STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

KMJ Adult Family Home LLC

KMJ Adult Family Home LLC
712 W Westmont Way
Spokane, WA 99208

RE: KMJ Adult Family Home LLC License # 756628

Dear Provider:

This letter addresses Compliance Determination(s) 51500 (Completion Date 12/10/2024) and 50404 (Completion Date 11/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/10/2024 and found that you have corrected the violations listed in the Complaint report dated 11/18/2024. Your home is back in compliance as of 11/22/2024 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 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the off-site verification:
Jacqueline Block, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services

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Statement of Deficiencies	License #: 756628	Compliance Determination # 50404
Plan of Correction	KMJ Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: KMJ Adult Family Home LLC	11/18/2024

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 11/18/2024 and 11/18/2024 of:

KMJ Adult Family Home LLC
712 W Westmont Way
Spokane, WA 99208

This document references the following complaint number(s): 153602

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jacqueline Block, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10025 License annual fee.

(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.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the annual license fee was paid as required to maintain a valid license for 5 of 5 residents (Residents 1, 2, 3, 4, & 5). This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included…

On 11/18/2024 review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $1,350.00 was due on 08/15/2024 and had not been paid.

Observation on 11/18/2024 at 8:37 AM, showed Residents 1, 2, 3, 4, and 5 in the home and required care and services from AFH staff.

In an interview on 11/18/2024 at 4:03 PM, Staff A, Provider, stated they were aware the payment was due and had not paid because they did not know where to send the payment.

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, KMJ Adult Family Home 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.

Provider (or Representative) Date