



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Anointed and Tender Care AFH 2 LLC
Anointed and Tender Care AFH 2 LLC
2929 146th Ave E
Sumner, WA 98390

RE: Anointed and Tender Care AFH 2 LLC # 755771

Dear Provider:

This document references Compliance Determination 21618 (04/04/2023), which included complaint number(s) 73499.

The Department completed a complaint investigation of your Adult Family Home on 04/04/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Lisa Charette, NCI AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10205 Medicaid or state funded residents. When the adult family home accepts medicaid or state funded residents, the home must follow the terms and conditions of the department contract and chapter 388-105 WAC.

The AFH requested the family members of a potential Medicaid client to pay money in addition to the participation fee because the daily rate was not adequate to cover the cost

of the caregiver for a 12-hour shift. The provider stated they knew they were not allowed to request money in addition to the daily rate and participation fee from the family per AFH regulations. The potential resident did not move in and no money was received by the provider.

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 a 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.

- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600



Residential Care Services Investigation Summary Report

Provider/Facility: Anointed and Tender Care AFH 2 LLC
License/Cert.#: 755771
Compliance Determination #: 21618
Investigator: Lisa Charette
Investigation Date(s): 03/27/2023 through 04/04/2023
Complainant Contact Date(s):

Provider Type: Adult Family Home
Intake ID: 73499
Region/Unit #: RCS Region 3 / Unit A

Allegation(s):

The Adult Family Home (AFH) requested the family of a potential resident to pay money in addition to the participation fee for a Medicaid client.

Investigation Methods:

Sample: Total residents: 3
Resident sample size: 1
Closed records sample size: 0

Observations: Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen
Food preparation

Interviews: Residents
Nursing staff
Family members

Record Reviews: Medical records
Facility policies
Text messages between the provider and the potential resident's family member.

Investigation Summary:

The AFH requested the family members of a potential Medicaid client to pay money in addition to the participation fee because the daily rate was not adequate to cover the cost of the caregiver for a 12-hour shift. The provider stated they knew they were not allowed to request money in addition to the daily rate and participation fee from the family per AFH regulations. The potential resident did not move in and no money was received by the provider. A consultation was written.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A