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

PRECIOUS ELDERS AFH LLC

Precious Elders AFH LLC
320 NW Terre View Dr
Pullman, WA 99163

RE: Precious Elders AFH LLC License # 754344

Dear Provider:

This letter addresses Compliance Determination(s) 57245 (Completion Date 04/01/2025) and 56483 (Completion Date 03/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/01/2025 and found that you have corrected the violations listed in the Complaint report dated 03/18/2025. Your home is back in compliance as of 03/27/2025 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, WAC 388-76-10025-4

The Department staff who did the on-site verification:
Lori Butler, AFH Complaint Investigator/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

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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 03/18/2025 of:

Precious Elders AFH LLC
320 NW Terre View Dr
Pullman, WA 99163

This document references the following complaint number(s): 169149

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lori Butler, AFH Complaint Investigator/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

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 .

WAC 388-76-10025 License annual fee.

(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.

(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 the annual licensing fee was paid as required to maintain a valid license for 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6) residing in the AFH. This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included…

On 03/18/2025 review of Secure Tracking and Reporting System (STARS) showed the AFH’s annual licensing fee of $1,350.00 was due on 01/15/2025 and had not been paid.

On 03/18/2025 at 10:22 AM observation showed Residents 1, 2, 3, 4, 5, and 6 resided in the home and received care and services from AFH staff.

On 03/18/2025 at 10:26 AM Staff A, Provider, stated they had not recalled seeing the bill and it may had been misplaced.

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, Precious Elders 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