



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

BY GRACE FAMILY CARE LLC
BY GRACE FAMILY CARE LLC
9515 NE 67th St
Vancouver, WA 98662

RE: BY GRACE FAMILY CARE LLC License # 758246

Dear Provider:

This letter addresses Compliance Determination(s) 72576 (Completion Date 02/06/2026) and 71470 (Completion Date 01/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2026 and found that you have corrected the violations listed in the Follow up report dated 01/15/2026. Your home is back in compliance as of 01/22/2026 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 388-76-10360, WAC 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-2-a, WAC 388-76-10430-2-b

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 758246	Compliance Determination # 71470
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 1 of 4	Licensee: BY GRACE FAMILY CARE LLC	01/15/2026

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 01/14/2026 of:

BY GRACE FAMILY CARE LLC
9515 NE 67th St
Vancouver, WA 98662

This document references the following SOD dated: 01/15/2026

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 758246	Compliance Determination # 71470
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 2 of 4	Licensee: BY GRACE FAMILY CARE LLC	01/15/2026

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jennifer LeMaster
Residential Care Services

01/21/2026
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.

MIHAELA GHEORGHE
Provider (or Representative)

01.22.2026
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure that 1 of 1 resident (Resident 2 (R2)) had a negotiated care plan developed and completed within 30 days of the resident's admission. This failure placed R2 at risk of unmet care needs.

Findings included...

A follow up visit was initiated on 01/14/2026 at 01:00 PM.

Review of R2's resident record showed they were admitted to the AFH on [REDACTED]/2025. R2's record showed an incomplete negotiated care plan that was left blank on multiple pages.

During an interview with the Provider on 01/14/2026 at 01:15 PM, they stated that they were not aware that the negotiated care plan needed to match the resident's assessment, they didn't know how to complete a negotiated care plan, and would reach out to another provider for help.

This is a repeated deficiency previously cited on 12/23/2025.

Statement of Deficiencies	License #: 758246	Compliance Determination # 71470
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 3 of 4	Licensee: BY GRACE FAMILY CARE LLC	01/15/2026

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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 01.22.2026.

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

MIKAELA GREGG
Provider (or Representative)

01.22.2026
Date

WAC 388-76-10430 Medication system.

(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 ;

WAC 388-76-10430 Medication system.

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

(a) Assessment indicates the amount of medication assistance needed by the resident;

(b) Negotiated care plan identifies the medication service that will be provided to the resident;

(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 ensure Medication Administration Records (MAR) were up-to-date and contained all medications for 1 of 1 sampled resident (Resident 2 [R2]). This failure resulted in an incomplete medication history for R2.

Findings included...

An unannounced follow up inspection of the adult family home occurred on 01/14/2026.

Record review of physician orders dated 12/16/2025 showed R2 was prescribed pantoprazole (medication that reduces stomach acid) on 12/16/2025.

Observation of R2's medicine bin on 01/14/2026 at 1:05 PM showed pantoprazole was

Statement of Deficiencies	License #: 758246	Compliance Determination # 71470
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 4 of 4	Licensee: BY GRACE FAMILY CARE LLC	01/15/2026

present and the medication bottle showed it was prescribed on 12/16/2025.

Record review of R2's MARs dated December 2025 and January 2026 did not show pantoprazole listed.

In an interview on 01/14/2026 at 1:05 PM, the provider stated R2 required assistance with medications. The provider stated that they had been giving R2 this medication every morning before breakfast but "forgot to add it to the MAR".

This is a repeated deficiency previously cited on 12/23/2025 for subsection (2)(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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 01.22.2026

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

MIKAELA GREGG
Provider (or Representative)

01.22.2026
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 1 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

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 the unannounced on-site full inspection on 12/08/2025 of:

BY GRACE FAMILY CARE LLC
9515 NE 67th St
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 2 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

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.

Jennifer LeMaster
Residential Care Services

12/29/2025
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.

Nichola Gleonghe
Provider (or Representative)

12.30.2025
Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on interview and observation, the Adult family home failed to ensure that animals living on premises had proof of up-to-date rabies shots. This failure placed all residents at risk for harm.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025. At 2:30 PM, department staff observed a litter box in the garage and bowl of cat food in the kitchen.

During an interview with the Provider at 02:30 PM, they stated that they have 2 cats named Dani and Thomas and they have not been vaccinated. Provider stated they were not aware that they need vaccination and she will take them to the veterinarians office to get vaccinated.

12.29.2025 11:57:57

RECEIVED 12/29/2025 02:58PM
State of Washington

9/14

12.29.2025 11:57:57

Statement of Deficiencies License #: 758246 Compliance Determination # 69832
Plan of Correction BY GRACE FAMILY CARE LLC Completion Date
Page 3 of 8 Licensee: BY GRACE FAMILY CARE LLC 12/23/2025

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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 12.21.2025.

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

Milvaka George
Provider (or Representative)

12.30.2025
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family home failed to ensure that 2 of 2 resident records (Resident 1(R1), Resident 2(R2)) had developed a written negotiated care plan within 30 days of residents admission. This failure placed all residents at risk for not having a list of care and services provided and how AFH (Adult Family Home) will provide it.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025.

Record reviews of R1 and R2 resident records showed a preliminary plan only.

R1 was admitted to AFH on [REDACTED]/2025.

R2 was admitted to AFH on [REDACTED]/2025.

During an interview with the Provider 02:35 PM, they stated that they were not aware that a Negotiated Care plan needed to be included in resident records and they thought a Preliminary Plan was all that's needed.

Statement of Deficiencies
Plan of Correction
Page 4 of 8

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, [REDACTED] is or will be in compliance with this law and / or regulation on (Date) [REDACTED].

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

[Signature]
Provider (or Representative)

WAC 388-76-10360

(2) When a resident is admitted to the facility, the facility must ensure that a negotiated care plan is developed and completed within thirty days of the resident's admission.

(c) Medical records

WAC 388-76-10360

(2) When a resident is admitted to the facility, the facility must ensure that a negotiated care plan is developed and completed within thirty days of the resident's admission.

(a) Assessment

(b) Negotiated care plan

(d) Resident records

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family home failed to ensure that 2 of 2 resident records (Resident 1(R1), Resident 2(R2)) had developed a written negotiated care plan within 30 days of residents admission. This failure placed all residents at risk for not having a list of care and services provided and how AFH (Adult Family Home) will provide it.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025.

Record reviews of R1 and R2 resident records showed a preliminary plan only.

R1 was admitted to AFH on [REDACTED]/2025.

R2 was admitted to AFH on [REDACTED]/2025.

During an interview with the Provider 02:35 PM, they stated that they were not aware that a Negotiated Care plan needed to be included in resident records and they thought a Preliminary Plan was all that's needed.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025.

Record reviews of R1 and R2 resident records showed a preliminary plan only.

R1 was admitted to AFH on [REDACTED]/2025.

R2 was admitted to AFH on [REDACTED]/2025.

During an interview with the Provider 02:35 PM, they stated that they were not aware that a Negotiated Care plan needed to be included in resident records and they thought a Preliminary Plan was all that's needed.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025.

Record reviews of R1 and R2 resident records showed a preliminary plan only.

R1 was admitted to AFH on [REDACTED]/2025.

R2 was admitted to AFH on [REDACTED]/2025.

During an interview with the Provider 02:35 PM, they stated that they were not aware that a Negotiated Care plan needed to be included in resident records and they thought a Preliminary Plan was all that's needed.

Findings included...

An unannounced onsite inspection was initiated at the AFH on 12/08/2025.

Record reviews of R1 and R2 resident records showed a preliminary plan only.

R1 was admitted to AFH on [REDACTED]/2025.

R2 was admitted to AFH on [REDACTED]/2025.

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 4 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 12.29.2025.

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

Wibaela Gleongle
Provider (or Representative)

12.30.2025
Date

WAC 388-76-10430 Medication system.

(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 ;

WAC 388-76-10430 Medication system.

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

- (a) Assessment indicates the amount of medication assistance needed by the resident;
- (b) Negotiated care plan identifies the medication service that will be provided to the 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 failed to ensure Medication Administration Records (MAR) were up-to-date and contained all medications for one of two sampled residents (Resident 2/R2). This failure resulted in an incomplete medication history for R2 and them not receiving medications as prescribed.

Findings included...

An unannounced initial full inspection of the adult family home on 12/08/2025.

R2's medication supply was observed, and R2's November MAR and December MAR and medication orders were reviewed and discussed with the provider at 1:00 pm on 12/08/2025.

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 5 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

December 2025 MAR and November 2025 MAR showed R2 was prescribed Diclofenac Sodium 1% Gel (a topical medication used for temporary relief of minor arthritis pain) 4 times daily as needed. It had been initiated one time daily, indicating the frequency with which the medication was given to R2 each day. Nov 2025 MAR and December 2025 MAR had Melatonin 3mg initiated as given daily.

Record review of medication list given by provider from R2 medical office from 11/17/2025 did not have Melatonin or Nicotine patches. It shows Trazodone 50 mg (one tab daily) prescribed for sleep.

Observation of R2 medicine bin on 12/08/2025 showed Melatonin 5 mg and Kroger Nicotine patch 21 mg (not listed on the MAR).

The provider stated R2 required assistance with medications. Provider stated that R2 is a smoker and that R2 family members brought Nicotine patches and Melatonin 5mg pills and provider didn't have a doctor's order for them.

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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) <u>12.24.2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>Mitasha George</u> Provider (or Representative)	<u>12.30.2025</u> Date

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

- (1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or
- (2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure residents received nurse delegation services when staff performed medication administration without being delegated for the task for 1 of 2 residents (Resident 2

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 7 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

Based on interview, observation and record reviews, the Adult Family Home (AFH) failed to have documentation of a Washington state name and date of birth background check on file for a Household member. This deficient practice placed two of two residents [Resident 1 (R1) Resident 2 (R2)] at risk of exposure to a person that may have a criminal background history or activity requiring a suitability review.

Findings included...

An unannounced licensing visit was conducted on 12/08/2025. At 12:45 PM licenser observed an adult Household Member 1 in the Adult Family Home with unsupervised access around the residents.

During record review with the Provider on 12/08/2025 at 01:55 PM, there was no background check in the file for Household member 1. Provider stated she didn't know she needed a background check for Household member 1.

The Provider was given 24 hours to obtain a copy of the Washington state name and date of birth background check for their file at the AFH. As of 12/09/2025 the Department had not received a copy from the 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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 12.12.2025.

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

Mitaela George
Provider (or Representative)

12.30.2025
Date

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

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 7 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

Based on interview, observation and record reviews, the Adult Family Home (AFH) failed to have documentation of a Washington state name and date of birth background check on file for a Household member. This deficient practice placed two of two residents [Resident 1 (R1) Resident 2 (R2)] at risk of exposure to a person that may have a criminal background history or activity requiring a suitability review.

Findings included...

An unannounced licensing visit was conducted on 12/08/2025. At 12:45 PM licensor observed an adult Household Member 1 in the Adult Family Home with unsupervised access around the residents.

During record review with the Provider on 12/08/2025 at 01:55 PM, there was no background check in the file for Household member 1. Provider stated she didn't know she needed a background check for Household member 1.

The Provider was given 24 hours to obtain a copy of the Washington state name and date of birth background check for their file at the AFH. As of 12/09/2025 the Department had not received a copy from the 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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 12.12.2025.

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

Wibacka George
Provider (or Representative)

12.30.2025
Date

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

12.29.2025 11:57:57

RECEIVED 12/29/2025 02:58PM
State of Washington

14/14

Statement of Deficiencies	License #: 758246	Compliance Determination # 69832
Plan of Correction	BY GRACE FAMILY CARE LLC	Completion Date
Page 8 of 8	Licensee: BY GRACE FAMILY CARE LLC	12/23/2025

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 and interview, the adult family home failed to ensure an assessment for medical devices was completed prior to using [REDACTED] for one of two sampled residents (Resident 1/R1). This failure placed R1 at risk for not being professionally determined to be an appropriate candidate for the device.

Findings included...

An initial interview took place with the provider at 01:10 pm, during a full inspection of the adult family home on 12/08/2025. The provider stated R1 was bed bound and was dependent on staff for transfers with the use of a [REDACTED].

A tour was conducted at 01:40 pm on 12/08/2025. Two half [REDACTED] were observed on R1's bed. When asked if an assessment for the [REDACTED] had been completed, the provider stated they had a doctor's order for the [REDACTED], but they were unaware the [REDACTED] required additional documentation. The provider stated they would schedule the assessment promptly.

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, BY GRACE FAMILY CARE LLC is or will be in compliance with this law and / or regulation on (Date) 12.30.2025.

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

Milaela George
Provider (or Representative)

12.30.2025
Date

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