STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

GRACE RETIREMENT HOME LLC

GRACE RETIREMENT HOME LLC
PO Box 1590
FERNDALE, WA 982481590

RE: GRACE RETIREMENT HOME LLC License # 1722

Dear Administrator:

This letter addresses Compliance Determination(s) 80350 (Completion Date 07/13/2026) and 77940 (Completion Date 06/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/13/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2480-1, WAC 388-78A-2060, WAC 388-78A-2060-1, WAC 388-78A-2060-2, WAC 388-78A-2060-3, WAC 388-78A-2060-4, WAC 388-78A-2060-5, WAC 388-78A-2060-6, WAC 388-78A-2060-7, WAC 388-78A-2060-8, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 05/26/2026, 05/27/2026 and 06/03/2026 of:

GRACE RETIREMENT HOME LLC
2543 MOUNTAIN VIEW RD
FERNDALE, WA 98248

The following sample was selected for review during the unannounced on-site visit: 4 of 11 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jamie Singer
Residential Care Services

6/10/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

6/18/26
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to initiate screening for tuberculosis (TB) within three days of hire for 2 of 3 sampled staff members (Staff B and D). This placed residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed that the ALF hired Staff B, Caregiver, on 05/23/2026. Staff B's record showed no TB screening.

Review of staff records showed that the ALF hired Staff D, Caregiver, on 05/24/2026. Staff D's record showed a TB screening from 09/19/2024.

In an interview, on 06/03/2026 at 10:33 AM, Staff A, Executive Director, stated that Staff B had completed their TB testing on 06/02/2026 and that Staff D did not have a more current TB screening.

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Plan/Attestation Statement

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 RETIREMENT HOME LLC is or will be in compliance with this law and / or regulation on (Date) 6/5/26.

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

Tsagaye — Administrator (or Representative)

6/18/26 — Date

WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

(1) Medical history;

(2) Necessary and contraindicated medications;

(3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;

(4) Significant known behaviors or symptoms that may cause concern or require special care;

(5) Mental illness diagnosis, except where protected by confidentiality laws;

(6) Level of personal care needs;

(7) Activities and service preferences; and

(8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a preadmission assessment prior to move-in for 2 of 2 newly admitted residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk for not receiving a level of care appropriate for their needs.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2080 Qualified assessor. The assisted living facility must ensure the person responsible for completing a preadmission assessment of a prospective resident: (1) Has a master's degree in social

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services, human services, behavioral sciences or an allied field and two years social service experience working with adults who have functional or cognitive disabilities; or (2) Has a bachelor's degree in social services, human services, behavioral sciences, or an allied field and three years social service experience working with adults who have functional or cognitive disabilities; or (3) Has a valid Washington state license to practice nursing, in accordance with chapters 18.79 RCW and 246-840 WAC; or (4) Is a physician with a valid state license to practice medicine; or (5) Has three years of successful experience acquired prior to September 1, 2004, assessing prospective and current assisted living facility residents in a setting licensed by a state agency for the care of vulnerable adults, such as a nursing home, assisted living facility, or adult family home, or a setting having a contract with a recognized social service agency for the provision of care to vulnerable adults, such as supported living.

Resident 1

Review of an undated face sheet showed the ALF admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses.

Review of Resident 1's records showed no preadmission assessment was available for review.

In an interview, on 06/03/2026 at 3:49 PM, Staff A, Executive Director, stated Resident 1 was a previous resident that had left less than a year ago before they came back the ALF. Staff A stated they did not realize they needed to complete new preadmission assessments for readmitted residents.

Resident 2

Review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2025 with multiple medical diagnoses.

Review of Resident 2's records showed a preadmission assessment completed by Staff A.

In an interview, on 06/03/2026 at 1:19 PM, Staff A stated that they did not meet any of the requirements listed in WAC 388-78A-2080. Staff A stated they had not realized they were not qualified to conduct preadmission assessments.

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

Administrator (or Representative) — Date: 6/18/26

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 2 of 2 residents (Resident 1 and 2) received family assistance with medications. This failure placed Resident 1 and 2 at risk for compromised health conditions if their designated family member was unavailable to assist.

Findings included...

Resident 1

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Review of an undated face sheet showed the ALF admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses.

Review of an Negotiated Service Agreement (NSA), dated 12/08/2025, showed that the ALF was providing Resident 1 with medication assistance.

In an interview, on 05/26/2026 10:50 AM, Staff E, Caregiver, stated that Resident 1's family brings in their prescribed vitamins, allergy medication, and probiotics.

Record review showed there was no written plan that detailed which family members were responsible for obtaining the medication, which medications would be provided, an alternate plan should the family member be unavailable and no signed documents that indicated family or ALF agreement with the plan.

Resident 2

Review of an undated face sheet showed the ALF admitted Resident 2 on [redacted]/2025 with multiple medical diagnoses.

Review of a NSA, dated 11/16/2025, showed that the ALF was providing Resident 2 with medication assistance

In an interview, on 05/26/2026 10:50 AM, Staff E stated that Resident 2's family brings in their prescribed vitamins.

Record review showed there was no written plan that detailed which family members were responsible for obtaining the medication, which medications would be provided, an alternate plan should the family member be unavailable and no signed documents that indicated family or ALF agreement with the plan.

In an interview, on 06/03/2026 at 1:13 PM, Staff A, Executive Director, stated that written family plans had not been completed for Resident 1 and 2.

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Plan/Attestation Statement

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SB confirmed amended POC date with Provider on 7/1/2026.

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

Administrator (or Representative) — Date: 6/18/26

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