STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

01/05/2026

Grace Lodge LLC
Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

RE: Grace Lodge LLC # 754176

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70954 (Completion Date 01/05/2026) and 68754 (Completion Date 11/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/05/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

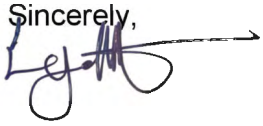
(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

The Department staff who did the Off Site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,



Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754176	Compliance Determination # 68754
Plan of Correction	Grace Lodge LLC	Completion Date
Page 1 of 3	Licensee: Grace Lodge LLC	11/14/2025

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 follow-up on 11/14/2025 of:

Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

This document references the following SOD dated: 11/14/2025

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 754176	Compliance Determination # 68754
Plan of Correction	Grace Lodge LLC	Completion Date
Page 2 of 3	Licensee: Grace Lodge LLC	11/14/2025

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 — 11-24-2025 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.
DOH "WHERE UPLOADED TO THE SAME FILE AND NOT SEPARATE" SO WE MISSED THE D.L." a MESSAGE FROM DOH STAFF.

Provider (or Representative) — 12/15/25 Date

I HAVE DONE MY DUE DILIGENCE. DOH DROPPED THE BALL!!.

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) 1 of 1 provider failed to designate a person to manage only one AFH at a given time. This failure placed all 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of being in an AFH without adequate management of the overall delivery of care.

Findings included...

Review of the Department records showed Staff A, Entity Representative, as the Representative for two AFHs, Grace Alzheimer Senior Care and Grace Lodge LLC. Department records showed no Resident Manager for Grace Alzheimer Senior Care and showed Staff B, Resident Manager, listed as the Resident Manager for Grace Lodge LLC.

Review of Department records showed Staff B, had Nursing Assistant Registration credential that expired 03/14/2024.

Statement of Deficiencies	License #: 754176	Compliance Determination # 68754
Plan of Correction	Grace Lodge LLC	Completion Date
Page 3 of 3	Licensee: Grace Lodge LLC	11/14/2025

During an interview on 11/14/2025 at 1:00 PM, Staff A stated that they were the Resident Manager for both AFHs. Staff A stated that they were waiting for the Department of Health to process the reinstatement of Staff B's credentials. Staff A stated that they paid the application reinstatement fees to Department of Health on 07/21/2025 for Staff B credentials to be reinstated. Staff A stated that they didn't want to make another caregiver the Resident Manager for Grace Alzheimer Senior Care because no other caregiver with active credentials had taken the AFH Administrator Class.

In an email on 11/17/2025 at 12:57 PM, the Department of Health stated that they sent an email to Staff B on 09/15/2025 regarding a second form of ID for name verification, and that they have not received the requested information.

This is an uncorrected deficiency previously cited on 07/03/2025 and 09/30/2025.

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, Grace Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/25 .

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

Provider (or Representative) Date 12/15/25

I HAVE ALREADY PAID ONCE ON PREVIOUS SOA FOR DOH MISTAKE. THIS IS ANOTHER PAYMENT NOTICE FOR AN ADDITIONAL FEE. IT WAS NOT MY MISTAKE/FAULT. PLEASE LOOK INTO REVERSING THE FEE TO NO PAYMENT!

CHECK ENCLOSED

DSHS/ALTSA
Residential Care Services

OCT 28 2025

Received

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754176	Compliance Determination #66112
Plan of Correction	Grace Lodge LLC	Completion Date
Page 1 of 5	Licensee: Grace Lodge LLC	09/30/2025

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 follow-up on 08/28/2025 and 09/22/2025 of:
Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

This document references the following SOD dated: 09/30/2025

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 10/03/2025 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) — 10/6/25 Date

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to designate a person to manage only one AFH at a given time. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of being in an AFH without adequate management of the overall delivery of care.

Findings included...

Review of the Department records showed Staff A, Entity Representative, as the Representative for two AFHs, Grace Alzheimer Senior Care and Grace Lodge LLC. Department records showed no Resident Manager for Grace Alzheimer Senior Care and showed Staff B, Resident Manager listed as the Resident Manager for Grace Lodge LLC.

Review of Department records showed Staff B, had Nursing Assistant Registration credential that expired 03/14/2024.

During an interview on 09/22/2025 at 3:15 PM, Staff A stated that they were the Entity Representative/Resident Manager for Grace Lodge LLC until Staff B's credentials are reinstated. Staff A stated that the Department of Health planned to address Staff B's credential by the end of September 2025. Staff A stated that they mailed the AFH Information Change Form to the Department to add a resident manager for Grace Alzheimer Senior Care. Staff A, however, didn't have a copy of AFH Information Change Form, didn't know the date that they mailed the AFH Information Change Form, and had no tracking or receipt that the AFH Information Change Form was mailed.

On 09/30/2025, an email received from the department's Business Operations and Analysis Unit showed the AFH had not sent in an information change request.

This is an uncorrected deficiency previously cited on 07/03/2025.

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, Grace Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 10-15-25 .

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

Provider (or Representative) — Date: 10-15-25

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure assessments were completed for 2 of 6 residents (Residents 5 and 6) before a

medical device with a known safety risks were used for them. This failure placed Residents 5 and 6 at risk for injury from improper use of this medical device.

Findings included...

Resident 5
Observation on 09/22/2025 at 2:15 PM with Staff D, Caregiver, showed Resident 5 in bed with upper half [redacted] elevated.

Review of Resident 5's record showed no assessment had been completed that identified Resident 5's need for and ability to use the medical device with a known safety risk. Resident 5's records showed a prescription dated 09/12/2025 from an advanced nurse practitioner that stated, "ok to use [redacted] for bed mobility." The document did not show that an assessment was completed by the nurse practitioner.

During an interview on 08/28/2025 at 12:56 PM, Staff A, Entity Representative, stated their nurse delegator completed the assessment for [redacted] on 08/07/2025 but hadn't sent a copy of the assessment.

During an interview on 09/22/2025 at 3:15 PM, Staff A stated the prescription was the only assessment they had for Resident 5 to use the [redacted]

Resident 6
Observation on 09/22/2025 at 2:16 PM with Staff D, Caregiver, showed Resident 6 had upper half [redacted] elevated on their bed.

Review of Resident 6's record showed no assessment had been completed that identified Resident 6's need for and ability to use the medical devices with a known safety risk. Resident 6's records showed a prescription dated 09/12/2025 from an advanced nurse practitioner that stated, "ok to use [redacted] for bed mobility." The document did not show that an assessment was completed by the nurse practitioner,

During an interview on 08/28/2025 at 12:56 PM, Staff A stated their nurse delegator completed the assessment for [redacted] on 08/07/2025 but hadn't sent them a copy of the assessment.

During an interview on 09/22/2025 at 3:15 PM, Staff A, stated the prescription was the only assessment they had for Resident 6 to use the [redacted]

This is an uncorrected deficiency previously cited on 07/03/2025 for subsection (2a).

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 10.16.26 .

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

Provider (or Representative) _____ Date 10.16.26

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 06/18/2025 of:
Grace Lodge LLC
2736 161st Ave SE
Bellevue, WA 98008

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Scott Bower
Residential Care Services

09/05/2025
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)

9/11/25
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year.

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on record review and interviews, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff A, Entity Representative) completed 12 hours of continuing education (CE) by their birthday each year. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of having a caregiver who was not fully qualified.

Findings included...

Review of the Department's record showed that Staff A, Entity Representative, was first issued their Nursing Assistant Registration on 11/12/2003 with an expiration date of 05/24/2026.

Review of the Department's record showed that Staff A became the Entity Representative for the AFH beginning 05/24/2019.

Record review of AFH personnel records revealed that Staff A's birthday was May 24th.

Review did not show 12 hours of CE credits had been completed between 05/25/2024 and 05/24/2025.

During an interview on 06/18/2025 at 2:19 PM, Staff A stated that they attended the AFH Council every year but had no record from them showing their attendance.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 8/17/25.

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

Provider (or Representative) — Date 9/11/25

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to designate a person to manage only one AFH at a given time. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of being in an AFH without adequate management of the overall delivery of care.

Findings included...

Review of the Department records showed Staff A, Entity Representative, as the Representative for two AFHs, Grace Alzheimer Senior Care and Grace Lodge LLC. Department records showed no Resident Manager for Grace Alzheimer Senior Care and showed Staff B as the Resident Manager for Grace Lodge LLC.

Review of Department records showed Staff B, Resident Manager, had Nursing Assistant Registration credential that expired 03/14/2024.

During an interview on 06/18/2025 at 10:05 AM, Staff A stated that Staff B was no longer the Resident Manager for this AFH, because Staff B hadn't worked in a while. Staff A stated that they were the Resident Manager for this AFH.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 9/17/25.

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

Provider (or Representative) — Date: 9/11/25

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record view and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) had a current Personal Belongings Inventory List in their resident record, signed by the resident and the AFH. This failure placed Residents 1 and Resident 2 at risk for lost, stolen or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022.

Record review showed that Resident 1 had a Personal Belongings Inventory List dated [redacted]/2022. The Personal Belongings Inventory List was not signed by the AFH and

Resident 1.

Record review showed the AFH admitted Resident 2 on [redacted] 2022.

Record review showed that Residents 2 had a Personal Belongings Inventory List signed and dated by the Provider/Resident Manager on [redacted]/2022, but no signature from Resident 2 or their representative.

During an interview on 06/18/2025 at 1:50 PM, Staff A, Entity Representative, stated that they don't remember why the Personal Belongings Inventory Lists for Residents 1 and Resident 2 weren't signed.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 9/17/25 .

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

Provider (or Representative) — Date 9/10/25

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 observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 1) in their negotiated care plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included...

Review showed the AFH admitted Resident 1 on [redacted]/2022, with multiple disabling diagnoses including: [redacted]

[redacted].

A joint observation with Staff A, Entity Representative, on 06/18/2025 at 4:15 PM, showed Resident 1's medication bin contained Trazodone (medication for mood disorders), 100 milligrams (mg), two tablets by mouth at bedtime.

Review of Resident 1's NCP, dated 05/18/2025, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 1's mood for which the mood disorder medication was prescribed. On page 4 on the NCP dated 05/18/2025 for "Requires psychopharmacological medications" the box for "No" was checked and the box for "Yes" was blank.

During an interview on 06/18/2025 at 4:12 PM, Staff A stated that they need to update 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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 8/17/25 .

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

Provider (or Representative) — Date: 9/11/25

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage:

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 1 of 2 sampled residents (Resident 2). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for accidental ingestion or improper use of medication.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022. Resident 2's

Negotiated Care Plan (NCP) dated 05/16/2025 showed that the caregiver had to bring the medications to the resident, and to keep all medications in meds locked cabinet.

A joint observation with Staff A, Entity Representative, on 06/18/2025 at 4:20 PM, in Resident 2's bedroom, showed a bottle of Melatonin (medication used for sleep) tablets on top of the nightstand, next to the bed, not in locked storage.

In an interview on 06/18/2025 at 4:20 PM, Staff A stated that it was Resident 2's preference to keep the Melatonin in their bedroom.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 8/17/25 .

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

Provider (or Representative) _____ Date 8/11/25

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Medicaid Policy was signed and dated for 2 of 2 sampled residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk of not being aware of the AFH's policy and process for residents who become eligible for Medicaid after admission.

Findings included...

Review of the AFH records showed the AFH admitted Resident 1, on [redacted]/2022, and was their own representative. Resident 1's record showed no Medicaid Policy.

Review of the AFH records showed the AFH admitted Resident 2, on [redacted]/2022, and was their own representative. Resident 2's record showed no Medicaid Policy.

During an interview, on 06/18/2025 at 1:50 PM, Staff A, Entity Representative, stated

they don't have it.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 8/17/25 .

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

Provider (or Representative) — Date 9/11/25

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device: and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 4 of 6 residents (Resident 1, 3, 5 and 6) to ensure an assessment was completed, and the installation instructions for the [redacted] were available before a medical device with a known safety risk was used. This failure placed Resident 1, 3, 4 and 5 at risk for injury from improper use of the medical device.

Findings included...

Resident 1
A joint observation on 06/18/2025 at 9:15 AM with Staff D, Caregiver, showed Resident 1 in bed with upper half [redacted] elevated on right side of their bed, and a [redacted] next to the left side of their bed.

Review of Resident 1's record showed no assessment had been completed that identified Resident 1's need for and ability to use the medical devices with a known safety risk, Resident 1's records showed no installation instructions to ensure the [redacted] and [redacted] were properly installed.

Review of Resident 1's Negotiated Care Plan (NCP) dated 05/18/2025 showed no information about how Resident 1 would use the [redacted].

In an interview on 06/18/2025 at 12:10 PM, Staff A, Entity Representative, stated that Resident 1 has had the [redacted] since they moved in the AFH. Staff A stated that Resident 1 no longer uses the [redacted] for transfers, but they have been using the [redacted] for bed mobility since 2024.

Resident 3
A joint observation on 06/18/2025 at 10:10 AM with Staff A, Caregiver, showed Resident 3 had upper half [redacted] elevated on their bed.

Review of Resident 3's record showed no assessment had been completed that identified Resident 3's need for and ability to use the medical devices with a known safety risk. No information about the safety risks and benefits regarding [redacted] along with a signed consent by the resident representative could not be located in Resident 3's records. Resident 3's records showed no installation instructions to ensure the [redacted] were properly installed.

Review of Resident 3's Negotiated Care Plan (NCP) dated 03/01/2025 showed no information about how Resident 1 would use the [redacted]

Resident 5
A joint observation on 06/18/2025 at 9:20 AM with Staff D, Caregiver, showed Resident 5 in bed with upper half [redacted] elevated.

Review of Resident 5's record showed no assessment had been completed that identified Resident 5's need for and ability to use the medical device with a known safety risk, Resident 5's records showed no installation instructions to ensure the [redacted] was properly installed.

During an interview on 06/18/2025 at 5:50 PM, Staff A stated that they just check the [redacted] to see if it is loose, and if the [redacted] is loose, we tighten it.

Resident 6
A joint observation on 06/18/2025 at 10:20 AM with Staff A, Entity Representative, showed Resident 6 had upper half [redacted] elevated on their bed.

Review of Resident 6's record showed no assessment had been completed that identified Resident 6's need for and ability to use the medical devices with a known safety risk. No information about the safety risks and benefits regarding [redacted] along with a signed consent by the resident representative could not be located in Resident 6's records. Resident 6's records showed no installation instructions to ensure the [redacted] was properly installed.

Review of Resident 6's Negotiated Care Plan (NCP) updated 10/01/2024 showed no information about how Resident 6 would use the [redacted]

During an interview on 06/18/2025 at 5:53 PM, Staff A stated that Resident 6's family brought in the [redacted] for Resident 6 to use.

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 Lodge LLC is or will be in compliance with this law and / or regulation on (Date) 8/17/25.

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

Provider (or Representative) _____ Date 9/11/25