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

Grace At Pine AFH LLC
Grace at Pine AFH LLC
1602 216th Ave SE
Sammamish, WA 98075

RE: Grace at Pine AFH LLC License # 757315

Dear Provider:

This letter addresses Compliance Determination(s) 67328 (Completion Date 10/16/2025) and 65180 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2025 and found that you have corrected the violations listed in the Full report dated 09/15/2025. Your home is back in compliance as of 09/17/2025 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-d, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10650, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-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

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 09/05/2025 of:

Grace at Pine AFH LLC
1602 216th Ave SE
Sammamish, WA 98075

The following sample was selected for review during the unannounced on-site visit: 0 of 3 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

9-17-2025
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)

oct 6, 2025
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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 2 sampled residents (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Resident 2's annual assessment, dated 10/16/2024, showed that assistance with medication management was needed.

Record review of Resident 2's September 2025 Medication Log showed physician orders written on 10/21/2024 for Polyethylene Glycol 3350 Powder (medication to treat constipation) mix 17 grams in 8 ounces of water and drink once daily as needed for constipation (family supply).

In a joint observation, on 09/05/2025 at 4:44 PM, with Staff A, Representative/Resident Manager, Resident 2's medication supply showed the Polyethylene Glycol 3350 Powder was not available in the AFH.

During an interview, on 09/05/2025 at 4:44 PM, Staff A stated that the AFH never had that medication and that it was never used. Staff A stated that they would contact Resident 2's physician to have the medication discontinued.

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 at Pine AFH LLC is or will be in compliance with this law and / or regulation on (Date) Sep 17, 2025.

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

Provider (or Representative) — Date: octob, 2025

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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 have a system in place for 2 of 2 sampled residents (Resident 1 and 2) to ensure an assessment was completed; the resident or representative was given information on the safety risks associated with the [redacted]; the Negotiated Care Plan (NCP) included how the resident would use the [redacted]; and the installation instructions for the [redacted]

were available before a medical device with a known safety risk was used. These failures placed Residents 1 and 2 at risk for injury from improper use of the medical device.

Findings included…

Resident 1

Observation on 09/05/2025 at 9:55 AM with Staff A, Representative/Resident Manager, showed Resident 1 in bed with upper half [redacted] elevated on both sides of their bed.

Resident 1's records 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 record showed no resident or representative consent for the use of the [redacted] and showed no documentation the resident or representative had been given information regarding the risks associated with [redacted]. Resident 1's records showed no installation instructions to ensure the [redacted] were properly installed or checked for potential safety issues.

Review of Resident 1's NCP dated 06/05/2025 showed no information about how Resident 1 would use the [redacted].

In an interview on 09/05/2025 at 2:25 PM, Staff A stated that Resident 1's doctor wrote an order for Resident 1 to have [redacted], but they didn't get an assessment or consent.

Resident 2

Observation on 09/05/2025 at 11:45 AM with Staff B, Caregiver, showed Resident 2 had upper half [redacted] elevated on their bed.

Review of Resident 2's AFH records showed no resident or representative consent for the use of the [redacted] and showed no documentation the resident or representative had been given information regarding the risks associated with [redacted]. Resident 2's records showed no installation instructions to ensure the [redacted] were properly installed or checked for potential safety issues.

Review of Resident 2's NCP dated 11/28/2024 showed no information about how Resident 2 would use the [redacted].

In an interview on 09/05/2025 at 3:17 PM, Staff A stated that [redacted] came with Resident 2's bed, and they are unable to remove it. Staff A stated that they only had the physical therapist to complete the assessment for [redacted] for Resident 2, and the AFH

had no other documentation regarding the [redacted].

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 at Pine AFH LLC is or will be in compliance with this law and / or regulation on (Date) [illegible]

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

Provider (or Representative) Date Oct 06, 2025

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;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH), failed to have a system to ensure partial evacuation drills were completed every 60 days and a full emergency evacuation drill was completed at least once each calendar year. This failure placed all residents (Residents 1, 2 and 3) at risk of harm in case of an emergency.

Findings included...

Record review of the AFH Emergency Evacuation Drill forms showed that partial emergency evacuation drills for the past year had been conducted on 12/14/2024, 02/11/2025, 04/10/2025, and 06/04/2025. The AFH was 30-days overdue for conducting an evacuation drill.

During an interview, on 09/05/2025 at 11:00 AM, Staff A, Representative/Resident Manager, stated that the AFH admitted their first resident in [redacted] 2024, but completed their first partial evacuation in December 2024. Staff A stated that they didn't complete an evacuation in August 2025, and they haven't completed a full evacuation since they began admitting residents.

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 at Pine AFH LLC is or will be in compliance with this law and / or regulation on (Date) Sept 12, 2025 .

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

Provider (or Representative) — Date: Oct 06, 2025