



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

June 7, 2019

CERTIFIED MAIL

7017 2400 0000 6041 7816

Columbia Vista Adult Family Home Inc
Columbia Vista Adult Family Home Inc
7418 SE Evergreen Hwy
Vancouver, WA 98664

RE: Columbia Vista Adult Family Home Inc License #753088

Dear Provider:

The Department completed a full inspection of your Adult Family Home on May 31, 2019 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:
Jody Just, Licensor

Consultation:

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

One sampled resident did not have their service agreement reviewed and re-signed 24 months after they were admitted.

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:

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

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- Inspect the home to determine if you have corrected all deficiencies.

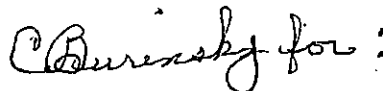
You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (360) 397-9549.

Sincerely,

A handwritten signature in black ink that reads "Karyl Ramsey for:".

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure