



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Restore AFH LLC
Restore AFH LLC
14517 SE Fairwood Blvd
Renton, WA 98058

RE: Restore AFH LLC License # 756261

Dear Provider:

This letter addresses Compliance Determination(s) 46093 (Completion Date 08/15/2024) and 43329 (Completion Date 06/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/15/2024 and found that you have corrected the violations listed in the Complaint report dated 06/27/2024. Your home is back in compliance as of 07/05/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Cecile Leano".

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



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 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 756261	Compliance Determination # 43329
Plan of Correction	Restore AFH LLC	Completion Date
Page 1 of 3	Licensee: Restore AFH LLC	06/27/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 06/25/2024 and 06/25/2024 of:

Restore AFH LLC
 14517 SE Fairwood Blvd
 Renton, WA 98058

This document references the following complaint number(s): 132692

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032

As a result of the on-site visit(s), 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

06/27/2024
 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.

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

Provider (or Representative)	Date
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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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure that the annual license fee of \$1,350 was paid by 04/15/2024 as required. This failure placed residents at risk of potentially having their care needs unmet due to unknown financial status of the AFH.

Findings included...

Observation of the AFH on 06/25/2024 at 2:20 PM, showed three residents lived and received care in the AFH. There were several meal options for residents and amenities such as running water, electricity, and television.

In an interview on 06/27/2024 at 9:10 AM, Staff A, Provider, stated that they were not responsible for the financial decisions of the AFH and that was the responsibility of Staff B, Co-owner, of the AFH.

In an interview on 06/27/2024 at 9:13 AM, Staff B stated that they had forgotten to pay the license fee as required. Staff B stated that they planned to make payment on 06/27/2024.

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, Restore AFH 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 requirement.

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

Statement of Deficiencies

License #: 756261

Compliance Determination # 43329

Plan of Correction

Restore AFH LLC

Completion Date

Page 3 of 3

Licensee: Restore AFH LLC

06/27/2024

_____	_____
Provider (or Representative)	Date

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