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

Saint John Adult Family Home LLC

Saint John Adult Family Home LLC
PO Box 93
Saint John, WA 99171

RE: Saint John Adult Family Home LLC License # 754019

Dear Provider:

This letter addresses Compliance Determination(s) 79502 (Completion Date 06/25/2026) and 78750 (Completion Date 06/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2026 and found that you have corrected the violations listed in the Complaint report dated 06/11/2026. Your home is back in compliance as of 07/23/2026 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the off-site verification:
Valorie Bradley, AFH/ALF Licensor

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

Sincerely,

Selena Clemons

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
HOME AND COMMUNITY LIVING 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 an unannounced on-site complaint investigation on 06/09/2026 of:

Saint John Adult Family Home LLC
404 Marjorie Ct
Saint John, WA 99171

This document references the following complaint number(s): 226123

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Home and Community Living 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.

Statement of Deficiencies	License #: 754019	Compliance Determination # 78750
Plan of Correction	Saint John Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Saint John Adult Family Home LLC	06/11/2026

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.

Selena Clemons
Residential Care Services

06/11/2026
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)

06/23/2026
Date

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 interview, and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 1 of 1 home. This failure resulted in the AFH having outstanding licensing fees.

Findings included...

On 06/09/2026, review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $2,700.00 was due on 04/15/2026 and had not been paid.

On 06/11/2026 at 11:14 AM, Staff A, Provider, stated their failure to pay the home's licensing fee on time had been an oversight.

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 388-76-10025 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 interview, and record review, the Adult Family Home (AFH) failed to ensure the annual licensing fee was paid as required to maintain a valid license for 1 of 1 home. This failure resulted in the AFH having outstanding licensing fees.

Findings included…

On 06/09/2026, review of Secure Tracking and Reporting System (STARS) showed the AFH’s annual licensing fee of $2,700.00 was due on 04/15/2026 and had not been paid.

On 06/11/2026 at 11:14 AM, Staff A, Provider, stated their failure to pay the home’s licensing fee on time had been an oversight.

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

Statement of Deficiencies	License #: 754019	Compliance Determination # 78750
Plan of Correction	Saint John Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Saint John Adult Family Home LLC	06/11/2026

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, Saint John Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/23/26 .

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

Provider (or Representative)

06/23/2026
Date

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

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, Saint John 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.