



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Springs of Joy AFH LLC  
Springs of Joy AFH LLC  
1832 11th Ave NW  
Puyallup, WA 98371

RE: Springs of Joy AFH LLC # 755024

Dear Provider:

This document references Compliance Determination 27032 (08/22/2023), which included complaint number(s) 87842.

The Department completed a complaint investigation of your Adult Family Home on 08/22/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Nadine Shon, Community Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

**Consultation:**

**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.

A review of department records showed the adult family home (AFH) did not pay its' annual licensing fee which was due in May 2023. The AFH provider said they did not know the fee was due as they did not receive an invoice or letter. On 08/22/2023, department records showed a zero balance to indicate the fee was paid.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
  
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (253)983-3826.

Sincerely,



Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Springs of Joy AFH LLC      **Provider Type:** Adult Family Home  
**License/Cert.#:** 755024  
**Compliance Determination #:** 27032      **Intake ID:** 87842  
**Investigator:** Nadine Shon      **Region/Unit #:** RCS Region 3 / Unit A  
**Investigation Date(s):** 07/24/2023 through 08/22/2023  
**Complainant Contact Date(s):**

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**Allegation(s):**

The adult family home (AFH) did not pay their annual license fee, of \$1350.00 when it was due in May 2023.

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**Investigation Methods:**

**Sample:**                      Total residents: 5  
                                        Resident sample size: 2  
                                        Closed records sample size: 0

**Observations:**            General environment

**Interviews:**                Residents  
                                        Staff  
                                        AFH provider

**Record Reviews:**         Department records

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**Investigation Summary:**

A review of department records showed the AFH did not pay its' annual licensing fee which was due in May 2023. During interview, the AFH provider said they did not know the fee was due as they did not receive an invoice or letter. Department records showed a zero balance on 08.22/23 to indicate the fee had been paid.

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**Conclusion / Action:**

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A