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

CLASSY RETREAT AFH INC
CLASSY RETREAT ADULT FAMILY HOMES INC
PO Box 30726
Spokane, WA 99223

RE: CLASSY RETREAT ADULT FAMILY HOMES INC License # 673100

Dear Provider:

This letter addresses Compliance Determination(s) 67290 (Completion Date 10/16/2025) and 64470 (Completion Date 08/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2025 and found that you have corrected the violations listed in the Complaint report dated 08/20/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the on-site verification:
Lisa Pickett, Complaint Investigator

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

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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 08/20/2025 of:

CLASSY RETREAT ADULT FAMILY HOMES INC
4505 S Helena St
Spokane, WA 99223

This document references the following complaint number(s): 188868

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 investigated the Adult Family Home:

Lisa Pickett, Complaint Investigator

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

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.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 license fee was paid. This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included…

On 08/20/2025, review of Secure Tracking and Reporting System (STARS) showed the AFH's annual licensing fee of $1,350.00 was due on 06/15/2025 and had not been paid.

On 08/20/2025 at 1:25 PM observation showed Residents 1, 2, and 3 resided in the home and received care and services from AFH staff.

On 08/20/2025 at 01:00 PM, Staff A, Provider, stated they had not paid the annual licensing fee.

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, CLASSY RETREAT ADULT FAMILY HOMES INC 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