



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

July 1, 2020

Fairway View AFH Corp  
Fairway View AFH Corp  
32112 32ND AVE SW  
FEDERAL WAY, WA 98023

RE: Fairway View AFH Corp License #753610

Dear Provider:

On June 26, 2020 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 28, 2020.

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:  
Denetta Uzzell, NCI Complaint Investigator

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager  
Region 2, Unit G  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Fairway View AFH Corp (1125434)      **Intake ID(s):** 3700168  
**License/Cert. #:** AF753610  
**Investigator:** Uzzell, Denetta      **Region/Unit:** RCS Region 2/Unit G      **Investigation Date(s):** 04/23/2020 through 04/28/2020  
**Complainant Contact Date(s):** 04/28/2020

**Allegations:**

#1.The adult family home (AFH) did not pay its annual license fee.

**Investigation Methods:**

**Sample:** The provider       **Observations:** desk review per RCS directive  
 **Interviews:** The Provider       **Record Reviews:** Department database

**Allegation Summary:**

#1.Review of the departments database showed the annual license fee for the AFH had not been paid. The provider said she thought she had paid it but will send it right away.

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

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

SOD for failure to pay license fee by the date it was due.

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



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

RECEIVED

MAY 08 2020

Statement of Deficiencies

License #: 753610

~~DSHS/ALTS/RCS~~ Completion Date

Plan of Correction

Fairway View AFH Corp

April 28, 2020

Page 1 of 2

Licensee: Fairway View AFH Corp

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: 4/23/2020

Fairway View AFH Corp  
 32112 32ND AVE SW  
 FEDERAL WAY, WA 98023

This document references the following complaint number: 3700168

The department staff that inspected and investigated the adult family home:  
 Denetta Uzzell, NCI Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

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.

*Elena Adams*  
 Residential Care Services

*04/30/2020*  
 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.

*Esther Ntoge*  
 Provider (or Representative)

*05/04/20*  
 Date

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

MAY 08 2020

**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 its annual license fee by the date it was due. This failure placed the AFH at risk of not meeting its financial obligations and operate with invalid license.


**Findings included...**

On 04/23/2020 review of the departments Facility Management System (FMS) database showed the AFH's annual license fee was due on 02/15/2020. The FMS showed the AFH license fee had not been paid.

On 04/28/2020 at 3:15 p.m. Staff A, Provider, stated that she thought she had already paid it and would send payment for the total amount of the license fee on the next business 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, Fairway View AFH Corp is or will be in compliance with this law and / or regulation on (Date) 4/29/20 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

ESTER NTELE   
Provider (or Representative)

05/04/20  
Date

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