



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

December 6, 2019

CERTIFIED MAIL

7018 0680 0000 3183 9202

Carolyn M Green
Green's AFH
1247 Fitz Hugh Dr SE
Olympia, WA 98513

RE: Green's AFH License #751148

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on November 27, 2019 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Jennifer LeMaster, NCI Community Complaint Investigator

Consultation:

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(4) The resident assessment information;

The current assessment for Resident #4 was unavailable during an investigation. The Entity Representative requested a copy of the assessment from the assessor via phone and email during the investigation. The current assessment for Resident #4 was emailed to the department on 11/27/19.

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:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and

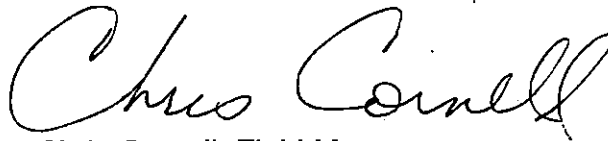
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- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (360) 664-8421.

Sincerely,

A handwritten signature in black ink that reads "Chris Cornell". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Chris Cornell, Field Manager
Region 3, Unit D
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

Quality of Care/Treatment - There was insufficient evidence to support failed facility practice regarding the allegations. No failed practice was identified.

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