



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

October 7, 2019

REGULAR MAIL

Licensee, APPLE CREEK INC
APPLE CREEK
513 W Washington Ave
Yakima, WA 98903

Adult Family Home License #621402
Entity Representative: Diep Miller

NOTICE OF RETURNED MAIL

Dear Licensee:

Enclosed is an **Imposition of Civil Fine** letter. These documents were mailed to you by certified mail on September 6, 2019, and returned to our office on October 2, 2019.

Sincerely,

Amanda Jackson
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
cb