STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12/18/2025

Grace Lodge LLC
Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

RE: Grace Lodge LLC # 754176

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70375 (Completion Date 12/18/2025) and 67665 (Completion Date 11/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/18/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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 .

(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.

The Department staff who did the On Site verification:
Denetta Uzzell, NCI Complaint Investigator

If you have any questions, please contact me at (253)234-6033.

Sincerely,

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

Cecile Leano, Field Manager
Region 2, Unit G
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 10/22/2025 of:

Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

This document references the following complaint number(s): 196099

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Denetta Uzzell, NCI Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 388-76-10025 License annual fee.

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(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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee at the time it was due. This failure resulted in the AFH operating without a valid license.

Findings included…

On 10/22/2025 at 11:20 AM, observed 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6) lived in and received care from the AFH.

Review of the department records, Secure Tracking and Reporting System (STARS) revealed the AFH's licensing fee was due in the month of August and by the 15th day annually. STARS records further showed the annual licensing fee for the AFH remained unpaid in the amount of $3,600.00.

On 10/22/2025 at 12:00 PM, in an interview, when asked about nonpayment of the license fee, Staff A, Entity Representative, said it was overlooked. They said they would take care of paying the license fee.

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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, Grace Lodge 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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