STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Grand Park, LLC

Grand Park, LLC
242 St Helens Ave
Tacoma, WA 98402

RE: Grand Park, LLC License # 2603

Dear Administrator:

This letter addresses Compliance Determination(s) 80788 (Completion Date 07/21/2026) and 77887 (Completion Date 06/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2026 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-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2305-2, WAC 388-78A-2466-1-a, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Cory Myers, NCI ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2603	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 1 of 10	Licensee: Grand Park, LLC	06/05/2026

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 and 05/28/2026 of:
Grand Park, LLC
242 St Helens Ave
Tacoma, WA 98402

The following sample was selected for review during the unannounced on-site visit: 16 of 101 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

Statement of Deficiencies	License #: 2603	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 2 of 10	Licensee: Grand Park, LLC	06/05/2026

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.

Laurie Anderson
Residential Care Services

06/09/2026
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.

Dion Clark
Administrator (or Representative)

6/15/26
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff C and Staff D) met all the training requirements for long-term care workers. This failure placed all 101 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff C, Resident Aide, on 12/22/2025 and Staff D, Medication Technician, on 04/13/2026.

CARDIOPULMONARY RESUSITATION (CPR) AND FIRST AID (FA)
Review of the facility personnel files showed no documentation that Staff C and Staff D completed CPR and FA within 30 days of hire, as required.

MENTAL HEALTH SPECIALITY TRAINING
Review of the facility's personnel files showed no documentation that Staff C completed mental health specialty training within 120 days of hire, as required.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, acknowledged

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

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.

Laurie Anderson
Residential Care Services

06/09/2026
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)

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff C and Staff D) met all the training requirements for long-term care workers. This failure placed all 101 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff C, Resident Aide, on 12/22/2025 and Staff D, Medication Technician, on 04/13/2026.

CARDIOPULMONARY RESUSITATION (CPR) AND FIRST AID (FA)
Review of the facility personnel files showed no documentation that Staff C and Staff D completed CPR and FA within 30 days of hire, as required.

MENTAL HEALTH SPECIALITY TRAINING
Review of the facility's personnel files showed no documentation that Staff C completed mental health specialty training within 120 days of hire, as required.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, acknowledged

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

Statement of Deficiencies	License #: 2603	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 3 of 10	Licensee: Grand Park, LLC	06/05/2026

that Staff C and Staff D did not complete their CPR and FA within 30 days of hire.
Staff A acknowledged that there was no documentation that showed that Staff C completed their mental health specialty training, as required.

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/2026

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

Dion Clark
Administrator (or Representative)

6/15/2026
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff C and Staff D) met all the training requirements for long-term care workers. This failure placed all 101 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff C, Resident Aide, on 12/22/2025 and Staff D, Medication Technician, on 04/13/2026.

CARDIOPULMONARY RESUSITATION (CPR) AND FIRST AID (FA)
Review of the facility personnel files showed no documentation that Staff C and Staff D completed CPR and FA within 30 days of hire, as required.

MENTAL HEALTH SPECIALITY TRAINING
Review of the facility's personnel files showed no documentation that Staff C completed mental health specialty training within 120 days of hire, as required.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, acknowledged that Staff C and Staff D did not complete their CPR and FA within 30 days of hire. Staff A acknowledged that there was no documentation that showed that Staff C completed their mental health specialty training, as required.

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

that Staff C and Staff D did not complete their CPR and FA within 30 days of hire.
Staff A acknowledged that there was no documentation that showed that Staff C completed their mental health specialty training, as required.

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, Grand Park, 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.

Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff E) obtained a food worker card while working in food service. This failure placed all 101 residents at risk of foodborne illness from eating food that was served by untrained staff.

Findings included...

Review of facility's personnel files showed the facility hired Staff E, Dining Services worker, on 03/04/2024. The records showed Staff E obtained their food worker card on 05/27/2026, 800 days after it was required.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, reported that Staff E did not obtain their food worker card until 05/27/2026.

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

Statement of Deficiencies	License #: 2603	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 4 of 10	Licensee: Grand Park, LLC	06/05/2026

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/2026.

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

Administrator (or Representative) Date 6/15/2026

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff E) completed a Washington State Name and Date of Birth (WSNDOB) background check (BGC) every two years. This failure placed all 101 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff E, Dining Services employee, on 03/04/2024.

Review of Staff E's records showed that their initial BGC expired on 02/27/2026. Documentation showed the facility completed Staff E's two-year BGC on 03/19/2026, 20 days after the initial BGC expired.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, stated that they were aware Staff E's background check was not completed within the two-year timeframe, as required.

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

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, Grand Park, 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.

Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff E) completed a Washington State Name and Date of Birth (WSNDOB) background check (BGC) every two years. This failure placed all 101 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff E, Dining Services employee, on 03/04/2024.

Review of Staff E's records showed that their initial BGC expired on 02/27/2026. Documentation showed the facility completed Staff E's two-year BGC on 03/19/2026, 20 days after the initial BGC expired.

During an interview on 05/27/2026 at 2:00 PM, Staff A, Administrator, stated that they were aware Staff E's background check was not completed within the two-year timeframe, as required.

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

Statement of Deficiencies	License #: 2803	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 5 of 10	Licensee: Grand Park, LLC	08/05/2026

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/2026.

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

Administrator (or Representative) Lisa Clark Date 6/15/2026

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe medication system to ensure 10 of 16 sampled residents (Resident 3, Resident 7, Resident 8, Resident 12, Resident 13, Resident 14, and Resident 16) received medications as prescribed. This failure placed these residents at risk of harm and a potential decline in their health.

Findings included...

RESIDENT 3
Review of the facility's undated document titled, "Service Plan," showed that Resident 3, required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order," dated 04/15/2026, showed Resident 3 was prescribed Cholecalciferol (vitamin supplement), 25 microgram (mcg) oral tablet one time a day.

Review of the facility document titled, "Order," dated 04/16/2026, showed Resident 3 was prescribed 5% Lidocaine Patch (used for pain), one time per day; Multiple Vitamin (Vitamin supplement) one time per day; Zetia (medication for cholesterol) 10 milligrams (mg) oral tablet one time per day; and Hydrocortisone External Cream (used to treat itching) two times per day

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

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, Grand Park, 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.

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe medication system to ensure 10 of 16 sampled residents (Resident 3, Resident 7, Resident 8, Resident 12, Resident 13, Resident 14, and Resident 16) received medications as prescribed. This failure placed these residents at risk of harm and a potential decline in their health.

Findings included...

RESIDENT 3
Review of the facility's undated document titled, "Service Plan," showed that Resident 3, required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order," dated 04/15/2026, showed Resident 3 was prescribed Cholecalciferol (vitamin supplement), 25 microgram (mcg) oral tablet one time a day.

Review of the facility document titled, "Order," dated 04/16/2026, showed Resident 3 was prescribed 5% Lidocaine Patch (used for pain), one time per day; Multiple Vitamin (Vitamin supplement) one time per day; Zetia (medication for cholesterol) 10 milligrams (mg) oral tablet one time per day; and Hydrocortisone External Cream (used to treat itching) two times per day.

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

Review of the facility document titled, "Order," dated 04/17/2026, showed Resident 3 was prescribed Cyanocobalamin (vitamin supplement), 1000 mcg oral tablet one time per day.

Review of Resident 3's April 2026 Medication Administration Record (MAR) showed no documentation that Resident 3 received their Cholecalciferol on 04/16/2026, 04/20/2026 and 04/21/2026 for a total of three missed doses. The MAR showed no documentation that Resident 3 received their Lidocaine patch on 04/17/2026, 04/18/2026, 04/19/2026, and 04/20/2026 for a total of four missed doses. The MAR showed no documentation that Resident 3 received their Multiple Vitamin on 04/16/2026, 04/17/2026 and 04/19/2026, a total of 3 missed doses. The MAR showed no documentation that Resident 3 received their Cyanocobalamin on 04/20/2026, 04/21/2026, and 04/23/2026 for a total of three missed doses. The MAR showed no documentation that Resident 3 received their Zetia on 04/18/2026 and 04/19/2026 for a total of two missed doses. The MAR showed no documentation that Resident 3 received their Hydrocortisone External Cream on 04/29/2026 for a total of one missed dose.

During an interview on 05/27/2026 at 1:00 PM, Resident 3 reported that they were not getting their medications correctly.

RESIDENT 4
Review of the facility's undated document titled, "Service Plan," showed that Resident 4 required assistance with medication administration, and ordering medications.

Review of the facility 's document titled, "Order," dated 02/26/2026, showed Resident 4 was prescribed Aspirin Low Dose (medication used as a preventative), 81 mg oral tablet, one time per day.

Review of Resident 4's March 2026 MAR showed no documentation that Resident 4 received their Aspirin Low Dose oral tablet on 03/05/2026 for a total of one missed dose.

RESIDENT 6
Review of the facility's undated document titled, "Service Plan," showed that Resident 6, required assistance with medication administration, and ordering medications,

Review of the facility's document titled, "Order," dated 02/22/2022, showed Resident 6 was prescribed Metformin HCl (medication used to lower blood sugar levels), 1000 mg tablet by mouth, two times per day.

Review of the facility's document titled "Order", dated 04/16/2026, showed Resident 6 was prescribed Lantus SoloStar Subcutaneous Solution (medication used to treat diabetes), one time per day.

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

Review of Resident 6's April 2026 MAR showed no documentation that Resident 6 received their Metformin on 04/18/2026 for a total of one missed dose.

Review of Resident 6's March 2026 and April 2026 MAR showed Resident 6 did not receive their Lantus SoloStar Solution Pen injection on 03/18/2026 and 04/01/2026 for a total of two missed doses.

RESIDENT 7
Review of the facility's undated document titled, "Service Plan," showed that Resident 6 required assistance with medication administration, and ordering medications.

Review of the facility's undated document titled, "Clinical Services," showed Resident 7's Primary Care Physician (PCP) signed orders, dated 04/20/2026, for Resident 7 to receive hydrocortisone 2.5 %, one time a day for two weeks, for a rash.

Review of Resident 7's April 2026 MAR showed no documentation that Resident 7 received their Hydrocortisone External Cream on 04/28/2026 and 04/30/2026 for a total of two missed doses.

RESIDENT 8
Review of the facility's undated document titled, "Service Plan," showed that Resident 8 required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order," dated 12/25/2025, showed Resident 8 was prescribed Semaglutide (medication used to treat diabetes), one mg, one time per week on Thursday.

Review of Resident 8's May 2026 MAR showed no documentation that Resident 8 received their Semaglutide injection on 05/07/2026 for a total of one missed dose.

RESIDENT 11
Review of the facility's undated document titled, "Service Plan," showed that Resident 11 required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order", dated 12/28/2023, showed Resident 11 was prescribed Metformin HCl (medication used to lower blood sugar levels), one 500 mg tablet by mouth two times per day.

Review of the facility's document titled, "Order," dated 05/01/2026, showed Resident 11 was prescribed Pregabalin Oral Capsule (medication used to treat pain), one 25 mg capsule three times daily for three days.

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

Review of the facility's document titled, "Order," dated 05/04/2026, showed Resident 11 was prescribed Pregabalin, two 25 mg capsules (for 50 mg total), three times per day.

Review of Resident 11's March 2026 MAR showed no documentation that Resident 11 received their Metformin on 03/10/2026 for a total of one missed dose.

Review of Resident 11's May 2026 MAR showed no documentation that Resident 11 received any of their 25 mg doses of Pregabalin on 05/01/2026 and on 05/02/2026 only received the dose twice that day, for a total of four missed doses.

Review of Resident 11's May 2026 MAR showed there was only documentation on 05/08/2026 that Resident 11 received their dose of 50 mg of Pregabalin one time that day, for a total of two missed doses.

During an interview on 05/27/2026 at 1:00 PM, Resident 11 reported that they have missed their medications at times.

RESIDENT 12
Review of the facility's undated document titled, "Service Plan," showed that Resident 12 required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order," dated 02/26/2026, showed Resident 12 was prescribed Testosterone Cypionate Solution (medication used to treat low testosterone levels), 100 mg Intramuscular (IM) injection, one time every 28 days.

Review of Resident 12's March 2026, April 2026, and May 2026 MAR's showed no documentation that Resident 12 received their Testosterone Cypionate injection on 03/26/2025, 04/23/2026, and 05/21/2026 for a total of three missed doses.

RESIDENT 13
Review of the facility's undated document titled, "Service Plan," showed that Resident 13 required assistance with medication administration, and ordering medications.

Review of the facility's document titled, "Order Review", dated 11/17/2025, showed Resident 13 was prescribed Mirtazapine oral tablet, 7.5 mg by mouth at bedtime for appetite stimulate. The order showed Resident 13 was prescribed Atorvastatin Calcium oral tablet, 20 mg by mouth at bedtime for cholesterol.

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

Review of Resident 13's May 2026 MAR showed no documentation that Resident 13 received their Mirtazapine on 05/01/2026, 05/04/2026, and 05/09/2026 for a total of three missed doses. The MAR showed no documentation that Resident 13 received their Atorvastatin Calcium on 05/01/2026, 05/04/2026, and 05/09/2026 for a total of three missed doses.

During an interview on 05/27/2026 at 1:00 PM, Resident 13 reported that the staff did not give them their medications as prescribed.

RESIDENT 14
Review of the facility's undated document titled, "Order Summary Report," showed Resident 14's PCP signed orders, dated 07/01/2025, for: Acetaminophen oral tablet, 650 mg by mouth three times a day for pain, and Metformin HCl oral tablet, 500 mg by mouth three times a day for diabetes.

Review of the facility's undated document titled, "Service Plan," showed that Resident 14, required assistance with medication administration, and ordering medications.

Review of Resident 14's April 2026 MAR showed no documentation that Resident 14 received their Acetaminophen on 04/15/2026 for a total of one missed dose.

During an interview on 05/27/2026 at 1:00 PM, Resident 14 reported that they have missed medications at times.

RESIDENT 17
Review of the facility's undated document titled, "Transfer/Discharge Report," showed Resident 17's PCP signed orders, dated 02/26/2025, for: Lisinopril oral tablet 10 mg by mouth in the morning for high blood pressure, and Acetaminophen Extra Strength oral tablet, 500 mg by mouth three times a day for chronic neck pain.

Review of the facility's document titled, "Service Plan," showed that Resident 17 required assistance with medication administration, and ordering medications.

Review of Resident 17's May 2026 MAR showed no documentation that Resident 17 received their lisinopril on 05/02/2026 and 05/17/2026 for a total of two missed doses. The MAR showed no documentation that Resident 17 received their Acetaminophen Extra Strength on 05/02/2026 for a total of one missed dose.

During an interview on 05/27/2026 at 1:00 PM, Resident 17 reported that there were times that they did not get their medications as prescribed.

During an interview on 05/28/2026 at 11:31 AM, Staff B, Director of Resident Services,

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

Statement of Deficiencies	License #: 2603	Compliance Determination # 77887
Plan of Correction	Grand Park, LLC	Completion Date
Page 10 of 10	Licensee: Grand Park, LLC	06/05/2026

acknowledged that there was no documentation that residents' medications were given as prescribed.

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date) 7/15/2026

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

Administrator (or Representative) Dion Clark Date 6/25/2026

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

acknowledged that there was no documentation that residents' medications were given as prescribed.

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, Grand Park, 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.

Administrator (or Representative) Date

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
PO Box 99250, Lakewood, WA 98496

06/23/2026

Grand Park, LLC
Grand Park, LLC
242 St Helens Ave
Tacoma, WA 98402

RE: Grand Park, LLC # 2603

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/05/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

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

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/05/2026), no later than 07/20/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

The facility failed to ensure there were screens on all operable windows. This deficiency was corrected prior to completion of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (253)442-3013.

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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