



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

January 3, 2019

Lucas AFH, Inc  
LUCA'S AFH INC  
3435 228TH AVE SE  
SAMMAMISH, WA 98075

RE: LUCA'S AFH INC License #751719

Dear Provider:

On December 31, 2018 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated October 18, 2018.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Patty Lawson, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** LUCA'S AFH INC (688918)

**Intake ID(s):** 3569626

**License/Cert. #:** AF751719

**Investigator:** Nodolf, Karen

**Region/Unit:** RCS Region 2/Unit E

**Investigation Date(s):** 10/10/2018 through  
10/18/2018

**Complainant Contact Date(s):** 10/16/2018

**Allegations:**

#1. The Adult Family Home did not pay the annual licensing fee when it was due in the month of July annually.

**Investigation Methods:**

**Sample:** N/A

**Observations:** N/A

**Interviews:** Resident Manager, Entity  
Representative and staff

**Record Reviews:** State FMS system;  
Facility records

**Allegation Summary:**

#1. Record review found the facility had an annual licensing fee due on 07/15/2018 of \$1350.00. In an interview on 10/12/2018 the Resident Manager (RM) confirmed they had not paid the full amount and would send in the outstanding \$50.00 to the Department.

**Unalleged Violation(s):**  Yes  No

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

See Statement of Deficiencies dated 10/18/2018.



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Statement of Deficiencies	License #: 751719	Completion Date
Plan of Correction	LUCA'S AFH INC	October 18, 2018
Page 1 of 2	Licensee: Lucas AFH, Inc	

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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 complaint investigation of: 10/10/2018

LUCA'S AFH INC  
3435 228TH AVE SE  
SAMMAMISH, WA 98075

This document references the following complaint number: 3569626

The department staff that inspected and investigated the adult family home:

Karen Nodolf, Community Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit E  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6033

As a result of the on-site complaint investigation 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.

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Provider (or Representative)

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Date

**WAC 388-76-10025 License annual fee.**

- (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.

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

Based on interview and record review, the Adult Family Home (AFH), failed to pay the annual licensing fee when it was due. This failure resulted in the AFH operating without a valid license.

Findings include:

Review of Department record on 10/10/2018 revealed the AFH licensing fee was due the month of July annually. The record noted the licensing fee had not been paid in full with an outstanding balance of \$50.00.

In an interview on 10/10/2018, the Resident Manager (RM) said he always paid the licensing fee on time. The RM said he was unsure of total amount that had been paid and would follow up.

On 10/17/2018 the RM was contacted and an email was sent to the RM with the correct Department address for submission of the licensing fee.

The Department staff received a fax on 10/18/2018 noting the RM paid the remaining \$50.00 of the annual licensing fee to equal the full amount due of \$1350.00 by check #5717, dated 10/17/2018.

**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, LUCA'S AFH INC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date