



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

November 12, 2021

Soon H Kim
GRACE MANOR AFH
22808 84TH AVE WEST
EDMONDS, WA 98026

RE: GRACE MANOR AFH License #728200

Dear Provider:

On November 8, 2021 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 September 10, 2021.

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:
Twyla Robinson, AFH Licensor

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: GRACE MANOR AFH (687676) **Intake ID(s):** 3783744
License/Cert. #: AF728200
Investigator: Robinson, Twyla **Region/Unit:** RCS Region 2/Unit I **Investigation Date(s):** 08/23/2021 through 09/10/2021
Complainant Contact Date(s):

Allegations:

- 1. AFH failed to pay licensing fees

Investigation Methods:

Sample: Residents **Observations:** On-site staff-resident interactions, home environment, and food supplies
 Interviews: Residents, Resident Representatives, Provider **Record Reviews:** Resident records, facility records, Department records

Allegation Summary:

Observations showed that residents interacted with staff casually displaying no hesitancy nor fear. In interviews, residents representatives denied any concerns. In interview, the Provider reported that the Department of Social and Health Services (DSHS) invoice was misplaced. Review of DSHSs facility management database showed that the licensing fee was paid and the current balance was \$0.

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

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

The AFH failed to pay licensing fee when due.

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

RECEIVED



DSHS/ALTSA/RCS

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Statement of Deficiencies	License #: 728200	Completion Date
Plan of Correction	GRACE MANOR AFH	September 10, 2021
Page 1 of 2	Licensee: SOON KIM	

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: 8/23/2021
GRACE MANOR AFH
22808 84TH AVE WEST
EDMONDS, WA 98026

This document references the following complaint number: 3783744
The department staff that inspected and investigated the adult family home:
Twyla Robinson, AFH Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

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.

Brenda McCoy
Residential Care Services

9/14/2021
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.

was done 8/23/2021 (initials)

Soon Kim
Provider (or Representative)

9/30/2021
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 record review and interview, the Provider failed to ensure the Department of Social and Health Services received the annual licensing fee when it was due. This placed 4 of 4 residents at risk of living in an unlicensed adult family home (AFH).

Findings included..

Review of the Department of Social and Health Services' Facility Management System (FMS) showed the adult family home's (AFH) licensing fee of \$1350.00 was due annually every June 15th.

On 08/23/21 during an on-site investigation, observation showed 4 residents residing in the home.

Review of Department records on 08/23/21 showed the annual licensing fee remained unpaid.

On 08/23/2021 at 3:24 p.m. in interview, when questioned about the unpaid licensing fee, the Provider, stated she had misplaced the invoice.

Review of the Department's FMS database on 09/08/2021 showed that the licensing fee was paid and facility had a zero balance.

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, GRACE MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 9/29/21 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Soon Kim
Provider (or Representative)

10/11/2021
Date

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