



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

December 4, 2018

GREENWOOD POINT LLC
GREENWOOD POINT LLC LAKE HOUSE 2
4238 192ND LANE SE
ISSAQUAH, WA 98027

RE: GREENWOOD POINT LLC LAKE HOUSE 2 License #750599

Dear Provider:

On November 30, 2018 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 October 19, 2018.

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,

Bennetta Shoop, 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):** 3569417
2 (688011)
License/Cert. #: AF750599
Investigator: Osterman, Pamela **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 10/18/2018 through
10/19/2018
Complainant Contact Date(s): 10/19/2018

Allegations:

#1. AFH is over due on their licensing fees. Oldest due date: 08-15-18: \$1350.00.

Investigation Methods:

Sample: n/a

Observations: n/a

Interviews: Provider

Record Reviews: FMS Department records

Allegation Summary:

#1. Review of FMS Department records found the AFH did not pay AFH licensing fee. Provider said having problems with quick books in August.

Review of FMS Department records found the AFH did not pay AFH licensing fee \$1350.00 when due, 08-15-18.

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 10-19-18.



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Statement of Deficiencies	License #: 750599	Completion Date
Plan of Correction	GREENWOOD POINT LLC LAKE HOUSE 2	October 19, 2018
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: 10/18/2018

GREENWOOD POINT LLC LAKE HOUSE 2
 4234 192ND LANE SE
 ISSAQUAH, WA 98027

This document references the following complaint number: 3569417

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 G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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 it was due. This failure resulted in the AFH operating without a valid license.

Findings include:

Interview and record review occurred on 10-18-18 unless otherwise noted.

In a telephone interview interview 10-19-18, when asked if the Provider was aware the AFH annual license fee in amount of \$1350.00 was not paid, Provider said the AFH had a problem with "quick books" in August.

The Department record revealed the AFH licensing fee was due the month of August and by the 15th day annually.

On 10-18-18, Department records revealed the annual AFH licensing fee for Greenwood Pt. LLC. Lake House 2, License #750599 is overdue in the amount of \$1350.00.

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 2 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