



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

June 16, 2020

Forest Cottage AFH LLC
Forest Cottage AFH LLC
1829 171st PI SE
Bothell, WA 98012

RE: Forest Cottage AFH LLC License #753868

Dear Provider:

On March 19, 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 3, 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:
Brenna Botsford, Licensor

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

Statement of Deficiencies	License #: 753868	Completion Date
Plan of Correction	Forest Cottage AFH LLC	March 3, 2020
Page 1 of 2	Licensee: Forest Cottage AFH 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:
 2/27/2020

Forest Cottage AFH LLC
 1829 171st Pl SE
 Bothell, WA 98012

The department staff that inspected the adult family home:
 Brenna Botsford, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit I
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6061

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.

Brenda Skene
 Residential Care Services

3/3/2020
 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.

Silvana Mot
 Provider (or Representative)

03/11/2020
 Date

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

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Admissions agreement (Notice of Services) for one of two sampled residents (Resident #3) was reviewed in writing every twenty-four months. This failure placed Resident #3 at risk for not understanding any changes with the AFH policies, activities or services.

Findings included...

Observation on 02/27/20 at 10:13 AM showed Resident #3 lived in and received care in the AFH.

Review of Resident #3's resident record showed Resident #3 moved into the AFH [REDACTED] 16. The Admissions agreement was last reviewed in writing 12/14/17 and was due for a review on 12/14/19.

During an interview on 02/27/20 at 10:13 AM, Staff A, Entity Representative stated it was an oversight not to review the Admissions agreement.

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, Forest Cottage AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/11/20 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Silvana Mot
Provider (or Representative)

03/11/2020
Date