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

A Piece of Paradise AFH LLC
A PIECE OF PARADISE AFH LLC
8506 E Columbia Dr
Spokane, WA 99212

RE: A PIECE OF PARADISE AFH LLC License # 758756

Dear Provider:

This letter addresses Compliance Determination(s) 80668 (Completion Date 07/20/2026) and 79603 (Completion Date 07/07/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/20/2026 and found that you have corrected the violations listed in the Complaint report dated 07/07/2026. Your home is back in compliance as of 07/16/2026 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 388-76-10225-1-b-i

The Department staff who did the on-site verification:
Kortne Covey, NCI Complaint Investigator

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
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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 06/26/2026 and 07/07/2026 of:

A PIECE OF PARADISE AFH LLC
8506 E Columbia Dr
Spokane, WA 99212

This document references the following complaint number(s): 228721

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Kortne Covey, NCI Complaint Investigator

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

07/09/2026 — 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.

Daniel Pintilie — Provider (or Representative)

7/16/26 — Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff

(b) Report the following to the department by calling the complaint toll-free hotline number or completing an online report.

(i) Any actual or potential event requiring any resident to be evacuated

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to notify the Department when 1 of 1 residents (Resident 1) was evacuated from the facility due to a wildfire threatening the home. This failure resulted in the Department being unable to determine the status of the resident and the home during an emergency.

Findings included...

Review of the Department's Secure Tracking and Reporting System (STARS) on [redacted] showed there was no facility report recording that the AFH had been evacuated.

Review of Resident 1's Admission Agreement showed they had admitted to the facility on [redacted]/2026.

Review of a document titled "Incident Report" dated [redacted] showed that Resident 1 had been evacuated from the AFH.

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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

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(1) The adult family home must ensure all staff:

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Based on record review and interview, the Adult Family Home (AFH) failed to notify the Department when 1 of 1 residents (Resident 1) was evacuated from the facility due to a wildfire threatening the home. This failure resulted in the Department being unable to determine the status of the resident and the home during an emergency.

Findings included…

Review of the Department's Secure Tracking and Reporting System (STARS) on 06/26/2026 showed there was no facility report recording that the AFH had been evacuated.

Review of Resident 1's Admission Agreement showed they had admitted to the facility on [redacted]/2026.

Review of a document titled "Incident Report" dated [redacted]/2026, showed that Resident 1 had been evacuated from the AFH.

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On 06/26/2026 at 10:17 AM, Staff A, Provider, stated Resident 1 had been evacuated on [redacted]2026. Staff A stated they were not aware of the requirement to report an evacuation to the Department's complaint hotline.

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, A PIECE OF PARADISE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 7/16/2026

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

Daniel Pintilie
Provider (or Representative)

7/16/2026
Date

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

On 06/26/2026 at 10:17 AM, Staff A, Provider, stated Resident 1 had been evacuated on [redacted]/2026. Staff A stated they were not aware of the requirement to report an evacuation to the Department's complaint hotline.

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, A PIECE OF PARADISE 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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