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

Grace Loving Care AFH LTD.

Grace Loving Care AFH LTD
21202 97TH PL S
KENT, WA 98031

RE: Grace Loving Care AFH LTD License # 756140

Dear Provider:

This letter addresses Compliance Determination(s) 76844 (Completion Date 05/04/2026) and 73113 (Completion Date 03/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/04/2026 and found that you have corrected the violations listed in the Full report dated 03/12/2026. Your home is back in compliance as of 03/20/2026 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 388-76-10463-3, WAC 388-76-10650-2-c

The Department staff who did the on-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

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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 the unannounced on-site full inspection on 02/18/2026 of:
Grace Loving Care AFH LTD
21202 97TH PL S
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Home and Community Living 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to address in the negotiated care plan (NCP) the staff interventions to address the behaviors for which the psychopharmacologic medications were prescribed for 2 of 5 residents (Residents 4 and 5). These failures placed Residents 4 and 5 at risk of unmet care needs.

Findings included…

Record review of Resident 4's Medication Administration Record (MAR), dated 01/01/2026 – 02/28/2026 showed they were prescribed Mirtazapine (medication used to treat depression [a condition that causes low mood and loss of interest]).

Record review of Resident 4's 02/20/2025 NCP showed their current psychopharmacologic medication was not documented in the NCP.

Record review of Resident 5's MAR, dated 01/01/2026 – 02/28/2026 showed they were prescribed Sertraline (a medication that treats depression and anxiety [condition

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characterized by excessive, uncontrollable, and long-lasting worry or fear that interferes with daily life]) and Bupropion (a medication used to treat depression).

Record review of Resident 5's 06/26/2025 NCP showed their current psychopharmacologic medications were not documented in the NCP.

In an interview on 02/18/2026 at 2:05 PM, Staff A, Provider, stated that they were unaware that psychopharmacologic medications had to be listed in the NCP and that they would work on updating both NCPs and add staff interventions to address the behaviors for which the psychopharmacologic medications were prescribed.

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 Loving Care AFH LTD 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 5 residents (Resident 4) had [redacted] usage addressed on their Negotiated Care Plan (NCP). This failure placed this resident at risk of harm from improper use of medical device.

Findings included…

On 02/18/2026 at 8:32 AM, observation showed half [redacted] in the down position installed on both sides of Resident 4's bed.

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Record review of Resident 4's Negotiated Care Plan (NCP) dated 02/20/2025 showed the use of [redacted] was not documented.

On 02/18/2026 at 10:04 AM, during an interview with Staff A, Provider, when asked to show where in Resident 4's NCP usage of [redacted] usage was documented, they stated that they could not find it but that it should be there.

On 02/18/2026 at 2:05 PM, when asked why [redacted] usage was not documented in the NCP, Staff A stated that they had thought they had included written it into the NCP.

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 Loving Care AFH LTD 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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