LLC

Jack's AFH LLC
9903 13th St SE
Lake Stevens, WA 98258

RE: Jack's AFH LLC License # 756799

Dear Provider:

This letter addresses Compliance Determination(s) 53353 (Completion Date 01/21/2025) and 51022 (Completion Date 12/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/21/2025 and found that you have corrected the violations listed in the Complaint report dated 12/16/2024. Your home is back in compliance as of 12/22/2024 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 off-site verification:
Jeanette Boushey

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit B
Residential Care Services

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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 12/02/2024 and 12/02/2024 of:

Jack's AFH LLC
9405 51st Ave NE
Marysville, WA 98270

This document references the following complaint number(s): 155643, 157109

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jeanette Boushey

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 Department received the annual license fee when it was due. This failure placed 3 of 3 residents (Residents 1, 2 & 3) at risk of living in a home that had not paid their annual licensing fee.

Findings included…

Record review, on 12/02/2024 at 08:00 AM, of the Department’s electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of $1350.00 due 10/15/2024.

Observation, on 12/02/2024 at 10:12 AM, showed three residents who lived in the AFH.

In an interview, on 12/04/2024 at 9:21 AM, Staff A (Provider) confirmed that they had not yet paid the AFH’s annual license fee and would pay immediately.

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, Jack's 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.

Provider (or Representative) _____ Date _____