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

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) 58682 (Completion Date 04/28/2025) and 57009 (Completion Date 04/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/28/2025 and found that you have corrected the violations listed in the Full report dated 04/02/2025. Your home is back in compliance as of 04/03/2025 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 388-76-10129-2

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, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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

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AGING AND LONG-TERM SUPPORT 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 03/26/2025 of:
Saint John Adult Family Home LLC
404 Marjorie Ct
Saint John, WA 99171

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

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

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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 388-76-10129 Qualifications Adult family home personnel.

(2) Every home must have a designated resident manager. The provider or entity representative can also be the designated resident manager, but an individual can only be the designated resident manager for one home at a time.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the AFH had a designated resident manager for 4 of 4 residents (Residents 1, 2, 3 & 4) that resided in the home. This failure resulted in the residents residing in a home without an appointed resident manager and receiving care and services from unauthorized individuals.

Findings included….

On 03/25/2025 review of Secure Tracking and Reporting (STARS) showed the AFH received their license on 04/09/2019. STARS showed Staff I, Former Resident Manager, had been the assigned resident manager for the AFH since 06/07/2019.

On 03/25/2025 at 9:41 AM Staff B, Campus Manager, stated that Staff I had stopped working for the home in April 2024.

In email correspondence dated 03/31/2025 Staff B stated that Staff I had resigned from their position as resident manager on 04/17/2024. Staff B stated that Staff J, Former Resident Manager, had been the acting resident manager beginning 10/05/2023 and ending 02/12/2025.

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In an interview on 03/31/2025 at 3:15 PM Staff A, Provider, stated that they had forgotten to submit paperwork to remove Staff I as the assigned resident manager when they resigned from the position in the home.

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

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