



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

April 15, 2022

MILLCREEK AFH INC
MILLCREEK AFH INC IV
16000 75TH PL W
EDMONDS, WA 98026

RE: MILLCREEK AFH INC IV License #750702

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 20, 2021 for the deficiency or deficiencies cited in the report/s dated August 24, 2021 and found no deficiencies.

The Department staff who did the inspection:
Alfredo Brown, AFH Licenser

If you have any questions please, contact me at (425) 599-5235.

Sincerely,

Jeb Korzilius, Field Manager
Region 2, Unit I
Residential Care Services

RECEIVED

SEP 15 2021



DSHS/ALTS/RCS

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 750702	Completion Date
Plan of Correction	MILLCREEK AFH INC IV	August 24, 2021
Page 1 of 3	Licensee: MILLCREEK AFH INC	

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: 8/11/2021

MILLCREEK AFH INC IV
12024 GREENWOOD AVE N
SEATTLE, WA 98133

The department staff that inspected the adult family home:
Alfredo Brown, AFH Licensor

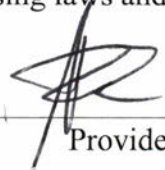
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

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

8/31/2021
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.

X 
Provider (or Representative)

X 9/8/2021
Date

This document was prepared by Residential Care Services for the Locator website.

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:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Bases on record review and interview, the adult Family Home (AFH) did not have a Medicaid Policy in place for one of two residents (Resident 2). This failure placed the resident at risk of not being fully aware of her rights.

Findings included...

Record review on 08/11/2021 revealed no Medicaid Policy in place for resident 2 (R2). During an interview on 08/11/2021 at 3:14 PM, the Entity Representative, Staff A, stated that she did not know that R2 needed a Medicaid policy. Staff A stated that R2 is already on Medicaid. Staff A stated that she thought the Medicaid Policy was intended for only private pay residents.

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, MILLCREEK AFH INC IV is or will be in compliance with this law and / or regulation on (Date) 08/11/2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

- (1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;
- (2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;
- (3) Is stored in well-sealed food grade or glass containers;
- (4) Is chlorinated or commercially bottled;
- (5) Is replaced every six months, unless it is sealed and commercially bottled; and
- (6) Is stored in a cool, dry location away from direct sunlight.

This document was prepared by Residential Care Services for the Locator website.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to have the required amount of on-site emergency drinking water supply for three of three residents (Residents 1, 2, and 3), three household member and two caregivers. This failure placed the residents, household members and caregivers at risk for dehydration in the event of an emergency.

Findings include...

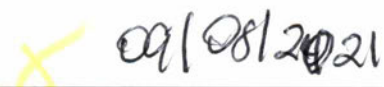
An environmental tour on 08/11/2021 at 10:20 AM, showed no emergency water supply at the AFH. The required amount is 33 gallons of water (the home is licensed for six residents, three household members, and two caregivers). During an interview on 08/11/2021 at 10:20 AM, Resident Manager(RM), stated that there was no emergency water supply at the AFH. The RM stated that an order for emergency water was placed. The RM stated that the AFH used their previous supply of emergency water during the recent heatwave.

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, MILLCREEK AFH INC IV is or will be in compliance with this law and / or regulation on (Date) 08/11/2021. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date