



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

February 19, 2020

MILLCREEK AFH INC  
MILLCREEK AFH IV  
16703 36TH AVE WEST  
LYNNWOOD, WA 98037

RE: MILLCREEK AFH IV License #717000

Dear Provider:

On February 13, 2020 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 January 16, 2020.

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:  
Christopher Stephens, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Shelly Scarboro, Field Manager  
Region 2, Unit B  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** MILLCREEK AFH IV (687638)      **Intake ID(s):** 3687664

**License/Cert. #:** AF717000

**Investigator:** Stephens, Christopher      **Region/Unit:** RCS Region 2/Unit B      **Investigation Date(s):** 01/16/2020 through 01/16/2020

**Complainant Contact Date(s):**

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**Allegations:**

1) The adult family home Entity Representative failed to pay the required annual licensing fee.

**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	One resident.	<input checked="" type="checkbox"/> <b>Observations:</b>	Internal and external environment, two residents, food provisions.
<input checked="" type="checkbox"/> <b>Interviews:</b>	Entity Representative, sample resident.	<input checked="" type="checkbox"/> <b>Record Reviews:</b>	Facility management system (FMS).

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**Allegation Summary:**

1) Record review of the Department's facility management system showed the adult family home's required annual licensing fee remained unpaid two months after it was due. The AFH Entity Representative stated he would pay the annual licensing fee on the same day Department personnel made an unannounced visit to the home.

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

None.

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

WAC 388-76-10025 License-annual fee.



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ALTSA/RCS ARLINGTON

Statement of Deficiencies	License #: 717000	Completion Date
Plan of Correction	MILLCREEK AFH IV	January 16, 2020
Page 1 of 2	Licensee: MILLCREEK AFH INC	

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.

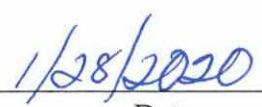
The department has completed data collection for the unannounced on-site complaint investigation of: 1/16/2020  
MILLCREEK AFH IV  
16703 36TH AVE WEST  
LYNNWOOD, WA 98037

This document references the following complaint number: 3687664

The department staff that inspected and investigated the adult family home:  
Christopher Stephens, RN, Complaint Investigator

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit B  
3906-172nd St NE, Suite #100  
Arlington, WA 98223  
(360)651-6872

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.**

- (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 interview and record review, Staff A, Entity Representative, failed to pay the adult family home's required annual licensing fee. This failure placed two of two residents (Resident #1 and Resident #2) at risk of living in an unlicensed adult family home.

Findings included...


During an on-site visit to the adult family home (AFH) on 01/16/20 at 10:20 AM two residents (Resident #1 and Resident #2) were observed in the AFH.

Review of the facility management system (FMS) on 01/16/20 showed the adult family home's annual licensing fee of \$1,350.00 was due annually every November 15th and remained unpaid. The annual licensing fee was over two months past due.

In an interview on 01/16/20 at 10:25 AM, Staff A, Entity Representative, stated he would pay the AFH annual licensing fee today.

**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, MILLCREEK AFH IV is or will be in compliance with this law and / or regulation on (Date) 01/16/2020 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

2/7/2020  
\_\_\_\_\_  
Date

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