



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

MG at Tacoma, LLC  
Merrill Gardens At Tacoma  
7290 Rosemount Circle  
Tacoma, WA 98465

RE: Merrill Gardens At Tacoma License # 2595

Dear Administrator:

This letter addresses Compliance Determination(s) 65127 (Completion Date 09/04/2025) and 61981 (Completion Date 07/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/04/2025 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:

WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b

The Department staff who did the on-site verification:

Susan Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6020.

Sincerely,

*Laurie Anderson*

Laurie Anderson, Community Field Manager  
Region 3, Unit D  
Residential Care Services

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



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Statement of Deficiencies	License #: 2595	Compliance Determination # 61981
Plan of Correction	Merrill Gardens At Tacoma	Completion Date
Page 1 of 3	Licensee: MG at Tacoma, LLC	07/09/2025

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 the unannounced on-site full inspection on 07/02/2025 and 07/03/2025 of:

Merrill Gardens At Tacoma  
7290 Rosemount Circle  
Tacoma, WA 98465

The following sample was selected for review during the unannounced on-site visit: 9 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional  
Kathy Heinz, Long Term Care Surveyor

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

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.

*[Handwritten Signature]*

07/10/2025

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.

*[Handwritten Signature]*  
Rob Brock  
Administrator (or Representative)

7/31/25  
Date

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) had a valid Washington State name and date of birth background check every two years as required. This failure placed all 11 of 11 residents in the memory care unit of the ALF to be cared for by an unqualified individual.

**Findings included...**

Review of the personnel file for Staff B, Memory Care Unit Caregiver, showed they were hired on 03/17/2023. Staff B's State of Washington name and date of birth background check showed it expired on 03/17/2025. A valid background check dated after 03/17/2025 was observed in Staff B's personnel file; however, it was not completed before the previous one expired as required.

Staff A, Senior General Manager, acknowledged during an interview on 07/03/2025 at 11:45 AM that Staff B's background check was completed after the expiration date.

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**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, Merrill Gardens At Tacoma is or will be in compliance with this law and / or regulation on (Date) 7/3/2025.

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

  
Rob Brock  
Administrator (or Representative)

7/31/25  
Date

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