STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

HAPPY PLACE AFH LLC

HAPPY PLACE AFH LLC
1617 127th Pl SE
Everett, WA 98208

RE: HAPPY PLACE AFH LLC License # 757562

Dear Provider:

This letter addresses Compliance Determination(s) 70627 (Completion Date 12/26/2025) and 69345 (Completion Date 12/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/26/2025 and found that you have corrected the violations listed in the Complaint report dated 12/08/2025. Your home is back in compliance as of 12/03/2025 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Ellen Schooler, NCI Nurse Consultant Instituation

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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

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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 12/01/2025 of:

HAPPY PLACE AFH LLC
1617 127th Pl SE
Everett, WA 98208

This document references the following complaint number(s): 200175

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

The department staff that investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Instituation

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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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

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 pay their annual license fee. This failure resulted in 1 of 1 AFH license unpaid.

Findings included…

Review of department records, on 12/01/2025, showed an AFH license fee balance of $2,700. Review showed the AFH license fee was due on 09/15/2025.

During an interview, on 12/01/2025 at 11:30 AM, Staff A, Provider, stated that they had misplaced the invoice to pay the annual licensing fee by 09/15/2025. Staff A stated they needed the amount to pay and where to send the licensing fee payment emailed to them.

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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, HAPPY PLACE AFH 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

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