



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

February 21, 2020

GREENWOOD POINT LLC
GREENWOOD POINT LLC LAKE HOUSE 1
4238 192ND LN SE
ISSAQUAH, WA 98027

RE: GREENWOOD POINT LLC LAKE HOUSE 1 License #750598

Dear Provider:

On January 29, 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 November 4, 2019.

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:
Pamela Osterman, Complaint Investigator

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: GREENWOOD POINT LLC LAKE HOUSE **Intake ID(s):** 3671668
1 (688012)
License/Cert. #: AF750598
Investigator: Osterman, Pamela **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 10/29/2019 through 11/04/2019
Complainant Contact Date(s): 10/30/2019

Allegations:

#1. AFH is overdue on their licensing fees. Oldest due date: 08/15/19. Amount \$1350.00.

Investigation Methods:

Sample: residents

Observations: caregiver in the home plenty of food in the refrigerator/freezer home temperature is warm electricity on

Interviews: caregiver provider

Record Reviews: FMS AFH licensing fee 11/04/19 shows overdue amount \$1350.00.

Allegation Summary:

#1. On AFH tour observed caregiver in the home, variety of food in the refrigerator/freezer, environmental temperature is comfortable, lights and television on. Residents are clean and well groomed. Caregiver said being paid on time. Provider said the licensing fee was paid 10/18/19. Department record showed owing balance of \$1350.00 on 11/04/19.

Unalleged Violation(s): Yes No

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

Failed Provider Practice Not Identified / No Citation Written

see Statement of Deficiencies dated 11/04/19.



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Statement of Deficiencies	License #: 750598	Completion Date
Plan of Correction	GREENWOOD POINT LLC LAKE HOUSE 1	November 4, 2019
Page 1 of 2	Licensee: GREENWOOD POINT LLC	

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: 10/24/2019

GREENWOOD POINT LLC LAKE HOUSE 1
 4238 192ND LN SE
 ISSAQUAH, WA 98027

This document references the following complaint number: 3671668

The department staff that inspected and investigated the adult family home:
 Pamela Osterman, Complaint Investigator

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

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee when due. This failure resulted in the AFH operating without a valid license.

Findings included...

During an interview on 10/24/19 at 12:40 PM Staff A, Entity Representative stated that they forgot to pay the AFH license fee when due. Staff A stated that the AFH license fee of \$1350.00 was paid on 10/18/19.

Record of Facility Management System (FMS) dated 11/04/19 showed the AFH licensing fee is due the month of August and by the 15th day annually.

FMS record dated 11/04/19 showed the annual AFH licensing fee for Greenwood Point LLC Lake House 1 at address 4238 192nd LN SE Issaquah, WA. is overdue in the amount of \$1350.00.

This deficiency was repeated previously cited on 09/28/17 and 10/19/18.

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, GREENWOOD POINT LLC LAKE HOUSE 1 is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Date