



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

July 19, 2019

Stephanie M Drew
COUNTRY MANOR AFH
14030 Cozy Cove PI NW
Silverdale, WA 98383

RE: COUNTRY MANOR AFH License #489500

Dear Provider:

On June 12, 2019 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 .

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:
Lisa Cramer, Field Manager
Patricia Olson, Community Complaint Investigator

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

Sincerely,

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: COUNTRY MANOR AFH (687028) **Intake ID(s):** 3640488

License/Cert. #: AF489500

Investigator: Olson, Patricia **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 05/14/2019 through 05/29/2019

Complainant Contact Date(s):

Allegations:

Mandated Reporter reported an overdue adult family home (AFH) annual licensure fee.

Investigation Methods:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Sample: | 5 of 5 current residents, included no named residents. | <input checked="" type="checkbox"/> Observations: | General environment, fire safety, room/water temperatures, power/lights, food/supplies, lunch meal service |
| <input checked="" type="checkbox"/> Interviews: | Residents, staff, Provider | <input checked="" type="checkbox"/> Record Reviews: | Resident list, staff list, Provider license, Office of Financial Recovery invoice |
-

Allegation Summary:

Based on interview and record review, the AFH annual licensure fee was due on 03/15/19. The AFH Provider stated, " I honestly overlooked the due date and sent the bill in late." The Department's Office of Financial Recovery records showed the annual licensing fee was received/posted on 04/23/19. The annual licensing fee was paid 38 days late.

Unalleged Violation(s): **Yes** **No**

None

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

The investigator conducted an unannounced visit on the date above related to all allegations and/or incidents identified. Failed practice was identified. Cited 388-76-10025-Annual licensure fee.



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PO Box 98907, Lakewood, WA 98496

RECEIVED

JUN 12 2019

DSHS RCS
 REGION 3

Statement of Deficiencies	License #: 489500	Completion Date
Plan of Correction	COUNTRY MANOR AFH	May 29, 2019
Page 1 of 2	Licensee: STEPHANIE DREW	

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: 5/14/2019

COUNTRY MANOR AFH
 3535 NW Mountain Vw Rd
 Silverdale, WA 98383

This document references the following complaint number: 3640488

The department staff that inspected and investigated the adult family home:

Patricia Olson, MSN, RN, Community 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


 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

This document was prepared by Residential Care Services for the Locator website.

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 their annual licensure fee on their due date. This failure placed all residents at risk if the home was unable to meet its financial obligations.

Findings included:

On 05/15/19 at 10:46 a.m., the AFH Provider stated, "I honestly overlooked the due date because I put the invoice in the wrong month's basket." "I sent it in late". The Office of Financial Reovery showed the fee of \$1350 was posted/paid on 04/23/19. The annual licensure payment was received/posted 38 days late.

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, COUNTRY MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 4/23/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Stephanie Drew
Provider (or Representative)

6/7/19
Date