



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

June 4, 2020

Anchor of Hope 3 LLC
Anchor of Hope 3 LLC
16045 SE 170th CT
Renton, WA 98058

RE: Anchor of Hope 3 LLC License #753797

Dear Provider:

On June 2, 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 March 12, 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:
Lydia Owusu-Acheampong, Licenser

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 753797	Completion Date
Plan of Correction	Anchor of Hope 3 LLC	March 12, 2020
Page 1 of 2	Licensee: Anchor of Hope 3 LLC	

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 full inspection of:
 3/10/2020

Anchor of Hope 3 LLC
 16045 SE 170th CT
 Renton, WA 98058

The department staff that inspected the adult family home:
 Lydia Owusu-Acheampong, MSN, Licensor

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 full inspection 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
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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.

Provider (or Representative)	Date
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This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure the fire extinguishers are:
(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure one of three fire extinguishers (one in the basement of the home) was replaced or serviced annually. This placed all residents at risk of harm in the event there was a fire and the fire extinguisher did not function properly.

Findings included...

During a home tour on 03/10/2020 at 10:30 AM, observation showed the AFH was a leveled floor with a basement. Residents lived on the first and second floors and caregivers lived on the basement level. The fire extinguisher in the basement level of the AFH where caregivers lived, showed no service dates.

When asked if the extinguisher was serviced, Staff A, Entity Representative stated that their fire extinguishers were serviced together with the others. The fire extinguisher on the first floor and second floor showed a service dates of 09/2019 on the tags around the neck.

On 03/10/2020 at 01:30 PM, Staff B, Caregiver stated that the basement extinguisher did not have a service tag because it was purchased new. When asked to see the receipt, Staff B stated that they will look for the receipt and make it available to the Department.

On 03/10/2020 at 01:50 PM, while exiting the premises, Staff A brought a copy of a receipt from a local hardware shop. The receipt showed the fire extinguisher was purchased on 11/07/2018.

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, Anchor of Hope 3 LLC 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