STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

At Highly Favored One AFH LLC

At Highly Favored One Adult Family Home LLC
1307 S Center Dr
Spokane Valley, WA 99212

RE: At Highly Favored One Adult Family Home LLC License # 753904

Dear Provider:

This letter addresses Compliance Determination(s) 72816 (Completion Date 02/11/2026) and 70529 (Completion Date 12/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/11/2026 and found that you have corrected the violations listed in the Full report dated 12/30/2025. Your home is back in compliance as of 01/23/2026 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 388-76-10730-2-b

The Department staff who did the on-site verification:
Joshua Robison, Community Licensor

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

Sincerely,

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

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

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

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 the unannounced on-site full inspection on 12/23/2025 of:
At Highly Favored One Adult Family Home LLC
1307 S Center Dr
Spokane Valley, WA 99212

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Joshua Robison, Community 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

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

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 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that grab bars on the right side of the toilets in Bathrooms 1 & 2 were securely fastened. This failure placed residents at risk of falls.

Findings included …

Observation on 12/23/2025 at 10:14 AM showed the grab bar on the right side of the toilet in Bathroom 1 was pulling off the wall, and the drywall around where the grab bar was attached was cracked and broken.

Observation on 12/23/2025 at 10:25 AM showed the grab bar on the right side of the toilet in Bathroom 2 was not securely fastened, and the drywall around where the grab bar was attached was cracked.

In an interview on 12/23/2025 at 10:25 AM Staff A, Provider, stated that the house was old and that the grab bars and walls where they attached needed to be repaired.

Observation on 12/23/2025 at 10:32 AM showed Staff A assisting Resident 2 in

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

bathroom 2, where Resident 2 used the grab bars on either side of the toilet.

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, At Highly Favored One 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

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