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 # 2603

Dear Administrator:

This document references Compliance Determination 55252 (05/20/2025), which included complaint number(s) 163920.

The Department completed a complaint investigation of your Assisted Living Facility on 05/20/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Carol Gijima, Community Compaint Investigator (NCI)

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

The Assisted Living Facility (ALF)
failed to notify the resident's case manager when the resident was discharged
to the hospital. The Assistant Director of Residential Services informed the
case manager after being notified of finding and discovering that the original email had remained in draft

mode and was not sent.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

You May:
- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:
- Please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
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 #: 55252
Intake ID: 163920
Investigator: Carol Gijima
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 02/24/2025 through 05/20/2025
Complainant Contact Date(s): 05/22/2025

Allegation(s):

1. Resident unkept
2. Resident had wound upon discharge to hospital
3. Case manager not informed of discharge

Investigation Methods:

Sample:	Total residents: Resident sample size: 2 Closed records sample size:
Observations:	General environment Residents in their rooms Resident behaviors
Interviews:	Residents, including named resident Resident representatives Staff Collateral contacts
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff schedules Staff progress notes After visit summaries Medical Records-hospital records

Investigation Summary:

1. Per record review, interviews with named resident, representative, collateral contacts, and staff, there was not sufficient information to support failed practice.
2. Per record review, interviews with named resident, representative, collateral contacts, and staff, the facility had no knowledge of the wound as resident was independent with activities of daily living. There was not sufficient information to support failed practice.
3. Per record review, interviews with collateral contacts and staff, the facility failed to notify the resident's case manager of resident's discharge to the hospital. Facility

failed practice identified, and a consultation written as facility corrected the issue.

Conclusion / Action:

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