



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MILLCREEK AFH INC
MILLCREEK AFH IV
16703 36TH AVE WEST
LYNNWOOD, WA 98037

RE: MILLCREEK AFH IV License # 717000

Dear Provider:

This letter addresses Compliance Determination(s) 63554 (Completion Date 08/04/2025) and 61314 (Completion Date 06/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2025 and found that you have corrected the violations listed in the Complaint report dated 06/24/2025. Your home is back in compliance as of 06/24/2025 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 388-76-10375-1

The Department staff who did the off-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 717000	Compliance Determination # 61314
Plan of Correction	MILLCREEK AFH IV	Completion Date
Page 1 of 3	Licensee: MILLCREEK AFH INC	06/24/2025

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 06/18/2025 of:

MILLCREEK AFH IV
16703 36TH AVE WEST
LYNNWOOD, WA 98037

This document references the following complaint number(s): 182432

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

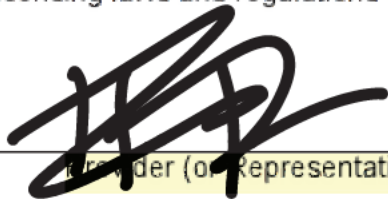
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

07/02/2025
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.



Provider (or Representative)

07/29/2025

Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) for 1 of 6 Residents (Resident 1) was agreed to and signed after each update by Resident 1 or Resident 1's Representative. This failure placed the Resident 1 at risk of unrecognized and unmet care needs.

Findings included...

Record review of Resident 1's NCP, dated 03/ 02/2023, showed the AFH had updated Resident 1's NCP. The NCP was signed by Staff A (Provider) on 02/26/2025. Resident 1's NCP had not included Resident 1's or Resident 1's representative signature.

In an interview, on 06/18/2025 at 11:15 AM, Staff B (Manager) stated that Staff A had reviewed Resident 1's NCP with Resident 1's representative over the phone but had not obtained signatures.

In an interview, on 06/18/2025 at 11:30 AM, Staff A acknowledged that the AFH had not obtained signatures from Resident 1's representative when Resident 1's representative came to visit Resident 1.

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

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.

Provider (or Representative)

Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) for 1 of 6 Residents (Resident 1) was agreed to and signed after each update by Resident 1 or Resident 1's Representative. This failure placed the Resident 1 at risk of unrecognized and unmet care needs.

Findings included...

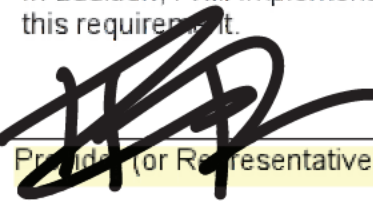
Record review of Resident 1's NCP, dated 03/ 02/2023, showed the AFH had updated Resident 1's NCP. The NCP was signed by Staff A (Provider) on 02/26/2025. Resident 1's NCP had not included Resident 1's or Resident 1's representative signature.

In an interview, on 06/18/2025 at 11:15 AM, Staff B (Manager) stated that Staff A had reviewed Resident 1's NCP with Resident 1's representative over the phone but had not obtained signatures.

In an interview, on 06/18/2025 at 11:30 AM, Staff A acknowledged that the AFH had not obtained signatures from Resident 1's representative when Resident 1's representative came to visit Resident 1.

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, MILLCREEK AFH IV is or will be in compliance with this law and / or regulation on (Date) 06-24-2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.



Provider (or Representative)

07/29/2025

Date

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, MILLCREEK AFH IV 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.

Provider (or Representative)

Date