



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**316 W Boone Ave., Suite 170, Spokane, WA 99201**

December 17, 2018

TOWNSEND AFH LLC  
TOWNSEND AFH LLC  
PO BOX 28006  
SPOKANE, WA 99208

RE: TOWNSEND AFH LLC License #750615

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 12, 2018 for the deficiency or deficiencies cited in the report/s dated November 16, 2018 and found no deficiencies.

The Department staff who did the inspection:  
Brooke Reese, Complaint Investigator

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

Susan Bergeron, Field Manager  
Region 1, Unit B  
Residential Care Services



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316 W Boone Ave., Suite 170, Spokane, WA 99201

Statement of Deficiencies	License #: 750615	Completion Date
Plan of Correction	TOWNSEND AFH LLC	November 16, 2018
Page 1 of 2	Licensee: TOWNSEND AFH 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.

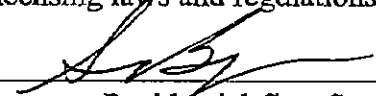
The department has completed data collection for the unannounced on-site full inspection of:  
11/15/2018

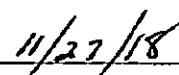
TOWNSEND AFH LLC  
18524 N DIVISION RD  
COLBERT, WA 99005

The department staff that inspected the adult family home:  
Brooke Reese, RN, BSN, Complaint Investigator


From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 1, Unit B  
316 W Boone Ave., Suite 170  
Spokane, WA 99201  
(509)323-7324

As a result of the on-site full inspection 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

Statement of Deficiencies

License #: 750615

Completion Date

Plan of Correction

TOWNSEND AFH LLC

November 16, 2018

Page 2 of 2

Licensee: TOWNSEND AFH LLC

**WAC 388-76-10161 Background checks Who is required to have.**

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on interview and record review, the home failed to obtain an updated Washington State Name and Date of Birth background check for one of one household member (B) over the age of 11. This failure resulted in Residents #1, 2, 3, 4, 5 and 6 sharing a home with a household member with a potentially disqualifying crime. Findings included:

During an interview on 11/15/18 at 11:15 AM, Staff A, Provider, stated that household member B was over the age of eleven and lived in the home with her and Residents #1, 2, 3, 4, 5 and 6.

Review of household member B's most recent background check on 11/15/18 showed it expired on 09/22/18 (two months past due).

During an interview on 11/15/18 at 3:30 PM, Staff A stated that she did not submit a background check renewal request for household member B because as the household member was not able to sign the background check authorization form due to a medical condition and she (Staff A) was unsure how to proceed.

**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, TOWNSEND AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/13/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date