



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

May 16, 2016

FABIOLA MUNOZ
GEVALIA HOPE
PO BOX J
OTHELLO, WA 99344

RE: GEVALIA HOPE License #751816

Dear Provider:

On May 16, 2016 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 April 11, 2016.

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:
Brooke Solomon, 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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: GEVALIA HOPE (688948)

Intake ID(s): 3203753

License/Cert. #: AF751816

Investigator: Solomon, Brooke

Region/Unit: RCS Region 1/Unit B

Investigation Date(s): 04/11/2016 through 04/11/2016

Complainant Contact Date(s): 04/01/2016, 04/14/2016

Allegations:

1. The adult family home is overdue on the annual licensing fee.

Investigation Methods:

Sample: 5 residents

Observations: resident condition, care supplies, food storage, utilities/water

Interviews: residents, 1 caregiver, provider

Record Reviews: annual license fee payment history

Allegation Summary:

1. Residents were observed in the home to receive care from staff. The home had running water, electricity, and was an appropriate temperature. Hygiene and food supplies were available to meet resident needs. Residents and staff were interviewed and had no concerns related to safety/needs at that time. The provider was interviewed and stated she had forgotten to pay the fee, but would pay the fee as soon as possible.

Unalleged Violation(s): Yes No

None

Conclusion: **Failed Provider Practice Identified** **Failed Provider Practice Not Identified**

Deficient practice was identified related to delinquent annual licensing fees. The provider failed to ensure the fees were paid to the department when due.

Action: **Citation(s) Written** **No Citation Written**

A citation was written related to license annual fee, WAC 388-76-10025 (1)(2)(3)(4). The citation may be found on the Statement of Deficiencies dated April 11, 2016.

RCPA Action: **Recommend Finding** **Recommend Close Investigation**



**Residential Care Services
Investigation Summary Report**



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

Statement of Deficiencies	License #: 751816	Completion Date
Plan of Correction	GEVALIA HOPE	April 11, 2016
Page 1 of 2	Licensee: FABIOLA MUNOZ	

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: 4/11/2016
 GEVALIA HOPE
 520 E ROSE DR
 OTHELLO, WA 99344

This document references the following complaint number: 3203753

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

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 MAY 10 2016
 DSHS ADSA RCS
 SPOKANE WA

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.

Susan Bey Residential Care Services 4/15/16 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.

Fabiola Munoz Provider (or Representative) 05-06-16 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.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to pay the annual license fee as required. Findings include:

On 04/11/16, the home had 5 residents that required care and services from the adult family home staff.

Per observation, the home had working electricity, running water, adequate food storage, and supplies needed for resident care. All residents were groomed/clothed. Residents and staff were interviewed and had no concerns.

Review of the home's file showed the annual license fee was due 11/15/15, almost 5 months past due.

The provider was interviewed and stated she had forgotten to pay the fee. She stated she would pay the fee as soon as possible.

This is a repeat citation from 07/16/15.

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, GEVALIA HOPE is or will be in compliance with this law and / or regulation on (Date) 05-06-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Fabiola Munoz
Provider (or Representative)

X 05-06-16
Date

Susan Bergeron, Field Manager
Residential Care Services
Region 1, Unit B
316 West Boone Ave, Suite 170
Spokane, WA 99201-2351
RE: Gevalia Hope Adult Family Home License #751816, Complaint #3202753

Dear Ms. Bergeron,

In reference to the above license here is my Attestation (Plan of Correction) you requested from the on-site complaint investigation of referenced licensed adult family home completed on April 11, 2016.

As requested in the following I am listing either how and when I have or how and when I will make the corrections to the Deficiencies in the SOD.

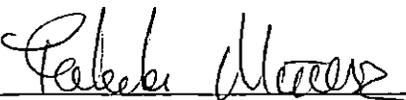
WAC 388-76-10025 License Annual Fee

- (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.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

In response to the above, I can only state that it was an oversight on my part, and that the licensing fee was not paid. This is a mistake that I do not plan on allowing to happen again. I will be paying the fee today (05/06/2016) and will be more aware of my responsibility to pay this fee in a timelier manner. As the Complaint Investigator Brooke Soloman observed I was on site, my home was found to have all the necessities such as running water, electricity, food, adequate emergency food storage and supplies. My residents are well cared for and I have adequate staff on duty.

My license fee will be paid for as of today May 6, 2016. I am aware of my responsibility to maintain my license and that includes paying my annual fees in a timely manner.

I hereby certify that all measures to correct the deficiencies were done as stated in the above reference.



Fabiola Munoz

05/06/2016