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

Graceland AFH LLC
Graceland AFH LLC
505 NW Darrow St
Pullman, WA 99163

RE: Graceland AFH LLC License # 752796

Dear Provider:

This letter addresses Compliance Determination(s) 82769 (Completion Date 08/24/2026) and 80865 (Completion Date 08/04/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/24/2026 and found that you have corrected the violations listed in the Full report dated 08/04/2026. Your home is back in compliance as of 08/09/2026 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10198-4, WAC 388-76-10585-1-a, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 07/21/2026 of:
Graceland AFH LLC
505 NW Darrow St
Pullman, WA 99163

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies	License #: 752796	Compliance Determination # 80865
Plan of Correction	Graceland AFH LLC	Completion Date
Page 2 of 6	Licensee: Graceland AFH LLC	08/04/2026

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.

Michelle Ann Garbrough
Residential Care Services

08/04/2026
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.

Provider (or Representative)

08/09/2026
Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 1 of 4 sample caregivers (Staff B). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of Staff B, Caregiver, employee file showed they were hired on 01/08/2026 and had a final fingerprint background check result dated 06/11/2026 (155 days after being hired).

During an interview on 08/04/2026 at 1:30 PM, Staff A, Provider, stated that Staff B did not complete the final fingerprint process within 120 days of being hired.

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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 1 of 4 sample caregivers (Staff B). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included…

Review of Staff B, Caregiver, employee file showed they were hired on 01/08/2026 and had a final fingerprint background check result dated 06/11/2026 (155 days after being hired).

During an interview on 08/04/2026 at 1:30 PM, Staff A, Provider, stated that Staff B did not complete the final fingerprint process within 120 days of being hired.

Statement of Deficiencies	License #: 752798	Compliance Determination # 80865
Plan of Correction	Graceland AFH LLC	Completion Date
Page 3 of 6	Licensee: Graceland AFH LLC	08/04/2026

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, Graceland AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08/09/2026.

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

Provider (or Representative) 08/11/2026 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (NDOB) background check result and Fingerprint background check results were available to the Department during an inspection for 3 of 5 staff (Staff B, D & E). This resulted in a delay in determining if staff were qualified to care for the residents in the home.

Findings included...

Review of staff records on 07/21/2026 showed Staff B, Caregiver's, Fingerprint background check result was not available.

Review of staff records on 07/21/2026 showed Staff D, Caregiver's, Fingerprint background check result was not available.

Review of staff records on 07/21/2026 showed Staff E, Caregiver's, Washington state NDOB background check result was not available.

During an interview on 07/21/2026 at 1:30 PM, Staff C, Caregiver, stated that they would send the missing document as soon as possible.

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, Graceland 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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Findings included...

Review of staff records on 07/21/2026 showed Staff B, Caregiver's, Fingerprint background check result was not available.

Review of staff records on 07/21/2026 showed Staff D, Caregiver's, Fingerprint background check result was not available.

Review of staff records on 07/21/2026 showed Staff E, Caregiver's, Washington state NDOB background check result was not available.

During an interview on 07/21/2026 at 1:30 PM, Staff C, Caregiver, stated that they would send the missing document as soon as possible.

During an interview on 07/24/2026 at 9:10 AM, Staff C stated that they still need to send Staff E's Washington state NDOB background check result.

The remaining documents were received on 07/28/2026.

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, Graceland AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08/09/2026 .

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

Provider (or Representative) 08/11/2026 Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the home failed to ensure the home's most recent inspection report was available in an area easily accessible for review without having to ask. This failure resulted in limited access for residents, representatives, and individuals interested in the inspection results.

Findings included...

Review of the home's licensing file showed a Statement of Deficiency was issued by the Department from the most recent inspection dated 05/16/2024.

Observation on 07/21/2026 at 10:50 AM showed the notebook that contained the previous inspection reports and investigations did not contain the most recent inspection dated 05/16/2024.

During an interview on 07/21/2026 at 10:50 AM, Staff C, Caregiver, stated that the

During an interview on 07/24/2026 at 9:10 AM, Staff C stated that they still need to send Staff E's Washington state NDOB background check result.

The remaining documents were received on 07/28/2026.

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

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Provider (or Representative) Date

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

Provider (or Representative) 08/11/2026 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred every sixty days for 5 of 5 residents (Residents 1, 2, 3, 4 & 5). This failure placed residents at risk in case of an emergency.

Findings included...

Record review on 07/21/2026 showed evacuation drills were completed on 02/09/2026 and 05/04/2026.

During an interview on 07/21/2026 at 11:00 AM, Staff C, Caregiver, stated that the evacuation drills were not conducted every sixty days.

notebook did not contain the most recent inspection report.

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, Graceland 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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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred every sixty days for 5 of 5 residents (Residents 1, 2, 3, 4 & 5). This failure placed residents at risk in case of an emergency.

Findings included…

Record review on 07/21/2026 showed evacuation drills were completed on 02/09/2026 and 05/04/2026.

During an interview on 07/21/2026 at 11:00 AM, Staff C, Caregiver, stated that the evacuation drills were not conducted every sixty days.

Statement of Deficiencies	License #: 752796	Compliance Determination # 80865
Plan of Correction	Graceland AFH LLC	Completion Date
Page 6 of 6	Licensee: Graceland AFH LLC	08/04/2026

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, Graceland AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08/09/2026 .

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



Provider (or Representative)

08/11/2026
Date

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, Graceland 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

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

Graceland AFH LLC
Graceland AFH LLC
505 NW Darrow St
Pullman, WA 99163

RE: Graceland AFH LLC # 752796

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/04/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (08/04/2026), no later than 09/18/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The Adult Family Home did not review and revise two resident’s negotiated care plan every 12 months. This deficiency was corrected.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home did not review, sign, and date an acknowledgement of the admission information including the home's expectations, services, and charges every 24 months for one resident. This deficiency was corrected.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

The Adult Family Home did not ensure each resident had a written residency agreement. This deficiency was corrected.

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

The Adult Family Home failed to ensure confidential identifier lists from Statement of Deficiency (SOD) reports were not accessible in the home for public viewing. This deficiency was corrected.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (509)598-0182.

Sincerely,

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home did not review, sign, and date an acknowledgement of the admission information including the home's expectations, services, and charges every 24 months for one resident. This deficiency was corrected.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

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The Adult Family Home did not ensure each resident had a written residency agreement. This deficiency was corrected.

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

The Adult Family Home failed to ensure confidential identifier lists from Statement of Deficiency (SOD) reports were not accessible in the home for public viewing. This deficiency was corrected.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (509)598-0182.

Sincerely,

Michelle Ann Garbrough signed for Selena Clemons

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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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 IDR**s 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225