



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave., Suite 170, Spokane, WA 99201

December 17, 2019

**CERTIFIED MAIL**

7018 3090 0001 1182 2883

CJB Murf, LLC  
Abundant Love Adult Family Home  
11709 N Lancelot Dr  
Spokane, WA 99218

RE: Abundant Love Adult Family Home License #754057

Dear Provider:

The Department completed a full inspection of your Adult Family Home on December 16, 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:  
Scott Sorensen, AFH Licensor

**Consultation:**

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

The home failed to obtain a signature from one resident (#2) that received the home's policy on accepting Medicaid prior to admission. The resident expressed no concerns related to the document.

**WAC 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.**

- (4) The home must ensure that the resident and home sign and date an acknowledgement in writing stating that the resident has received a disclosure required under subsection (2) of this section. The home must retain a copy of the disclosure and

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acknowledgement.

The home failed to obtain a signature and date acknowledging that one resident (#1) received the disclosure of charges. There was no negative resident outcome identified.

**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:**

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

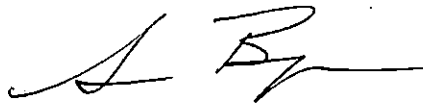
**You May:**

- 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 (509) 323-7324.

Sincerely,



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

Enclosure