



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

May 25, 2016

VISION LIVING SERVICES  
MATHEWS BEACH HOUSE  
9740 49TH AVE NE  
SEATTLE, WA 98115

RE: MATHEWS BEACH HOUSE License #719200

Dear Provider:

On May 23, 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 .

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:  
Brenda Mooney, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** MATHEWS BEACH HOUSE (687646)    **Intake ID(s):** 3203678  
**License/Cert. #:** AF719200  
**Investigator:** Mooney, Brenda    **Region/Unit:** RCS Region 2/Unit D    **Investigation Date(s):** 04/12/2016 through 04/25/2016  
**Complainant Contact Date(s):** 04/12/2016

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**Allegations:**

Provider did not pay annual licensing fee due in 1/2016.

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**Investigation Methods:**

**Sample:** The home's payment history was sampled in FMS.

**Observations:** Residents were observed in the home. All household systems were functional. Caregiver on-site.

**Interviews:** On-site caregiver was interviewed. The provider was interviewed by telephone.

**Record Reviews:** Provider faxes reviewed.

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**Allegation Summary:**

The Provider did not pay the annual licensing fee in a timely manner.

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

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**Conclusion / Action:**     **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

The Provider was cited for failing to pay annual fee. See statement of deficiency dated 04/25/2016.



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Statement of Deficiencies	License #: 719200	Completion Date
Plan of Correction	MATHEWS BEACH HOUSE	April 25, 2016
Page 1 of 3	Licensee: VISION LIVING	

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.

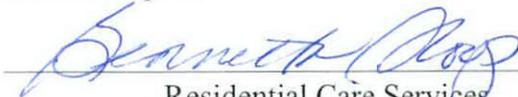
The department has completed data collection for the unannounced on-site complaint investigation of: 4/12/2016  
 MATHEWS BEACH HOUSE  
 9740 49TH AVE NE  
 SEATTLE, WA 98115

This document references the following complaint number: 3203678  
 The department staff that inspected and investigated the adult family home:  
 Brenda Mooney, M.A., Licensor

RECEIVED  
 MAY 16 2016  
 DSHS/ADSA/RCS

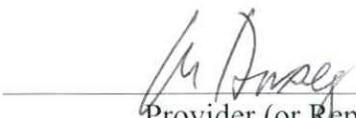
From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit E  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6033

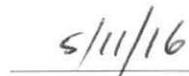
As a result of the on-site complaint investigation the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 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

**WAC 388-76-10010 License Valid and not transferable.**

- (2) The license remains valid unless:  
(d) The home fails to pay the annual licensing fee.

**WAC 388-76-10025 License annual fee.**

- (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 interviews, the home did not ensure that the annual licensing fee was received by the department in a timely manner. Failure to pay the annual licensing fee had the potential to risk continuity of 4 of 4 residents residency at the home.

## Findings include:

Review of department systems showed the department licensed the adult family home January 12, 2006. The home's annual licensing fee was due by the 15th of the month the home was licensed each year. As of 04/12/2016, the department system showed the home owed \$1,350.00 which was due January 2016.

On 4/12/16, the Provider was not at the home but was accessed by cellphone. The Provider said he was aware of that he had not paid the fee and he would take care of this issue. The Provider was asked to call the licensor when this was done or fax the licensor a copy of any check sent to the department.

On 4/18/2016, no faxes or calls were received by the licensor.

On 4/19/2016, and 4/21/2016 collateral calls to department headquarters were placed to ascertain if the Provider had paid his fee. On 4/25/2016, a return message was received from a department headquarters stating that the Provider had not paid his fee.

The home has operated without a valid license for three months.

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**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, MATHEWS BEACH HOUSE is or will be in compliance with this law and / or regulation on (Date) 5/10/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*[Signature]*  
Provider (or Representative)

5/10/16  
Date

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