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

Community Pride AFH LLC
Community Pride AFH LLC
PO Box 59
Saint John, WA 99171

RE: Community Pride AFH LLC License # 754924

Dear Provider:

This letter addresses Compliance Determination(s) 82764 (Completion Date 08/25/2026) and 78749 (Completion Date 06/16/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/25/2026 and found that you have corrected the violations listed in the Full report dated 06/16/2026. Your home is back in compliance as of 07/31/2026 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 388-76-10825-3, WAC 388-76-10485-1, WAC 388-76-10490-2-b-i

The Department staff who did the on-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 the unannounced on-site full inspection on 06/09/2026 of:

Community Pride AFH LLC
402 Marjorie Ct
Saint John, WA 99171

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

The department staff that inspected 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.

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

06/16/2026
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)

06/17/2026
Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure that space heaters had a flame-resistant barrier that did not get hot to the touch for 1 of 3 residents (Resident 3). This placed the resident at risk of burns.
Findings included....
Observation on 06/09/2026 at 11:11 AM showed Resident 3 in Bedroom [redacted] Observation showed a flat, square panel heater secured to the western wall in Bedroom [redacted] The panel was approximately two feet high by two feet wide and inch thick. The panel was plugged into the wall outlet. Observation showed there was no barrier on the heating panel, and the panel was observed to be hot to the touch.
In an interview on 06/09/2026 at 11:15 AM Resident 3 stated the wall panel was a heating unit. Resident 3 stated that Bedroom [redacted] had previously been a garage and did not have heat. Resident 3 stated they had used the wall heating panel to warm Bedroom [redacted] for two years.
In an interview on 06/09/2026 Staff B, Assistant Manager, stated the wall heating panel had been installed several years prior. Staff B stated they were unaware that the heating panel was hot to the touch and unsafe.

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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 _____

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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, Community Pride AFH LLC is or will be in compliance with this law and / or regulation on (Date) 07/31/2026.

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

Provider (or Representative) 06/17/2026 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure prescribed medications were secured in locked storage for 1 of 3 residents (Resident 3). This failure placed residents at risk for accessing unsecured medications.

Findings included....

On 06/09/2026 at 11:15 AM Resident 3 stated they were prescribed Zepbound for weight loss.

Review of an assessment dated 05/07/2026 showed Resident 3 was prescribed Zepbound (a medication for weight loss).

Observation on 06/09/2026 at 11:40 AM showed a Zepbound (for weight loss) injector pen in the kitchen refrigerator. Observation showed the medication was in a plastic bag and accessible to residents in the home. No medication lock box was observed in the refrigerator.

In an interview on 06/09/2026 at 11:41 AM Staff B, Assistant Manager, stated they did not have a lockbox in the home to secure Resident 3's refrigerated medication.

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Provider (or Representative)

06/17/2026
Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure resident medication was disposed of within 30 days of expiration for 1 of 3 residents (Resident 3). This failure resulted in the resident receiving expired medication.

Findings included....

Review of the AFH's undated "Medication Disposal Policy" showed that solid medications were to be partially dissolved in water and mixed with cat litter, vinegar, used coffee grounds, spices or charcoal, placed in a sealable bag or coffee can, and placed in the trash.

On 06/09/2026 review of assessment dated 05/07/2026 showed Resident 3 required medication assistance.

On 06/09/2026 review of Resident 3's medication supply showed acetaminophen (for pain), 325 milligrams (mg), take two tablets every four hours as needed, expired on 05/02/2026. Review of the medication supply card showed staff had initialed as giving

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Resident 3 acetaminophen on 05/13/2026 (11 days after expiration date), 05/15/2026 (13 days after expiration date) and 05/16/2026 (14 days after expiration date).

In an interview on 06/09/2026 at 10:55 AM Staff B, Assistant Manager, stated they review medication supplies monthly. Staff B stated they did not realize Resident 3's acetaminophen had expired.

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