STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Grand Heaven Adult Family Home LLC
GRAND HEAVEN ADULT FAMILY HOME LLC
2910 96th Pl SE
Everett, WA 98208

RE: GRAND HEAVEN ADULT FAMILY HOME LLC License # 757358

Dear Provider:

This letter addresses Compliance Determination(s) 65580 (Completion Date 09/12/2025) and 64620 (Completion Date 08/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/12/2025 and found that you have corrected the violations listed in the Complaint report dated 08/25/2025. Your home is back in compliance as of 09/05/2025 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 388-76-10025-3

The Department staff who did the off-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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

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Statement of Deficiencies	License #: 757358	Compliance Determination # 64620
Plan of Correction	GRAND HEAVEN ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: Grand Heaven Adult Family Home LLC	08/25/2025

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 08/25/2025 of:

GRAND HEAVEN ADULT FAMILY HOME LLC
2910 96th Pl SE
Everett, WA 98208

This document references the following complaint number(s): 188956

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

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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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.

(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 ensure the Department received the annual license fee when it was due. This failure placed any future residents at risk of living in a home that had not paid their annual licensing fee.

Findings included…

Record review, on 08/25/2025 at 8:00 AM, of the department's electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of $1125.00 due 06/15/2025.

Observation, on 08/25/2025 at 11:38 AM, showed the AFH did not have any current residents living in the home.

In an interview, on 08/25/2025 at 11:45 AM, Staff A (Entity Representative) stated that they did not have any current residents but planned to. Staff A stated that they did not pay the AFH's annual license fee of $1125.00 when it was due on 06/15/2025 because they were "lazy". Staff A stated the AFH's annual license fee of $1125.00 that was due 06/15/2025 was sent to the Department on 08/15/2025.

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Record review, on 08/25/2025 at 11:47 AM, showed the AFH wrote a $1125.00 check for their license fee, dated 08/15/2025.

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, GRAND HEAVEN ADULT FAMILY 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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