STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Bountiful Grace AFH LLC

Bountiful Grace AFH LLC
6419 88th St NE Apt A
Marysville, WA 98270

RE: Bountiful Grace AFH LLC License # 754935

Dear Provider:

This letter addresses Compliance Determination(s) 78006 (Completion Date 05/26/2026) and 75372 (Completion Date 04/07/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Follow up report dated 04/07/2026. Your home is back in compliance as of 05/18/2026 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Kimberly Rush, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque on behalf of Nicholette Flynn

Renee Bourque, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 754935	Compliance Determination # 75372
Plan of Correction	Bountiful Grace AFH LLC	Completion Date
Page 1 of 5	Licensee: Bountiful Grace AFH LLC	04/07/2026

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 04/03/2026 and 04/06/2026 of:
Bountiful Grace AFH LLC
6419 88th St NE Unit A
Marysville, WA 98270

This document references the following SOD dated: 04/07/2026

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Victoria Flynn
Residential Care Services

04/16/2026
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) [signature] Date 05/18/2026

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 5 (Resident 2 and 5) received their medications as required and their medication logs (ML) were up to date with all the necessary information. These failures placed both residents at risk for medication errors and health complications.

Findings included...

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2025 with multiple medical diagnoses. Resident 2's assessment, dated 06/06/2025, showed Resident 2 required caregiver assistance with medications.

Record review of Resident 2's April 2026 ML showed no caregiver initials that Resident

2's 8PM dose of Atorvastatin (a medication that helps lower cholesterol) 80 milligrams (mg) had been given on 04/05/2026.

During an interview on 04/06/2026 at 1:16 PM, Staff D (Caregiver) stated that they gave Resident 2 their 8 PM dose of Atorvastatin on 04/05/2026 and forgot to initial the ML.

During an interview on 04/07/2026 at 11:00 AM, Staff A (Entity Representative) stated that they had been unaware that Resident 2's 8PM dose of Atorvastatin had not been initialed as given on 04/05/2026. Staff A stated that Resident 2's Atorvastatin had been given and Staff D forgot to initial the ML.

Diltiazem
Record review of Resident 2's March 2026 ML showed an order dated 07/20/2025 for Diltiazem (a medication used to treat high blood pressure, chest pain and irregular heartbeats) 30 mg tablet take one tablet by mouth every twelve hours. Review showed handwritten documentation "hold for SBP (systolic blood pressure, top number) > (greater than) 100" and "DC" (discontinued) "hold 3/23/2026".

Review showed documentation that Resident 2's Diltiazem 30 MG tablets were held for the following doses prior to 3/23/2026:

- 8PM on 03/21/2026
- 8 AM and 8 PM on 03/22/2026
- 8 AM on 03/23/2026

During an interview on 04/07/2026 at 11:00 AM, Staff A stated that Resident 2 had been to the hospital and was told to hold Resident 2's Diltiazem if their SBP was less than 100 prior to receiving the hold orders on 03/23/2026. Staff A stated that they would send the Department the physician hold orders (that were written prior to 03/23/2026) by 3 PM on 04/07/2026. Staff A stated that they transcribed the less than symbol incorrectly and acknowledged that Resident 2's ML showed a greater than symbol.

Record review of Resident 2's after-visit summary, dated 03/17/2026, showed Resident 2 had additional instructions change order for their Diltiazem. Review showed additional instructions to take one tablet by mouth two times daily. Hold if systolic blood pressure below 100.

Record review of Resident 2's March 2026 ML did not show the date of Resident 2's Diltiazem additional instructions order change.

During an interview on 04/07/2026 at 2:50 PM, Staff A stated that they did not document the date that Resident 2's Diltiazem parameters were written because the medication order was the same.

<Resident 5>
Record review showed the AFH admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses. Resident 5's assessment, dated 07/07/2025, showed Resident 5 required caregiver administration with medications.

Record review showed the AFH received discontinue orders on 03/30/2026 at 11:14 AM for Resident 5's Multiple Vitamins tablet (a dietary supplement that contains vitamins and minerals) and Omega-3 fatty acids-fish oil (a supplement that provides essential nutrients that support heart, brain and joint health) 300 mg-1,000 mg capsule.

Record review of Resident 5's March 2026 ML showed that their multivitamin tablet and omega-3 fish oil had been initialed as given at 8 AM on 03/31/2026. Review showed no documentation of the date the medications had been discontinued.

Record review of Resident 5's April 2026 ML showed that their multivitamin tablet had been initialed as given at 8 AM on 04/01/2026. Review showed no documentation of the date Resident 5's multivitamin had been discontinued.

Record review of Resident 5's March 2026 ML showed the following orders:

- Vitamin D3 (a vitamin used to supplement body nutrients) international unit (IU) 1,000 soft gels take two capsules (2,000 IU) by mouth every morning
- Vitamin D3 IU 1,000 soft gels take additional one capsule by mouth on Monday/Wednesday/Friday morning to make 3,000 units

Review showed caregiver initials that Resident 5 had been given an additional Vitamin D3 1,000 IU capsule every day of the week in March and not just on Monday, Wednesday and Fridays.

Record review showed the AFH received an order on 03/30/2026 at 11:14 AM to change Resident 5's Vitamin D3 25 micrograms (mcg) 1,000 unit capsule to once a day and discontinue all prior directives.

Record review of Resident 5's March 2026 ML showed no documentation that Resident 5's prior Vitamin D3 orders had been discontinued. Review showed no documentation of Resident 5's new Vitamin D3 order. Review showed caregiver initials as having given Resident 5 a total of three Vitamin D3 1,000 unit capsules at 8 AM on 03/31/2026.

During an interview on 04/06/2026 at 1:17 PM, Staff B (Resident Manager) indicated that they had been unaware that Resident 5's ML discontinued medications had been initialed as given. Staff B stated that they would need to talk with Staff C (Caregiver) as to why they'd initialed as having given Resident 5 their discontinued medications.

During an interview on 04/07/2026 at 11:00 AM, Staff A stated that Resident 5's multivitamin, omega-3 fish oil and prior doses and directives of Vitamin D3 had not been given after 03/30/2026. Staff A stated that their caregivers were supposed to circle their initials that the medications were not given and document this on the back of the ML. Staff A stated that they were aware that Resident 5's discontinued medications had been initialed as given without further documentation. Staff A indicated that it was an error that Resident 5's ML did not show the dates that medications were discontinued and changed. Staff A stated that they missed updating Resident 5's March 2026 ML to show their new Vitamin D3 order. Staff A stated that Resident 5's additional capsule of Vitamin D3 had not been given all days of the week in March, and their caregivers should have circled their initials to indicate this.

This is an uncorrected deficiency previously cited on 03/06/2026 for subsections (1),(2-c) only.

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, Bountiful Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/18/2026.

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

Provider (or Representative) — Date: 05/18/2026

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 02/26/2026 of:

Bountiful Grace AFH LLC
6419 88th St NE Unit A
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

3/10/2026
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)

3/20/2026
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure that 3 of 3 sampled residents' (Resident 1, 2 & 5) received medications as required. Additionally, the AFH failed to ensure that medication logs (ML's) were up to date with initials, and contained all necessary information for Residents 1 and 2. These failures placed Residents 1, 2 and 5 at risk for medication errors and health complications.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses. Resident 1's assessment, dated 02/16/2026, showed Resident 1 required caregiver assistance with medications.

Record review of Resident 1's February 2026 ML showed an order for Lisinopril (a high

blood pressure medication) 5 milligrams (MG) tablet take one tablet by mouth every morning (hold for systolic (SBP, top number) less than 110). Review showed caregiver initials as having given Resident 1 their 8 AM dose of Lisinopril on 02/05/2026. Review showed that on 02/05/2026 Resident 1's SBP was documented as 104.

Record review of Resident 1's February 2026 ML, on 02/26/2026 at 10:26 AM, showed an order dated 10/22/2025 for Quetiapine Fumarate (a medication used to treat certain mental disorders) 25 MG tablets take one tablet by mouth twice daily *discontinue prior doses and directives. Review showed Resident 1's Quetiapine Fumarate doses were to be given at 8 AM and 1 PM. Review showed Resident 1's 1 PM dose of Quetiapine Fumarate 25 MG had been initialed as given on 02/26/2026.

Observation of Resident 1's medications on 02/26/2026 at 10:26 AM, showed Resident 1 had multiple seven day bubble packs with the same medications. The bubble packs were broken down by days of the week as well as morning, afternoon and bedtime doses. Observation showed that all of Resident 1's seven day bubble packs of medications had doses that had been administered from them. Observation showed no clear indication of when each of Resident 1's medication bubble packs had been started and if Resident 1 received their medication doses as required.

During an interview on 02/26/2026 at 10:26 AM, Staff A (Entity Representative) stated that if their caregivers punch out doses of medications on the wrong day of the week the whole medication bubble pack gets off and that is why Resident 1 had many partially used seven day bubble packs. At 10:33 AM, Staff A stated that Staff D (Caregiver) made an error by initialing that they had given Resident 1 their 8 AM dose of Lisinopril on 02/05/2026. Staff A stated that Staff D did not give Resident 1 the medication and should have documented that it was held on the ML.

During an interview on 02/26/2026 at 10:33 AM, Staff D stated that they made an error by initialing that they had given Resident 1 their 8 AM dose of Lisinopril on 02/05/2026. Staff D stated that the medication was held.

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2025 with multiple medical diagnoses. Resident 2's assessment, dated 06/06/2025, showed Resident 2 required caregiver assistance with medications.

Record review of Resident 2's February 2026 ML, on 02/26/2026 at 11:01 AM, showed the following:

- Atorvastatin (a medication that helps lower cholesterol) 80 MG – was initialed as given 8PM dose on 02/26/2026
- Diclofenac Sodium 1% Gel (a medication used to treat pain, swelling and stiffness in the joints) - was initialed as given 8PM dose on 02/26/2026
- Tamsulosin HCL (a medication used to treat symptoms of an enlarged prostate)

0.4% milligram (MG) capsule – was missing the initial for 8 PM dose on 02/25/2026

Diltiazem
Record review of Resident 2's February 2026 ML showed an order dated 07/20/2025 for Diltiazem (a medication used to treat high blood pressure, chest pain and irregular heartbeats) 30 MG tablet take one tablet by mouth every twelve hours. Review showed documentation that thirty four of Resident 2's fifty one doses of Diltiazem 30 MG tablets were held between 02/01/2026 and 02/26/2026. Review showed Resident 2 had no physician order that instructed caregivers to hold Resident 2's Diltiazem 30 MG tablets.

Warfarin Sodium
Record review of Resident 2's February 2026 ML showed an order dated 01/08/2026 for Warfarin Sodium (a medication used to prevent or treat blood clots) 5 MG tablet take ½ tablet (2.5 MG) by mouth every evening with dinner on Sunday, Monday, Tuesday, Thursday, Friday, Saturday or as directed by medical doctor/ anticoagulation clinic **handle with gloves***discontinue prior doses*. Review showed Resident 2's Warfarin 2.5 MG dose was initialed as given everyday (including Wednesdays) at 5 PM on 02/01/2026 through 02/24/2026.

Record review of Resident 2's February 2026 ML showed a separate order dated 01/08/2026 for Warfarin Sodium 5 MG tablet take one tablet by mouth every Wednesday. Review showed initials that Resident 2 was given their 5 PM doses of Warfarin Sodium 5 MG tablets on 02/04/2026, 02/11/2026 and 02/18/2026 – in addition to the 2.5 MG tablets that were initialed as given for the above Warfarin Sodium order. Review showed no documentation that Resident 2's Warfarin Sodium 5 MG tablet was given on 02/25/2026 at 5 PM.

Handwritten order
Record review of Resident 2's February 2026 ML showed a handwritten order for Cefdinir (an antibiotic used to treat various bacterial infections) 300 MG Capsule take one capsule by mouth twice daily for seven days, with handwritten "8 AM' and "8 PM" doses. Review showed no documentation of the order date.

During an interview on 02/26/2026 at 11:05 AM, Staff A stated that they missed writing the date on the ML that Resident 2's Cefdinir 300 MG Capsule was prescribed. Staff A stated that the pharmacy did not include hold parameter instructions for Resident 2's Diltiazem 30 MG tablets on Resident 2's ML and they (Staff A) contacted the pharmacy regarding this. Staff A stated that they held Resident 2's Diltiazem 30 MG tablets if Resident 2's SBP was below 100. Staff A stated that they also contacted Resident 2's physician regarding Resident 2's Diltiazem 30 MG tablet doses being held due to their low blood pressures. Staff A acknowledged the initialing errors on Resident 2's ML.

During an interview on 03/06/2026 at 1:20 PM, Staff A stated that the initials that showed Resident 2 was given 2.5 MG of Warfarin Sodium at 5 PM on Wednesday's - 2/4/26, 2/11/2026 and 2/18/2026 was a documentation error.

<Resident 5>
Record review showed the AFH admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses. Resident 5's assessment, dated 07/07/2025, showed Resident 5 required caregiver administration with medications.

Record review of Resident 5's February 2026 ML showed an order for Acetaminophen (a medication used to relieve pain and reduce fever) 500 MG tablets take one tablet by mouth three times daily for pain. Review showed caregiver initials as having given Resident 5 their Acetaminophen doses at 8 AM, 2PM and 8PM on 02/01/2026 through 02/25/2026 and at 8 AM on 02/26/2026.

Observation of Resident 5's medications on 02/26/2026 at 10:39 AM, showed Resident 5 had a seven day bubble pack of Acetaminophen 500 MG tablets. The bubble pack was broken down by days of the week as well as morning, afternoon and bedtime doses. Observation showed no clear indication of when Resident 5's medication bubble pack had been started and if Resident 5 received their Acetaminophen 500 MG tablet medication doses as required.

During an interview on 02/26/2026 at 10:44 AM, Staff A stated that the punches out of the residents' medication bubble packs were all over the place. Staff A stated that they had been working with their staff to try and fix this. Staff A acknowledged that there was not a way to tell when or what medication doses had been given.

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, Bountiful Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2026 .

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

Provider (or Representative) _____ Date 3/20/2026

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure partial evacuation drills were completed at least every 60 days. Additionally, the AFH failed to ensure the length of time to evacuate did not exceed five minutes. These failure placed 6 of 6 current residents (Resident 1, 2, 3, 4, 5 & 6), former residents (Resident 7, 8, 9, 10, 11 &12) and staff at risk for harm by not being prepared in case of an emergency.

Findings included...

Observation on, 02/26/2026 at 9:24 AM, showed six residents (Resident 1, 2, 3, 4, 5 and 6) resided at the AFH. Observation at 9:43 AM showed Staff A (Entity Representative), Staff B (Resident Manager), Staff C, D & E (Caregivers) on shift at the AFH.

Record review on 02/26/2026 of the AFH's emergency evacuation drill logs, showed the last documented evacuation drill was dated 11/24/2025.

Record review of the AFH's emergency evacuation drills between 11/24/2025 through 11/09/2023 showed the following drills occurred more than sixty days apart:

- 08/30/2025 to 11/24/2025 – eighty six days apart
- 04/28/2025 to 08/30/2025 – one hundred twenty four days apart
- 01/30/2025 to 04/28/2025 – eighty eight days apart
- 08/02/2024 to 10/07/2024 – sixty six days apart
- 05/10/2024 to 08/02/2024 – eighty four days apart
- 02/13/2024 to 05/10/2024 – eighty seven days apart
- 11/09/2023 to 02/13/2024 – ninety six days apart

Record review of the 08/30/2025 emergency evacuation drill log showed:

- Six total residents were listed. The drill did not indicate which residents participated or refused
- The length of the drill for participating residents took six minutes
- One minute was added to the length of the drill for refusal
- The total length of the drill was seven minutes

Record review of the 01/30/2025 emergency evacuation drill log showed:

- Five total residents were listed (including former residents 7 and 10)
- Resident 4 and Former Resident 7 refused to participate
- The length of the drill for participating residents took five minutes
- An estimated length of time it would take to evacuate Resident 4 and Former Resident 7 were added to the actual length of the drill
- The added estimated time for refusal was two minutes
- The total length of the drill was seven minutes

Record review of the 12/01/2024 emergency evacuation drill log showed:

- Six total residents were listed (including former residents 8, 9 and 10)
- All residents participated
- The total length of the drill was six minutes

Record review of the 10/07/2024 emergency evacuation drill log showed:

- Six total residents were listed (including former residents 8, 9 and 10)
- Resident 4 and Former Resident 9 refused to participate
- The length of the drill for participating residents took four minutes
- An estimated length of time it would take to evacuate Resident 4 and Former Resident 9 were added to the actual length of the drill
- The added estimated time for refusal was two minutes
- The total length of the drill was six minutes

Record review of the 05/10/2024 emergency evacuation drill log showed:

- Six total residents were listed (including former residents 8, 10 and 11)
- Resident 4, Former Resident 8, and Former Resident 11 refused to participate
- The length of the drill for participating residents took three minutes and thirty seconds
- An estimated length of time it would take to evacuate Resident 4 and Former Residents 8 and 11 were added to the actual length of the drill
- The added estimated time for refusal was two minutes and thirty seconds
- The total length of the drill was five minutes and thirty seconds

Record review of the 02/13/2024 emergency evacuation drill log showed:

- Six total residents were listed (including former residents 8, 10 and 12)

- Resident 4 refused to participate
- The length of the drill for participating residents took five minutes
- An estimated length of time it would take to evacuate Resident 4 was added to the actual length of the drill
- The added estimated time for refusal was thirty seconds
- The total length of the drill was five minutes and thirty seconds

Record review of the 11/09/2023 emergency evacuation drill log showed:

- Six total residents were listed (including former residents 8, 10 and 12)
- Resident 4, Former Resident 10, and Former Resident 12 refused to participate
- The length of the drill for participating residents took four minutes
- An estimated length of time it would take to evacuate Resident 4 and Former Residents 10 and 12 were added to the actual length of the drill
- The added estimated time for refusal was two minutes
- The total length of the drill was six minutes

During an interview on, 02/26/2026 at 2:38 PM, Staff A stated that one minute was added to the length of the 08/30/2025 evacuation drill for Resident 1's initial resistance in participating. Staff A stated that Resident 1, as well as all other resident who were marked as refused on the evacuation drills were initially resistant or had behaviors that delayed the evacuation process. Staff A stated that all residents ended up participating in the evacuation drills and they added the amount of time it took to convince the residents to participate or manage their behavior's to the total length of the drill. Staff A stated that due to this, evacuation drills took longer than five minutes. Staff A stated that Staff B conducts the evacuation drills. At 2:52 PM Staff A stated that they had been doing evacuation drills every sixty days but were missing the paperwork of all the documented drills.

During an interview on, 02/26/2026 at 2:51 PM, Staff B stated that they conducted the evacuation drills. Staff B stated they marked that the residents refused if there was initial resistance or behaviors. Staff B stated that in the end, all residents participated in the evacuation drills. Staff B stated that they made an oversight in not conducting the evacuation drills every sixty days. Staff B stated that they might have been conducting the evacuation drills every ninety days.

Statement of Deficiencies	License #: 754935	Compliance Determination # 73528
Plan of Correction	Bountiful Grace AFH LLC	Completion Date
Page 9 of 11	Licensee: Bountiful Grace AFH LLC	03/06/2026

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, Bountiful Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2026 .

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

Provider (or Representative) 3/20/2026 Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home failed to ensure 1 of 6 staff (Staff A, Entity Representative) with non-disqualifying findings had an updated character, competency and suitability review (CCSR) that met all requirements. This failure placed residents in the home at risk of being cared for by an unverified and unqualified caregiver.

Findings included...

Record review of Staff A's most recent background check, dated 06/12/2024, showed non-disqualifying findings. Staff A's most recent CCSR was dated 01/11/2021 and did not conclude whether or not Staff A could have unsupervised access to vulnerable adults.

During an interview on, 02/26/2026 at 5:02 PM, Staff A stated that they were not aware of the CCRS requirements.

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, Bountiful Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2026 .

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

Provider (or Representative) — Date: 3/20/2026

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 sampled staff (Staff B, Resident Manager & Staff C & D, Caregivers) had the required Tuberculosis (TB, a bacterial infection spread through air) test result records available. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6) at risk of being exposed to a communicable disease by not having documented evidence that their staff met the no tuberculosis testing requirements upon their hire.

Findings included...

Per WAC 388-76-10275 the AFH is not required to have a person tested for TB if the person has a documented history of a previous positive skin test, with ten or more millimeters induration or a documented history of a previous positive blood test.

Observation on, 02/26/2026 at 9:24 AM, showed six residents (Resident 1, 2, 3, 4, 5 and 6) resided at the AFH. Observation at 9:43 AM showed Staff A (Entity Representative), Staff B, C, D & E (Caregiver) on shift at the AFH.

Staff B
Record review showed the AFH hired Staff B on 09/07/2023. Staff B's employee file, undated, showed Staff B had a normal chest x-ray on 09/09/2023 that was indicated due to a positive TB skin test (on an unknown date and with no indication of the induration). Staff B's employee file did not contain record of the positive TB skin test

result that occurred prior to their date of hire.

Staff C
Record review showed the AFH hired Staff C on 07/29/2023. Staff C's employee file, undated, showed that Staff C had a normal chest x-ray on 07/26/2023 that was indicated due to a positive TB skin test (on an unknown date and with no indication of the induration). Staff C's employee file did not contain record of the positive TB skin test result that occurred prior to their date of hire.

Staff D
Record review showed the AFH hired Staff D on 03/01/2024. Staff D's employee file, undated, showed that Staff D had a normal chest x-ray on 03/03/2025 – more than a year after their date of hire and without indication of them having a prior positive TB test. Staff D's employee file did not contain any TB test result records.

During an interview on 02/26/2026 at 2:25 PM, Staff A stated that Staff D had a positive TB skin test prior to their date of hire. At 3:02 PM, Staff A stated that Staff C reported that they had a positive TB skin test prior to their date of hire but did not have the record of this. At 3:11 PM, Staff A stated that they believed the only record that was needed was a chest x-ray if their staff reported they'd had a previous positive TB test result. Staff A stated they were unaware that the actual TB test result needed to be available for review and indicated that they were unaware that a chest x-ray in and of itself was not a TB test.

During an interview on 02/26/2026 at 2:49 PM, Staff D stated that they did not have the record of their previous positive TB test result records.

During an interview on 02/26/2026 at 3:10 PM, Staff B stated that they had a positive TB skin test in 2011 and did not have the record of this.

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, Bountiful Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2026 .

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

Provider (or Representative) — Date: 3/20/2026

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

03/10/2026

Bountiful Grace AFH LLC
Bountiful Grace AFH LLC
6419 88th St NE Apt A
Marysville, WA 98270

RE: Bountiful Grace AFH LLC # 754935

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/06/2026 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:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/06/2026), no later than 04/20/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home (AFH) failed to ensure a box of Calmoseptine (topical medication for temporary relief of irritation, itching and discomfort) 3.5 gram packets and two containers of A & D heal ointments (topical medication used to treat and prevent certain skin conditions) were secured in locked storage. Staff immediately placed the medications in locked storage, correcting the deficiency by the exit conference.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all toxic chemicals were secured in locked storage. Additionally, the AFH failed to ensure a bathroom sink hot water temperature met the minimum requirements of one hundred five degrees Fahrenheit. Staff secured toxic chemicals in locked storage and adjusted the water heater to increase the sink water temperature to one hundred six point nine degrees Fahrenheit, correcting the deficiency by the exit conference.

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

The Adult Family Home (AFH) failed to ensure that the smoke detectors in Bedrooms B and E set off an alarm when tested. Staff replaced the batteries in the smoke detectors and the smoke detectors were observed to set off an alarm when retested, correcting the deficiency by the exit conference.

(8) The resident's Social Security number;

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

(12) The residency agreement for residents with medicaid as a payor.

The Adult Family Home (AFH) failed to ensure a sampled resident's records included their social security number and written residency agreement. Appropriate documentation was entered into the resident record, correcting the deficiency by the exit conference.

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 (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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; or
Fax: (360) 725-3225