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

Grand Park, LLC

Grand Park, LLC
242 St Helens Ave
Tacoma, WA 98402

RE: Grand Park, LLC License # 2603

Dear Administrator:

This letter addresses Compliance Determination(s) 57672 (Completion Date 04/09/2025) and 54639 (Completion Date 02/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/09/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
RCW 70.129.150.1

The Department staff who did the on-site verification:
Lisa Mason, NCI ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Grand Park, LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2603
Compliance Determination #: 54639
Intake ID: 162979
Investigator: Lisa Mason
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 02/11/2025 through 02/20/2025
Complainant Contact Date(s):

Allegation(s):
A discharged resident had been charged fees not owed.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	Residents Activities
Interviews:	Residents Nursing staff
Record Reviews:	Facility policies Medical records

Investigation Summary:
Record review showed a resident had been discharged from a facility over 3 months ago with a refund owed the resident.
Staff interviewed said there was a credit on the account and the refund had not been issued.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 02/11/2025 of:

Grand Park, LLC
242 St Helens Ave
Tacoma, WA 98402

This document references the following complaint number(s): 162470, 162979

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

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor

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

Statement of Deficiencies	License #: 2603	Compliance Determination # 54639
Plan of Correction	Grand Park, LLC	Completion Date
Page 2 of 4	Licensee: Grand Park, LLC	02/20/2025

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 — 02/26/2025 Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) — 3/6/2025 Date

RCW 70.129.150 Disclosure of fees and notice requirements -- Deposits.

(1) Prior to admission, all long-term care facilities or nursing facilities licensed under chapter 18.51 RCW that require payment of an admissions fee, deposit, or a minimum stay fee, by or on behalf of a person seeking admission to the long-term care facility or nursing facility, shall provide the resident, or his or her representative, full disclosure in writing in a language the resident or his or her representative understands, a statement of the amount of any admissions fees, deposits, prepaid charges, or minimum stay fees. The facility shall also disclose to the person, or his or her representative, the facility's advance notice or transfer requirements, prior to admission. In addition, the long-term care facility or nursing facility shall also fully disclose in writing prior to admission what portion of the deposits, admissions fees, prepaid charges, or minimum stay fees will be refunded to the resident or his or her representative if the resident leaves the long-term care facility or nursing facility. Receipt of the disclosures required under this subsection must be acknowledged in writing. If the facility does not provide these disclosures, the deposits, admissions fees, prepaid charges, or minimum stay fees may not be kept by the facility. If a resident dies or is hospitalized or is transferred to another facility for more appropriate care and does not return to the original facility, the facility shall refund any deposit or charges already paid less the facility's per diem rate for the days the resident actually resided or reserved or retained a bed in the facility notwithstanding any minimum stay policy or discharge notice requirements, except that the facility may retain an additional amount to cover its reasonable, actual expenses incurred as a result of a private-pay resident's move, not to exceed five days' per diem charges, unless the resident has given advance notice in compliance with the admission agreement. All long-term care facilities or nursing facilities covered under this section are required to refund any and all refunds due the resident or his or her representative within thirty days from the resident's date of discharge from the facility. Nothing in this section applies to provisions in contracts negotiated between a nursing facility or long-term care facility and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

This requirement was not met as evidenced by:

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 | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

RCW 70.129.150 Disclosure of fees and notice requirements -- Deposits.

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This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to provide a refund when 1 of 1 sampled resident (Resident 1 [R1]) was transferred to another facility. This failure placed undue stress on the resident and family.

Findings included…

Record review showed R1 was admitted to the ALF on [redacted]/2025 with diagnoses to include [redacted] and [redacted]. R1 was admitted to the hospital on [redacted]/2025 for a change in condition. It was determined on 10/10/2025 that R1 would not be returning to the facility.

Record review of the facility policy (no date) provided in an email by Staff B, Administrator stated "Refund"…. The Community shall refund any amount due to the Resident or their representative, … within thirty (30) days of the Resident's death, discharge, or transfer.

0n 02/10/2025 at an interview with R1's guardian, Collateral Contact 1 (CC1), said the resident's belongings were removed from the apartment on 10/22/2024. The final bill from the facility dated in October 2024 had shown a credit owed to R1's account but the funds had not been sent yet.

On 02/11/2025 an interview at 11:30 AM with Staff A, Lead Director of Resident Services, said she spoke with the bookkeeper who acknowledged there was a refund due and it had not been sent to the guardian.

On 02/20/2025 record review of final billing with a credit due to the resident/estate.

Statement of Deficiencies
Plan of Correction
Page 4 of 4

License #: 2603
Grand Park, LLC
Licensee: Grand Park, LLC

Compliance Determination # 54639
Completion Date
02/20/2025

Plan/Attestation Statement

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date) 3/21/2025

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

Administrator (or Representative) Date

Plan/Attestation Statement

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, Grand Park, LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date