



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Grace Garden LLC  
Grace Garden LLC  
9029 Carol Ave S  
Lakewood, WA 98499

RE: Grace Garden LLC License # 752395

Dear Provider:

This letter addresses Compliance Determination(s) 71655 (Completion Date 01/20/2026) and 71093 (Completion Date 01/09/2026).

The Department completed a follow-up inspection of your Adult Family Home on 01/20/2026 and found that you have corrected the violations listed in the Full report dated 01/09/2026. Your home is back in compliance as of 01/16/2026 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 388-76-10165-1, WAC 388-76-10165-1-a

The Department staff who did the off-site verification:  
Lindsay Trent, Adult Family Home Licensors

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager  
Region 3, Unit A  
Residential Care Services

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



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Statement of Deficiencies	License #: 752395	Compliance Determination # 71093
Plan of Correction	Grace Garden LLC	Completion Date
Page 1 of 3	Licensee: Grace Garden LLC	01/09/2026

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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 01/07/2026 of:

Grace Garden LLC  
9029 Carol Ave S  
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit A  
PO Box 99250  
Lakewood, WA 98496

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.



01/13/2026

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)

1/13/26  
Date

**WAC 388-76-10165 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 adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

**This requirement was not met as evidenced by:**

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure a new background authorization form was submitted to the Department's Background Check Central Unit every two years for 1 of 2 former caregivers (Caregiver C). This failure resulted in residents receiving care from a caregiver who did not have a valid Washington State Name and Date of Birth Background Check.

**Findings included...**

On 01/07/2026, review of the AFH's Personnel Records showed Caregiver C's Washington State Name and Date of Birth Background Check was completed on 05/15/2023, and expired on 05/15/2025.

During an interview on 01/07/2026 at 2:30PM, the AFH's Administrative Manager stated that Caregiver C's last date of employment was 08/11/2025.

There was no documentation showing a new Washington State Name and Date of Birth


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

Background Check was completed every two years for Caregiver C.

On 01/08/2026 at 5:06PM, the Department received an email from the AFH's Administrative Manager which stated that they were not able to locate a more recent background check for Caregiver C.

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 Garden LLC is or will be in compliance with this law and / or regulation on (Date) 1/16/26.

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

  
\_\_\_\_\_  
Provider (or Representative)

1/16/26  
\_\_\_\_\_  
Date



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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**PO Box 99250, Lakewood, WA 98496**

Grace Garden LLC  
Grace Garden LLC  
9029 Carol Ave S  
Lakewood, WA 98499

RE: Grace Garden LLC # 752395

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/09/2026 and found that your home does not meet the Adult Family Home Licensing 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 the home 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:

Rathana Duong, AFH Field Manager  
Residential Care Services  
Region 3, Unit A  
Preferred methods:

eFax: (253) 589-7240

Email: rcsregion3email@dshs.wa.gov

Optional method:

PO Box 99250

Lakewood, WA 98496

- Complete correction(s) within 45 days, 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(b) Cardiopulmonary resuscitation;

(c) First aid; and

Review of the Adult Family Homes Personnel records showed the Provider's current Cardiopulmonary Resuscitation (CPR) and First Aid training documents were not readily accessible to authorized department staff. The Administrative Manager located and sent documentation to the Department showing the Provider's current CPR/First Aid training, prior to completion of the inspection to correct the deficiency.

**WAC 388-76-10475 Medication Log. The adult family home must:**

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

Review of Resident 5's records showed an order dated 10/30/2025, for wound care with dressing changes 3 times per week which included application of Aquacell AG (a topical medicated film used to kill bacteria). The wound care orders were not included in Resident 5's Electronic Medication Administration Records (E-MAR) 10/30/2025 through 01/06/2026. Interviews with Resident 5, Caregiver A and the Administrative Manager showed the wound care had been completed as ordered. The Administrative Manager immediately updated Resident 5's E-MAR to include the wound care orders to correct the deficiency 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:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (253)208-3090.

Sincerely,



Rathana Duong, AFH Field Manager  
Region 3, Unit A  
Residential Care Services

Enclosure

**Plan  
(Plan of Correction)**

**You Must:**

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Rathana Duong, AFH Field Manager  
Residential Care Services  
Region 3, Unit A

Preferred methods:

eFax: (253) 589-7240

Email: [rcsregion3email@dshs.wa.gov](mailto:rcsregion3email@dshs.wa.gov)

Optional method:

PO Box 99250

Lakewood, WA 98496

### INFORMAL DISPUTE RESOLUTION [RCW 70.128]

#### **You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: <https://www.dshs.wa.gov/altsa/idr>

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#### **Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: [RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov); or

Fax: (360) 725-3225