



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

June 9, 2016

Maribeth G Springer
SHARE ADULT FAMILY HOME
1211 S 114TH ST
TACOMA, WA 98444

RE: SHARE ADULT FAMILY HOME License #29000

Dear Provider:

On June 9, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated April 6, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Michael Goulet, Complaint Investigator

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Cramer".

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SHARE ADULT FAMILY HOME (686447) **Intake ID(s):** 3202781

License/Cert. #: AF29000

Investigator: Goulet, Michael

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 04/06/2016 through 04/06/2016

Complainant Contact Date(s): 04/01/2016, 04/13/2016

Allegations:

1) non-payment of AFH licensing fee

Investigation Methods:

Sample: 0 of 0 residents, no named residents

Observations: General environment
Residents in their rooms
Staff to resident interactions

Interviews: Provider of the home

Record Reviews: Financial records /
Renewal Invoice History

Allegation Summary:

1) per interview & record review, the facility did not pay licensing fee on time as required.

Unalleged Violation(s): Yes No

Conclusion: **Failed Provider Practice Identified** **Failed Provider Practice Not Identified**

388-76-10025 (3)

Action: **Citation(s) Written** **No Citation Written**

The AFH demonstrated failed provider practice as documented in a Statement of Deficiencies dated 4/13/2016

RCPP Action: **Recommend Finding** **Recommend Close Investigation**



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Statement of Deficiencies	License #: 29000	Completion Date
Plan of Correction	SHARE ADULT FAMILY HOME	April 6, 2016
Page 1 of 2	Licensee: Maribeth G. Springer	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 4/6/2016

SHARE ADULT FAMILY HOME
1211 S 114TH ST
TACOMA, WA 98444

This document references the following complaint number: 3202781

The department staff that inspected and investigated the adult family home:
Michael Goulet, Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

As a result of the on-site complaint investigation 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

4/13/16
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.

(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 interview and record review, the adult family home (AFH) failed to pay licensing fee on time. This failure placed all residents in the facility at risk of unmet needs. Findings include:

During interview on 4/6/2016, the AFH provider stated the AFH licensing fee had not been paid for the current year.

Record review of the Renewal Invoice History shows the AFH has not paid the licensing fee due on 6/17/2015.

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, SHARE ADULT FAMILY 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 cited deficiency.

Provider (or Representative)

Date