STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Grace Caring Home LLC

Grace Caring Home LLC
2833 26TH AVE W
SEATTLE, WA 98199

RE: Grace Caring Home LLC License # 755121

Dear Provider:

This letter addresses Compliance Determination(s) 73857 (Completion Date 03/19/2026) and 69292 (Completion Date 12/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2026 and found that you have corrected the violations listed in the Full report dated 12/24/2025. Your home is back in compliance as of 12/03/2025 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 388-76-10315-1-g, WAC 388-76-10265-1-a, WAC 388-76-10265-1-d, WAC 388-76-10650-2-c

The Department staff who did the off-site verification:
Karen Beardsley, NCI

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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

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 11/25/2025 of:
Grace Caring Home LLC
2833 26TH AVE W
SEATTLE, WA 98199

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to have complete records of 1 of 3 residents (Resident 2) available to department staff for review. This failure interfered with the department assessing the facility for compliance and prevented caregivers from having access to Resident 2's current Negotiated Care Plan (NCP) and assessment.

Findings included…

On 11:25/2025 at 8:50 AM, observation showed Resident 1 in the dining room being fed breakfast by Staff E, Caregiver, while Residents 2 and 3 were in their bedrooms.

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Record review of “Long term care resident assessment and negotiated care plan” dated 10/21/2024 showed the last NCP and Assessment were completed on 10/21/2024 but no updated NCP or Assessment for 2025 were found.

On 11/25/2025 at 10:35 AM, during an interview, Staff A, Provider, confirmed NCP and Assessment were same document. Staff A stated that the Nurse Delegator (ND) (a licensed nurse who transfers specific, non-clinical nursing tasks to another person) had been to the AFH on June 2025 and should have updated it but that the most recent version might not be in the resident file because they removed any outdated NCP. When asked why the 2024 NCP was in the file and not the 2025 NCP, Staff A stated they would contact the ND because they were sure it was completed but that they would have to contact the ND to get another copy.

On 12/03/2025 at 3:50 PM, Department Staff received an email correspondence from Staff A showing Resident 2’s signed “Long Term Care Resident Assessment and Negotiated Care Plan” dated 10/20/2025.

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 Caring 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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

(d) Caregiver;

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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 2 of 5 staff (Staff A, Provider and Staff D, Caregiver) had tuberculosis (TB [a communicable disease]) testing within three days of hire. This failure placed all residents, staff and visitors at risk of possible exposure to TB.

Findings included…

The Department record titled Provider Summary, dated 11/20/2025, showed Staff A was listed as the Provider and Resident Manager for the AFH with a license effective date of 08/11/2021.

Record review of Staff A's TB test results dated 10/22/2019 showed a TB blood test was completed on 10/22/2019 with negative result.

On 11/25/2025 at 11:12 AM, during an interview with Staff A, they stated that they did not have further TB testing within three days of their license effective date and that they did not realize they had to.

Record review of AFH orientation document for Staff D dated 07/06/2024 showed Staff D was hired on 07/06/2024. No TB test record were found in Staff D's file.

On 11/25/2025 at 11:15 AM, during an interview, Staff A stated that they were sure that Staff D had completed TB testing and that they would email the missing documentation to the Department by 5:30 PM on 12/03/2025.

On 12/03/2025 at 3:50 PM, Department staff received an email correspondence from Staff A with Staff D's TB testing records dated 11/28/2025 showing that they had their first TB skin test that was administered on 11/25/2025 (date of the Department's visit) and tested negative on 11/28/2025.

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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 Caring 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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home failed to ensure 1 of 3 residents (Resident 2) had [redacted] usage addressed on their Negotiated Care Plan (NCP). This failure placed the resident at risk of harm from improper use of medical device.

Findings included…

On 11/25/2025 at 9:47 AM, observation showed half [redacted] in the down position installed on both sides of Resident 2's bed.

Record review of Resident 2's "Long Term Care Resident Assessment and Negotiated Care Plan" dated 10/21/2024 showed the use of [redacted] was not documented. No 2025 Assessment or NCP was found in the home for Resident 2.

Record review of Resident 2's Occupational Therapy (a form of therapy that encourages rehabilitation to improve ability to perform daily tasks) assessment dated 06/04/2025 showed they had been evaluated for bed mobility and recommended to use [redacted].

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On 11/25/2025 at 1:11 PM, during an interview, Staff A, Provider, stated that the family had been informed of the risks for usage of the [redacted] and that Staff A had thought that the [redacted] were documented in the NCP. When Staff A was asked to show where in the NCP [redacted] usage was documented, they were unable to find it. Staff A stated that they would make sure that it will be documented in the 2025 NCP.

On 12/03/2025 at 3:50 PM, Department Staff received an email correspondence from Staff A showing Resident 2's "Long Term Care Resident Assessment and Negotiated Care Plan" dated and signed 10/20/2025 which showed on page 17 under Mobility: Positioning and special equipment that the resident uses a [redacted] but did not include information about [redacted] usage.

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 Caring 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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