



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

March 5, 2020

**CERTIFIED MAIL**

7019 2280 0001 8894 5891

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

RE: TOWNSEND AFH LLC License #750615

Dear Provider:

The Department completed a full inspection and complaint investigation of your Adult Family Home on February 21, 2020 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:  
Rose Anderson, Licensor

**Consultation:**

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

(6) Be signed and dated by the resident and be kept in the resident record after signature.

Per record review, Resident #1 did not have a signed one page policy regarding the home's acceptance of medicaid as a payment source. Staff A, Provider, was interviewed on 02/21/2020 at 3:10 PM and stated she would have it signed as soon as possible.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

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- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (509) 323-7321.

Sincerely,



Carmen Church, Field Manager  
Region 1, Unit E  
Residential Care Services

Enclosure