



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND DISABILITY SERVICES ADMINISTRATION  
PO Box 45600 \* Olympia, WA 98504-5600

November 14, 2012

Greenwood Point LLC  
Daniel Greenwood Representative  
Greenwood Point LLC Creekside  
4238 192nd Ln SE  
Issaquah, WA 98027

License number: 750600

**NOTICE OF UNPAID ANNUAL LICENSING FEE  
AND IMPOSITION OF CIVIL FINE**

Dear Provider:

Washington Administrative Code (WAC) 388-76-10025 requires that you pay an annual adult family home license fee. Subsections read:

- (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.

The annual license fee is due each year by the 15<sup>th</sup> day of your license anniversary month.



## **UNPAID ANNUAL LICENSE FEE**

On June 15, 2012 a billing statement for the annual license fee was mailed to you. This notice was mailed sixty (60) days prior to your license anniversary month. As of the date of this letter, **the Department has not received the required annual license fee. You are in violation of WAC 388-76-10025 by not paying your annual license fee when due.**

**You must pay the annual license fee within 10 calendar days** after the mailing date of this letter. Payment for the annual license fee must be submitted in the form of a cashier's check or money order only. Please use the enclosed statement and blue envelope to submit your payment. Questions regarding the annual license fee should be directed to Deb LaRose at (360) 725-2491.

## **IMPOSITION OF \$1000 FINE**

In addition, because you have not paid your annual license fee when due, **the Department has imposed a civil fine of \$1,000** on your adult family home license as authorized by WAC 388-76-10975(3). **You must pay the civil fine amount of \$1,000 within twenty-eight (28) calendar days** after the mailing date of this notice unless you request an administrative hearing. The civil fine is owed in addition to the annual license fee even if you pay the annual license fee owed. Please submit payment to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

Interest for your fine will accrue at a rate of one percent (1%) a month if the department has not received the civil fine payment within twenty-eight days. Questions regarding the imposition of the civil fine should be directed to Bett Schlemmer at (360) 725-2403.

## **HOW TO CONTEST THE UNPAID ANNUAL LICENSE FEE AND/OR CIVIL FINE**

You can contest your citation for WAC 388-76-10025 the unpaid annual license fee, the civil fine imposed for not paying the fee, or both. You may do so by requesting an Informal Dispute Resolution review or by requesting an Administrative Hearing. You may request either or both processes. Please note that they are two separate processes. You must follow the instructions and timelines for the processes you choose.

### **To request an Informal Dispute Resolution review:**

You may present written evidence disputing the enforcement action during the Informal Dispute Resolution review.

Submit the Informal Dispute Resolution review request in writing to the Department **within 10 working days after mailing date of this notice**. The request should include the following information:

- Identify the enforcement action that is disputed (civil fine);
- Explain why the home is disputing the action; and
- Indicate the type of informal dispute resolution review you prefer (telephone conference or documentation review).

To request an Informal Dispute Resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

Requesting an Informal Dispute Resolution review **will not** change the deadline for you to request an administrative hearing. Informal Dispute Resolution review by the department is not binding in an administrative hearing.

**To request an Administrative Hearing:**

Submit the hearing request in writing. The hearing request must be sent **directly** to the Office of Administrative Hearings. The Office of Administrative Hearings must receive your hearing request **within twenty-eight (28) calendar days** after the mailing date of this notice. You **must** include a copy of this letter when requesting an administrative hearing.

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

Daniel Greenwood  
Greenwood Point LLC Creekside, License # 750600  
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If you have any questions about the violation, informal dispute resolution process, and hearing appeal rights, please call Bett Schlemmer at 360.725.2403.

Sincerely,



Lori Melchiori, Ph. D  
Assistant Director  
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Deb LaRose, Business Analyst  
Field Manager, District 2, Unit E  
RCS District Administrator, District 2  
HCS Regional Administrator, Region 2  
DDD Regional Administrator, Region 2  
WA LTC Ombudsman  
Area Agency on Aging, AAA-King  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
HQ Central Files

AGING & DISABILITY SERVICES  
 PO BOX 45600  
 OLYMPIA WA 98504

License Number: AH750600  
 ADSA Point of Contact: Deb LaRose  
 Telephone: (360) 725-2491  
 (800) 422-3263

00045

**RETURN SERVICE REQUESTED**



**ADSA** Aging & Disability  
 Services Administration

DANIEL A GREENWOOD  
 GREENWOOD POINT LLC CREEKSIDE  
 4238 192ND LANE SE  
 ISSAQUAH WA 98027-9775



Adult Family Home Renewal

DATE: 06-15-2012

| Licensed Beds | Fee Per Bed | Previous Balance | Payments | Invoices & Adjustments | New Balance | Payment Due Date | Amount Due |
|---------------|-------------|------------------|----------|------------------------|-------------|------------------|------------|
| 6             | \$175.00    | \$0.00           | \$0.00   | \$1,050.00             | \$1,050.00  | 8/15/2012        | \$1,050.00 |

Invoice/Coupon Explanation:

**PLEASE READ CAREFULLY**

Effective July 1, 2011 all Adult Family Homes are required to pay an annual fee based on the number of licensed beds in your adult family home.

This notice is to inform you that the annual fee for Adult Family Home licensure is due. If there are changes in the basic information that DSHS has on record regarding your adult family home, you must update the information on the back of the detachable portion of this notice.

If there are any changes in the licensee information related to the operating entity, and/or the ownership status that DSHS has on record, you must contact the Business Analysis and Application Unit at (360) 725-2420.

Your payment must be in the form of a personal check, cashier's or money order, payable to DSHS.

**If you do not pay the balance due by the above due date, enforcement action will be taken against your AFH.**

Please include your AFH license number AH750600 on your check or money order to assure that your annual fee is credited appropriately.

If you have any questions, please call the ADSA Primary Contact listed above.

**Please include this coupon and your payment in the enclosed envelope. Make payment to "DSHS".  
 Write "AFH Annual License Fee" and your License Number on payment.**

DANIEL A GREENWOOD  
 GREENWOOD POINT LLC CREEKSIDE  
 4238 192ND LANE SE  
 ISSAQUAH WA 98027-9775

|                  |             |
|------------------|-------------|
| License Number   | New Balance |
| AH750600         | \$1,050.00  |
| Payment Due Date | Amount Due  |
| 8/15/2012        | \$1,050.00  |

Check here if your address has changed.  
 Print your new address on the back.

Amount Paid

\$



DSHS FINANCIAL SVCS ADMIN  
 PO BOX 9501  
 OLYMPIA WA 98507-9501

FEE

AH750600 00000105000 6