



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 11, 2016

Elizabeth Koffi-Gue  
Bella Vue AFH  
12803 E 9th Ave  
Spokane Valley, WA 99216

RE: Bella Vue AFH License #752498

Dear Provider:

On May 11, 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 25, 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,

A handwritten signature in black ink, appearing to read "Susan Bergeron". The signature is fluid and cursive.

Susan Bergeron, Field Manager  
Region 1, Unit B  
Residential Care Services





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Statement of Deficiencies	License #: 752498	Completion Date
Plan of Correction	Bella Vue AFH	April 25, 2016
Page 1 of 2	Licensee: Elizabeth Koffi-Gue	

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: 4/25/2016

Bella Vue AFH  
 12803 E 9th Ave  
 Spokane Valley, WA 99216

This document references the following complaint number: 3202845

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

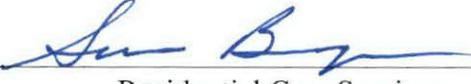
Brooke Solomon, RN, BSN, Complaint Investigator

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

**RECEIVED**  
 MAY 02 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.

  
 Residential Care Services

4/26/16  
 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.

 Elizabeth Koffi-Gue  
 Provider (or Representative)

 4-29-16  
 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 full annual licensing fee as required. Findings include:

On 04/25/16, the home had 3 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 and clothed. Residents were interviewed and had no concerns.

Review of the home's file showed the annual license fee for \$675.00 was due 09/15/15, and had a remaining balance of \$225.00 as of 04/25/16.

The provider was interviewed and stated she thought the fee was based on the number of residents in the home at the time due, not the number of licensed beds. She stated she would pay the remaining balance the same day.

**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, Bella Vue AFH is or will be in compliance with this law and / or regulation on (Date) 4-29-16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Elizabeth Koffi-Gue  
Provider (or Representative)

4-29-16  
Date

4/28/2016

Dept. of Social and Health Services  
316 W. Boone Ave.  
Suite 170,  
Spokane, WA. 99201

RE: Complaint # 3202845.

In response to complaint number 3202845, I have reviewed the enclosed report at best of my ability and acknowledged each citation.

**Citation regarding AFH License fee:** I am sorry that I did not pay the full amount of my license fee this was a miss-understanding on my part, this will not happen again in the future.

(1)The remaining balance of \$225.00 has been made as of 4/26/16.

Thank You for the advice on these matters.

Sincerely,

\_\_\_\_\_  
Elizabeth Koffi-Gue

A handwritten signature in black ink that reads "Elizabeth Koffi-Gue". The signature is written in a cursive style and is positioned below the printed name.