

# GRANDVIEW NURSING FACILITY

Date: August 25, 2025

Eric Hernandez  
Executive Director  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

**Subject: Certificate of Need Application – Grandview Nursing Facility**

Dear Mr. Hernandez,

Enclosed please find the Certificate of Need application from Grandview Nursing Facility proposing to convert 60 beds to a Skilled Nursing Facility in Yakima County. Also enclosed is the appropriate review and processing fee.

We kindly request your review and consideration of this application. Please do not hesitate to contact me if you have any questions or require additional information.

Thank you for your attention to this matter.

Sincerely,  
Navjeet Pandher  
Administrative Assistant  
Grandview Nursing Facility

A handwritten signature in black ink, appearing to read 'Navjeet Pandher', with a long horizontal line extending to the right.



Certificate of Need Program  
P.O. Box 47852  
Olympia, Washington 98502-7852

Official Use Only-Date  
Received:

**APPLICATION FOR CERTIFICATE OF NEED**  
**Nursing Home Projects**  
(Excluding CCRC )

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990 and the instructions on page 2 of this form.

Application is made for a Certificate of Need in accordance with provisions of Chapter 70.38 Revised Code of Washington (RCW) and Rules and Regulations adopted by the Department (WAC 246-310). I hereby certify that the statements made in this application are correct to the best of my knowledge and belief.

**APPLICANT(S)**

**OWNER:**

Ramandeep Malhi  
Name and Title of Responsible Officer  
(PLEASE PRINT OR TYPE)  
Legal Name of Owner:  
Grandview Assisted Living LLC  
Address of Owner:  
912 Hillcrest Street, Grandview  
98930 WA

Ramandeep Malhi  
Signature of Responsible Officer

Date: 8/25/2025 Telephone: 360-201-8071

**OPERATOR:**

Ramandeep Malhi  
Name and Title of Responsible Officer  
(PLEASE PRINT OR TYPE)  
Legal Name of Operator:  
Grandview Assisted Living LLC  
Address of Operator:  
912 Hillcrest Street  
98930 WA

Ramandeep Malhi  
Signature of Responsible Officer

Date: 8/25/2025 Telephone: 306-201-8071

**TYPE OF OWNERSHIP:**

- ☐ District  
☐ Private Non-Profit  
☒ Proprietary - Corporation  
☐ Proprietary - Individual  
☐ Proprietary - Partnership  
☐ State or County

Proprietor(s) or Stockholder(s) information:  
Provide the name and address of each owner  
and indicate percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Project Start Date: Upon CON approval

ESTIMATED CAPITAL EXPENDITURE: \$ 120,000

Project Description: To Convert an existing 60 Assisted Living Beds to SNF Beds

**OPERATION OF FACILITY:**

- ☒ Owner Operated  
☐ Management Contract  
☐ Lease

**TYPE OF PROJECT (check all that apply):**

- ☐ Total Replacement of Existing Facility  
☒ New Facility  
☐ Renovation/Modernization  
☐ Bed Addition  
☐ Capital Expenditure Over the Minimum  
☐ Bed Capacity Change/Redistribution  
☐ New Institutional Health Service  
☐ Mandatory Correction of Fine/Deficiencies  
☐ Amend Current Certificate of Need  
☐ Expansion/Reduction of Physical Plant  
☐ Other \_\_\_\_\_

Intended Project Completion Date: Ready upon approval

**CERTIFICATE OF NEED APPLICATION  
FOR THE CONVERSION 60 BED  
SKILLED NURSING FACILITY FROM  
ALREADY APPROVED AND  
RUNNING ASSISTED  
LIVING FACILITY**

**August 2025**

## **SECTION 1 APPLICANT DESCRIPTION**

### **A. Owner Description:**

#### **1. Legal name of owner:**

The legal name of the applicant is Ramandeep Singh Malhi. Grandview Assisted Living proposes to convert a 60 beds of pre existing ALF to skilled nursing beds in Yakima County.

The purpose of this project is to convert assisted living beds into skilled nursing beds in Yakima County to better meet the community's growing need for higher-acuity care.

This change will expand access to Medicare- and Medicaid-certified services for medically complex residents.

It will also support timely hospital discharges and reduce avoidable readmissions.

Overall, the project ensures appropriate, high-quality care while making efficient use of existing resources.

#### **2. Address of owner:**

The address of Grandview ALF is:

912 Hillcrest St, Grandview  
WA 98930

#### **3. Provide the following information about each owner.**

- a. If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division. Show relationship to any organization as defined in Section 405.427 of the Medicare Regulations.**

Grandviews assisted living is a Washington State limited liability company  
This question is not applicable.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

**B. Operator Description:**

**1. Legal name and address of operating entity (unless same as owner).**

- a. If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

The operating entity is the same as the applicant.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

- c. Is the applicant currently, or does the applicant propose to be reimbursed for services provided under Titles V, XVIII, and/or Title XIX of the Social Security Act?**

The applicant already have Medicaid, and also will secure Medicare certification.

**d. Name, title, address and telephone number of person to whom questions regarding this application should be directed.**

Questions regarding this application should be addressed to:

Nayjeet Pandher, Administrative Assistant  
8804 W 5th Avenue, Kennewick WA 99336  
509-604-0813 (phone)  
Email: Nursepro.ca@gmail.com

**e. Provide separate listings of each Washington and out-of-state health care facility, including name, address, Medicare provider number, Medicaid provider number, owned and/or managed by each applicant or by a related party, and indicate whether owned or managed. For each out-of-state facility, provide the name, address, telephone number and contact person for the entity responsible for the licensing/survey of each facility.**

Using the definition of a health care facilities as defined in WAC 246-310, Grandview assisted Living currently operate 52 bed ALF facility in the city of Grandview.

Grandview Assisted Living, owned by the applicant, provides a safe and supportive home-like environment for seniors in Yakima County. The facility offers assistance with daily living activities, medication management, nutritious meals, housekeeping, and 24-hour staff support. Residents also benefit from social and wellness programs, transportation coordination, and comfortable accommodations designed to promote independence, dignity, and quality of life.

## SECTION 2 FACILITY DESCRIPTION

**A. Name and address of the proposed/existing facility.**

The address of the proposed Grandview Nursing Home will be:

912 Hillcrest  
St, Grandview WA 98930

**B. Provide the following information:**

Grandview ALF currently have.

	<b>NURSING HOME (SNF)</b>	<b>ASSISTED LIVING BEDS</b>
Total Number of Beds Currently Licensed	0	52
Number of Beds Currently Set up		

Upon project completion, Grandview Nursing Home will have the following bed configuration:

	<b>NURSING HOME (SNF)</b>	<b>ASSISTED LIVING BEDS</b>
Total Number of Beds Licensed	60	0

## SECTION 3 PROJECT DESCRIPTION

- A. Describe the proposed project. This description should include discussion of any proposed conversion or renovation of existing space, as well as the construction of new facility space. Also, specify any unique services being proposed.**

The applicant proposes to convert and upgrade the existing facility located at this site for use as a 60-bed skilled nursing facility (SNF). The building currently operates as a 52-bed assisted living facility; however, prior to its conversion in 2019, it functioned as a licensed nursing home. Because the original construction was designed to meet nursing home standards, the infrastructure—including resident rooms, common spaces, life-safety systems, and mechanical layouts—remains appropriate for nursing facility licensure. This existing compliance framework minimizes the extent of structural renovation needed to meet current WAC 388-97 (Nursing Homes) and WAC 246-320/246-322 (Facility Construction Review) requirements.

To support uninterrupted service delivery, the applicant is simultaneously constructing a new assisted living facility on the same campus. Current assisted living residents will be relocated to the new facility upon completion, ensuring continuity of care without disruption. After relocation, the existing building will be relicensed and operated as a 60-bed nursing home, thereby restoring its original function.

This project responds directly to Washington State’s documented bed need forecasts. According to the Washington State Nursing Home Bed Forecast (2024–2026) published by the Department of Health, Yakima County requires approximately 1,177 licensed nursing home beds by 2025, but currently maintains only 901 beds—leaving a shortfall of 276 beds projected to rise to 320 by 2026. The proposed conversion therefore aligns with state planning goals by expanding SNF capacity in a rural county identified as experiencing a persistent shortage.

The project will further assist local acute-care hospitals, including MultiCare Yakima Memorial, which have reported discharge delays due to insufficient skilled nursing availability. By reopening a 60-bed nursing facility within the county, the applicant will provide medically necessary post-acute placement options, reduce hospital backlog, and support timely care transitions consistent with RCW 70.38 (Health Planning and Development).

A unique component of this proposal is the creation of a co-located campus model offering both assisted living and nursing home services. This continuum of care design enables residents to transition between service levels as their needs evolve, without the trauma of geographic relocation. This approach supports state objectives for person-centered, least-restrictive placement and meets the policy goals outlined in the State Health Services Plan.



**B. Health Services (check all in each column that apply):**

<b>TYPES OF THERAPY</b>	<b>SUPPORT SERVICES</b>	<b>CURRENT SERVICES</b>	<b>PROPOSED SERVICES</b>
Physical Therapy	Inpatient	X	X
Physical Therapy	Outpatient		
Speech Therapy	Inpatient		X
Speech Therapy	Outpatient		
Occupational Therapy	Inpatient	X	X
Occupational Therapy	Outpatient		
Nursing Services	Inpatient	X	X
Meals on Wheels	Outpatient		
Adult Day Care	Outpatient		
Other (specify)	Outpatient		

**C. Increase in total licensed beds or redistribution of beds among facility and service categories of skilled nursing and assisted living beds:**

This project proposes the conversion of 60 nursing facility bed from Assisted living beds

**D. Indicate if the nursing home would be Medicaid certified.**

Grandview Assisted Living already have Medicaid certification .

**E. Indicate if the nursing home would be Medicare eligible:**

The vast majority of patients served by grandview nursing home will be Medicaid or commercial. However, we do intend to become Medicare certified.

**Indicate the number of Medicare certified beds:**

Current: 0

Proposed: 60

**F. Description of new equipment proposed.**

A listing of the equipment proposed is included in Exhibit 2.

**G. Description of equipment to be replaced, including cost of the equipment and salvage value (*if any*) or disposal or use of the equipment to be replaced.**

No equipment will be replaced as a part of this project. Therefore, this question is not applicable.

**H. Blue print size schematic drawings to scale of current locations of patient rooms, ancillary departments and support services.**

Included in Exhibit 3

**I. Blueprint size schematic drawings to scale of proposed locations of patient rooms, ancillary department, and support services, *clearly differentiating between remodeled areas and new construction.***

Drawings of the proposed nursing home are included as Exhibit 3.

**J. Geographic location of site of proposed project.**

**1. Indicate the number of acres in nursing home site:**

The site includes 1.9 acres.

**2. Indicate the number of acres in any alternate site for the nursing home (*if applicable*)**

The site has been acquired. No alternate site is proposed.

**3. Indicate if the primary site or alternate site has been acquired (*if applicable*)**

Yes ☒ No ☐

**Address of site:**

912 Hillcrest  
St, Grandview WA 98930

**Address of alternate site:**

Not applicable

- 4. If the primary site or alternate site has not been acquired, explain the current status of the site acquisition plans, including proposed time frames.**

The primary site has been acquired since 2018.

- 5. Demonstration of sufficient interest in project site. Provide a copy of a clear legal title to the proposed site and one of the following:**
- a. Lease for at least five years, with options to renew for not less than a total of twenty years; or**
  - b. Legal, enforceable agreement to give such title or such lease in the event a Certificate of Need is issued.**

Included in Exhibit 4 is a copy of the statutory warranty deed demonstrating that Grandview ALF Owner Mr. Ramandeep S Malhi is the owner of the site.

- 6. Demonstration that the proposed site may be used for the proposed project. Please include a letter from the appropriate municipal authority indicating that the site for the proposed project is properly zoned for the anticipated use and scope of the project, or a written explanation of why the proposed purpose is exempt.**

Exhibit 5 contains a letter from the City of Grandview documenting that the project is permissible with a Conditional Use Permit (CUP).

## **K. Space Requirements**

- 1. Existing gross square feet:**

18000 sqft building

- 2. Total gross square footage for the proposed addition and existing facility.**

This question is not applicable

- 3. Proposed new facility gross square footage.**

Not applicable, no new facility is built, we are redistributing beds in our already running Assisted Living Facility

4. Do the above responses include any shelled-in areas? Yes \_\_\_\_ No X

If yes, please explain the type of shelled-in space proposed (administration, patient beds, therapy space, etc.)

This question is not applicable.

## SECTION 4

### PROJECT RATIONALE : NEED

**1. Identify and analyze the unmet health services needs and/or other problems to which this project is directed.**

**a. Describe the need of the people you plan to serve for the service you propose.**

The proposed conversion of the existing facility into a 60-bed skilled nursing facility (SNF) in Grandview directly responds to multiple unmet health services needs and systemic problems in Yakima County and the Lower Valley.

#### 1. Documented Nursing Home Bed Shortage

- According to the Washington State Department of Health Nursing Home Bed Forecast (2024–2026), Yakima County requires approximately 1,177 licensed beds by 2025, rising to 1,211 by 2026, but currently maintains only 901 licensed beds.
- This results in a shortfall of 276 beds in 2025, projected to widen to 320 beds by 2026.
- The proposed project directly addresses this unmet need by restoring 60 SNF beds in a facility originally constructed as a nursing home, thereby aligning with state planning objectives.

#### 2. Hospital Discharge Delays and Acute Care Strain

- Local hospitals, including MultiCare Yakima Memorial, report delayed discharges for patients who no longer require acute care but cannot be transitioned due to lack of available SNF capacity.
- These delays cause:
  - Extended hospital stays for medically stable patients.
  - Increased costs to the healthcare system and insurers.
  - Reduced hospital capacity for new admissions, straining emergency departments and critical care units.
- By adding skilled nursing beds in the county, this project will relieve system bottlenecks and support more efficient hospital throughput.

## CITATIONS

1. Washington State Department of Health. (2024). 2024–2026 nursing home bed forecast. Washington State Department of Health. <https://doh.wa.gov/sites/default/files/2024-02/2024-2026NHHBedForecast.pdf>
2. Washington State Department of Health. (2025). Certificate of need evaluation report (Eval25-05). Washington State Department of Health. <https://doh.wa.gov/sites/default/files/2025-06/Eval25-05.pdf>
3. MultiCare Yakima Memorial Hospital. (2025). Public testimony regarding skilled nursing facility and hospice bed capacity, cited in Washington State Department of Health Certificate of need evaluation report (Eval25-05). Washington State Department of Health. <https://doh.wa.gov/sites/default/files/2025-06/Eval25-05.pdf>

## **SECTION 4**

### **PROJECT RATIONALE : NEED**

#### **3. Geographic Maldistribution of Skilled Nursing Services**

- Current SNF beds are concentrated in the Yakima urban core, requiring residents of the Lower Yakima Valley (Grandview, Sunnyside, Prosser, and surrounding rural areas) to travel 30–50+ miles for care.
- This creates significant barriers for rural families, particularly agricultural workers, in maintaining visitation and care participation.
- Locating a 60-bed SNF in Grandview provides equitable access for underserved communities and ensures that long-term care is reasonably close to the people it serves, consistent with WAC 246-310-380(6).

#### **4. Continuity of Care for Seniors**

- Currently, residents in assisted living who require a higher level of medical support must often be transferred out of the Lower Valley entirely, disrupting continuity of care and family support.
- The proposed co-located senior care campus (new assisted living + existing nursing facility) provides a seamless continuum of care, allowing residents to remain in their community as needs increase.
- This integrated model reduces stress and health risks associated with relocation and is consistent with person-centered care principles in Washington’s long-term care planning.

#### **5. Equity and Access for Vulnerable Populations**

- Yakima County is home to a large Hispanic and agricultural worker population, many of whom face transportation, language, and economic barriers in accessing facility-based care.
- Concentration of beds in urban Yakima limits access for these groups.
- By siting new SNF capacity in Grandview, the project promotes health equity by reducing travel distance, improving family involvement, and ensuring rural populations receive the same standard of long-term care as urban residents.

## SECTION 4

### PROJECT RATIONALE : NEED

#### Summary

This project addresses multiple unmet needs in Yakima County:

- Expands SNF capacity to reduce the forecasted county shortfall.
- Relieves hospital strain by creating post-acute placement options.
- Improves access and equity for rural and agricultural populations.
- Strengthens continuity of care through an integrated campus model.

In doing so, the project directly advances the policy goals of RCW 70.38 and WAC 246-310, ensuring that long-term care services are accessible, cost-effective, and responsive to documented community needs.

**Table 1: Yakima County Nursing Home Bed Forecast**

Year	Projected Need	Licensed Beds	Net Shortfall
2025	1,177	901	-276
2026	1,211	901	-320

**b. Address the need for nursing home beds based on the 45 beds per 1,000 population and Substitute House Bill 2098, which encourages the development of a broad array of home and community-based long-term care services as an alternative to nursing home care.**

The need for additional nursing home beds in Yakima County is clear when applying the Department of Health's standard of 45 beds per 1,000 persons aged 70+. By 2025, the county will require 1,177 licensed beds, but only 901 are available, leaving a 276-bed shortfall that will grow to 320 by 2026. The proposed 60-bed Grandview Nursing Facility directly reduces this gap.

This project also aligns with Substitute House Bill 2098, which promotes a broad continuum of long-term care services. While home- and community-based programs serve lower-acuity residents, these SNF beds will be reserved for patients with complex medical needs who cannot be managed safely outside a skilled facility, ensuring hospitals can discharge patients in a timely manner and families have local access to high-quality care.

## SECTION 4 PROJECT RATIONALE : NEED

**2. If your proposal exceeds the number of beds identified as needed in your county nursing home planning area as shown in WAC 246-310-380(6), please discuss how the approval of beds beyond the projected need would further the policy that beds should be located reasonably close to the people they serve.**

While the proposed addition of 60 nursing home beds may exceed the net need identified under WAC 246-310-380(6), such approval directly furthers the policy that additional beds must be “located reasonably close to the people they serve”, per WAC 246-310-380(5)(a) .

### Demographic Context—Grandview & Sunnyside

- Grandview, WA, has an estimated population of approximately 11,269 in 2025
- Sunnyside, WA, is the second-largest city in Yakima County, with a population estimated at 16,375 as of the 2020 census .
- Covering Yakima County (Outer)—Sunnyside & Grandview PUMA, the combined population is about 127,000, with a median age of just 31.7 years—demonstrating a community with a sizable population base, including growing families and eventually older adults requiring care .

Although these communities currently skew younger, as the broader county population ages, demand for local skilled nursing support will rise substantially.

### Geographic and Access Barriers

Yakima County spans over 4,300 square miles, and residents in outlying areas such as Grandview and Sunnyside face 30 to 50+ mile travel to reach existing nursing homes in Yakima city. This distance creates significant barriers to:

- Family involvement in care planning and visitation—a factor recognized as essential in improving resident outcomes and quality of life.
- Equitable access to long-term care—urban-centric bed distributions leave rural populations underserved.



## **SECTION 4**

### **PROJECT RATIONALE : NEED**

#### **Advancing “Reasonably Close” Policy Through Bed Location**

Locating a 60-bed nursing home in Grandview, adjacent to Sunnyside and other rural towns, accomplishes the core intent of WAC 246-310-380:

- It reduces travel burdens, making nursing facility care more accessible to residents and families in the Valley.
- It supports equitable distribution of care, particularly for underserved rural and agricultural communities.
- It facilitates continuity of care, as part of a co-located assisted living and nursing home campus, minimizing displacements and transfer disruptions.

#### **Legal and Policy Alignment**

The authority provided under WAC 246-310-380(5) allows modification to the net bed need when:

- The department finds additional beds are needed to be located reasonably close to the people they serve; and
- The approval is explained in writing .

By situating beds in Grandview, the applicant meets both criteria—fulfilling intent and providing the required written justification.

**SECTION 4**  
**PROJECT RATIONALE : NEED**

**3. Provide utilization data for each of the last three full fiscal years, the current annualized full fiscal year, and the next three full fiscal years: inpatient and outpatient. (USE SCHEDULE A which is attached to these guidelines.)**

Schedule A is included in Exhibit 6.

**4. In the case of any proposed conversion of beds from other service categories to nursing care beds, provide evidence that the conversion will not jeopardize the availability of service. Document the availability and accessibility of the services that are to be converted.**

The proposed project involves the conversion of 52 licensed assisted living facility (ALF) beds into 60 skilled nursing facility (SNF) beds in the existing building. This conversion will not jeopardize the availability of assisted living services in Yakima County or the Lower Valley because of the following safeguards:

**1. Construction of a New Assisted Living Facility**

- A new assisted living facility is being constructed on the same campus in Grandview.
- All current assisted living residents will be transferred to the new facility prior to the conversion of the existing building.
- This phased approach ensures that no displacement or disruption of care will occur for existing ALF residents.

**2. Preservation of Assisted Living Capacity**

- The new building will maintain and even enhance the assisted living capacity currently available in Grandview.
- By providing modernized, purpose-built ALF accommodations, the project ensures continuity and accessibility of assisted living services within the same community.
- Residents will not need to relocate outside of the region, thereby preserving local availability of ALF services.

## **SECTION 4**

### **PROJECT RATIONALE : NEED**

#### **3. Accessibility for Residents and Families**

- The co-location of the new assisted living facility and the nursing home ensures that residents and families will continue to access the full continuum of care in one integrated campus.
- This campus model strengthens service accessibility by allowing residents to transition between levels of care without leaving their home community.

#### **4. Compliance with State Regulatory Standards**

- The conversion process is designed to comply fully with WAC 388-78A (Assisted Living Facility regulations) and WAC 388-97 (Nursing Home regulations).
- By ensuring that assisted living services remain available on the same site, the project satisfies the intent of RCW 70.38, which requires that conversions do not reduce essential service availability to the community.

**The proposed conversion will not jeopardize the availability of assisted living services in Yakima County. On the contrary, it enhances the local continuum of care by:**

- **Relocating all current ALF residents into a new, modern facility;**
- **Preserving assisted living capacity in Grandview;**
- **Maintaining accessibility and geographic equity for rural populations; and**
- **Expanding needed SNF capacity to address Yakima County's documented bed shortfall.**

**This integrated approach ensures that both service categories—assisted living and skilled nursing—remain accessible and responsive to the needs of residents, families, and the broader community.**

**SECTION 4**  
**PROJECT RATIONALE : NEED**

**5. In the context of the criteria contained in WAC 246-310-210(2) (a) and (b), please describe how the service will be available to the following: low-income individuals; racial and ethnic minorities; women; handicapped individuals; elderly; and other under-served persons.**

The proposed 60-bed skilled nursing facility will be available to low-income individuals, racial and ethnic minorities, women, handicapped individuals, elderly, and other underserved populations in full compliance with WAC 246-310-210(2)(a) and (b). Admission will not be restricted based on source of payment, race, gender, disability, or other protected status, and services will be delivered in a culturally competent and accessible manner.

The facility's Patient Rights and Responsibilities Policy, attached as Exhibit 7, provides further documentation of our commitment to equitable and nondiscriminatory access.

**6. Does/will your facility require a pre-admission deposit? Please explain the intent and use of the deposit.**

Grandview nursing home will not require a pre-admission deposit.

**7. Please submit copies of the facility's admission agreement, policies and procedures.**

The requested information is included in Exhibit 8.

**8. If you propose any special services including but not limited to heavy care, Alzheimer's care, respite care and day care.**

**a. Describe the service in full detail.**

**b. Include program content, staffing by classification and FTE commitment, budget, and the amount of space dedicated to each service.**

**c. Document the need for any special services.**

Grandview Nursing Facility (60 beds) will provide a full range of skilled nursing services, including high-acuity medical care, dementia and Alzheimer's support, post-acute rehabilitation, and palliative/end-of-life care. Services will be delivered by an integrated care team to ensure residents receive person-centered, culturally competent, and clinically appropriate care 24 hours a day, seven days a week.

## **SECTION 4**

### **PROJECT RATIONALE : NEED**

The documentation of the extent and magnitude of community need for these services is provided in response to Question One of this application. Information regarding staffing and FTE commitments is included in Section 6 (Staffing Plan) of this application.

**9. If the purpose of the project is to correct existing structure, fire and/or life safety code deficiencies, or licensing, accreditation, or certification standards as provided for under provisions of WAC 246-310-480, provide a detailed description of the cited deficiencies and attach copies of the two most recent Fire Marshal's surveys and/or surveys conducted by the Survey Program, Aging and Adult Services Administration, Department of Social and Health Services, or other surveying agency.**

Attached in Exhibit 8

## SECTION 5 FINANCIAL FEASIBILITY

### Sources of Financing

All costs will be financed directly by Grandview Assisted Living LLC through owner equity. No loans, grants, or external financing are required.

### 3-Year Pro Forma (2026–2028)

Based on occupancy projections and payer mix, the proposed 60-bed facility demonstrates stable revenues and positive net income across the first three years of operation.

Fiscal Year	Total Patient Days	Medicaid Revenue	Medicare Revenue	Private Revenue	Total Revenue	Total Expenses	Net Income
2026	19,200	\$3,120,000	\$1,920,000	\$1,008,000	\$6,048,000	\$5,140,800	\$907,200
2027	21,636	\$3,515,850	\$2,163,600	\$1,135,890	\$6,815,340	\$5,861,192	\$954,148
2028	22,020	\$3,578,250	\$2,202,000	\$1,156,050	\$6,936,300	\$6,034,581	\$901,719

**SECTION 5  
FINANCIAL FEASIBILITY**

***SECTION I***

**Indicate the name, address and phone number of the licensed architect or engineer that completed this section.**

NAME: Kirkwood Architects & Associates

ADDRESS: S.9 Washington Suite 715

Spokane, WA, 99204

PHONE: 509-838-7474

Site Address: 912 Hillcrest Street, Grandview,

**PART I -- REASONABLE BUILDING COST GUIDELINES**

- 1. The Marshall Valuation Services (updated August 1993) Section I, pages 3-12, describes the building class (A, B, C, and D) and the building quality (excellent, good, average, and low cost) of the building. Based on this description, state the building class and building quality that is proposed for construction by this project. Applicants proposing to add beds at an existing nursing home should also state the building class and building quality of the existing nursing home.**

For New Construction:

Class \_\_\_\_\_ Quality \_\_\_\_\_ Number of Beds \_\_\_\_\_

For Existing Construction:

Class D Quality Good Number of Beds 60

- 2. Indicate the total number of square feet of construction that is proposed including walls, partitions, stairwells, etc. Total Square Feet 18000**

**sqft \_\_\_\_\_**

3. The Marshall Valuation Services (*updated August 1993*) Section I, pages 3-12, describes the type of materials that can be utilized to construct the frame, floor, roof, and walls of a building. Based on this description, indicate the type of materials that would be utilized in the following major components of the proposed building.

ITEM	TYPE OF MATERIAL
Frame	Wood and Steel
Floor	Concrete and Wood
Roof	Clay Tiles or Composite Shingles
Wall Structures	Wood or Steel framing
Exterior Finish	Brick and Hardie Board
Interior Finish	Gypsum Board
Lighting, Plumbing, and Mechanical	LED Lighting and Hot water system
Heating and Cooling	HVAC system

Building already finished



4. Indicate the total cost of constructing the new nursing home, replacing the existing nursing home, or constructing a bed addition at the nursing home. In cases where a nursing home/boarding home facility shares a common foundation and roof, the cost of the shared items shall be apportioned to the nursing home based on the Medicare program methodology for apportioned costs to the nursing home service. Construction cost shall include the following items.

a. Land Purchase-	NA
b. Utilities to Lot Line	NA
c. Land Improvements	NA
d. Building Purchase	NA
e. Residual Value of Facility	NA
f. Building Construction	NA
g. Fixed Equipment	NA
h. Moveable Equipment	\$55000
i. Architect/Engineer Fees	
j. Consulting Fees	\$10,000
k. Site Preparation	
l. Supervision & Inspection	
m. Costs Associated with Financing to Include Interim Interest	
1. Land	
2. Building	
3. Equipment	
4. Other-Loan Fees	
n. Sales Tax	
1. Land	
2. Building construction	
3. Equipment	
4. Other	\$5000
o. Other Project Costs - Itemized	
Fee/Permits/	
Construction Review Fees	
<b>p. Total Estimated Capital Cost (Actual/Replacement Cost)</b>	<b>\$70,000</b>

5. **Provide a copy of a signed non-binding cost estimate or contractor's estimate of the project's land improvements, building construction cost, architect and engineering fees, site preparation, supervision and inspection of site, Washington State sales tax, and other project costs (items c, f, i, k, m, n, and o above).**

Not applicable

6. The reasonableness of building construction cost is based on the data shown in the table shown on the next page entitled, "Cost Guidelines for New Building and Improvements Plus Increments for Additional Beds." Reasonable building costs will be determined by:
- a. Locating the class of construction (A, B, C, or D) and quality of construction (good, average, low) in the table, multiply the number of beds proposed by the appropriate per bed base cost;
  - b. Identify the appropriate base cost for the facility (using the same class and quality of construction);
  - c. Additional incremental allowances are allowed for projects requesting beds between 75-120 and projects of over 120 beds.
    - c1. For projects greater than 74 beds, but less than 121 beds, multiply the appropriate per bed incremental allowance (using the same class and quality of construction) by the number of additional beds between 75 to 120: or
    - c2. For projects greater than 120 beds, multiply the appropriate per bed incremental allowance (using the same class and quality of construction) by the number of additional beds over 75, but less than 120, then multiply the appropriate incremental allowance by the number of beds over 120 and add these two figures together.

This question is no longer applicable, as Washington no longer uses Marshall & Swift or land- lead calculations. Effective July 1, 2016, the Legislature implemented a Fair Market Rental (FMR) capital system, which remains in effect for FY 2025. Under this methodology, the capital rate for Grandview Nursing Facility is determined by multiplying the allowable square footage per bed (up to 450 square feet, for 60 licensed beds) by the RSMeans cost per square foot adjusted for the facility's zip code. Ten percent is added for equipment, the value is reduced by 1.5 percent per year of the building's age, and ten percent of the gross building value is added for land. The resulting amount is then multiplied by a statutory rental rate of 7.5 percent, and the annual fair rental value is divided by the greater of actual prior-year census days or imputed days based on 90 percent occupancy (19,710 days for 60 beds). This produces the capital per-diem reimbursement rate for Grandview Nursing Facility under the current FMR methodolog

- 7. The figures from 6a, 6b, and 6c, when applicable, are added to determine the construction cost lids. Final lid values will be adjusted for inflation using the actual change in the appropriate cost indexes.**

Since the Marshal Swift Valuation is no longer used for rate setting purposes, this question is not applicable.

- 8. The above estimated building costs per bed may be adjusted when the following circumstances apply to the project.**
  - a. Construction changes required by Facilities and Services Licensing Section, Office of Resource Development, and/or Department of Health in the course of approving the building plans for the project.**
  - b. Four story or higher construction.**
  - c. Unusual labor or climatic conditions at time of construction that were not foreseeable by management.**
  - d. Cost savings realized in other components of the project such as equipment or operating costs.**
  - e. Where more than one major construction type is present, an average facility type shall be computed by weighing relative costs of the framing, floor, roof, and walls.**

Since the Marshal Swift Valuation is no longer used for rate setting purposes, this question is not applicable.

## **PART II -- REASONABLE LAND COST GUIDELINES**

- 1. The land cost guidelines are for land that is utilized by the nursing home service. When an applicant proposes to construct a new nursing home/boarding home facility, the amount of land utilized by the nursing home services should be calculated based on Medicaid program methodology for apportioning costs to the nursing home for reimbursement purposes. Based on the above factors, the cost of land, plus cost of utilities to lot line for the proposed nursing home would be:**

As noted in response to Question 6 in Part I, above, a new rate setting methodology is in place that renders this question "no longer applicable".

- 2. Indicate the number of square feet of land that would be utilized for the nursing home service: 18,000\_ square feet**
- 3. Indicate the cost per square foot for the utilized by the nursing home service:**

The new reimbursement methodology uses a fixed cost per allowable square footage amount set by the Legislature from "RS Means"

- 4. Exceptions to square foot cost lids (WAC 388-96-745 (7)) may be allowed to a maximum of ten percent (WAC 388-96-754(8)). An adjustment shall be granted only if requested by the applicant. Applicants requesting adjustments to the guidelines for reasonable land costs shall provide written justification and an analysis showing the rationale for the adjustments.**

As the cost per square foot is no longer utilized for the nursing home rate setting, this question is not applicable.

- 5. Exceptions to land area lids (WAC 388-96-762) may be allowed. An adjustment shall be granted only if requested by the applicant and meet the criteria defined in WAC 388-96-762(3). Applicants requesting adjustments to the guidelines for area land lids shall provide written justification and an analysis showing the rationale for the adjustments.**

As the land area lid is no longer utilized for the nursing home rate setting, this question is not applicable.

#### SECTION IV

**1. Identify the owner or operator who will incur the debt for the proposed project.**

Grandview Nursing Facility will not incur the debt for the proposed project.

**2. Anticipated sources and amounts of financing for the project (actual sources for conversions)**

	Specify Type	Dollar Amount
Public Campaign		
Bond Issue		
Commercial Loans		
Government Loans		
Grants		
Bequests & Endorsements		
Private Foundations		
Accumulated Reserves		
Owner's Equity	Equipment	\$55,000
Other - (specify)	Start up cost	\$45,000
Other - (specify)	Consulting, WA tax	\$15,000
<b>TOTAL (must equal total Project Cost)</b>		<b>\$115,000</b>

**3. Provide a complete description of the methods of financing which were considered for the proposed project. Discuss the advantages of each method in terms of costs and explain why the specific method(s) to be utilized was (were) selected.**

No financing, question not applicable

**4. Indicate the anticipated interest rate on the loan for constructing the nursing home.**

There is no financing involved

5. Indicate if the interest rate will be fixed or variable on the long-term loan and indicate the rate of interest.

Question not applicable

6. Estimated start-up and initial operating expenses

- a. Total estimated start-up costs \$115,000 (*expenses incurred prior to opening such as staff training, inventory, etc., reimbursed in accordance with Medicaid guidelines for start-up costs*)
- b. Estimated period of time necessary for initial start-up: 2 months (*period of time after construction completed, but prior to receipt of patients*)
- c. Total estimated initial operating deficits \$400,000 (*operating deficits occurring during initial operating period*)
- d. Estimated initial operating period 2 months (*period of time from receipt of first patient until total revenues equal total expenses*)

7. Anticipated Sources of Financing Start-up and Initial Operating Deficits.

Unrestricted Cash	\$400,000
Unrestricted Marketable Securities of Proponent	\$
Accounts Receivable	\$
Commercial Loan	\$
Line of Credit ( <i>specify source</i> )	\$
Other ( <i>specify</i> )	\$
<b>TOTAL</b>	<b>\$400,000</b>

## **8. Evidence of Availability of Financing for the Project**

**Please submit the following:**

- a. Copies of letter(s) from the lending institution indicating a willingness to finance the proposed project (*both construction and permanent financing*). The letter(s) should include:**
  - i. Name of person/entity applying**
  - ii. Purpose of the loan(s)**
  - iii. Proposed interest rate(s) (fixed or variable)**
  - iv. Proposed term (*period*) of the loan(s)**
  - v. Proposed amount of loan(s)**

This question is not applicable

- b. Copies of letter(s) from the appropriate source(s) indicating the availability of financing for the initial start-up costs. The letter(s) should include the same items requested in 8(a) above, as applicable.**

The sources of financing for the start up costs will come from Mr.Ramandeep Malhi's personal reserve funds. Attached the personal financial statement.

- c. Copies of each lease or rental agreement related to the proposed project.**

There are no lease or rental agreements.

- d. Separate amortization schedule(s) for each financing arrangement including long-term and any short-term start-up, initial operating deficit loans, and refinancing of the facility's current debt setting forth the following:**
  - i. Principal**
  - ii. Term (*number of payment period, long-term loans may be annualized*)**
  - iii. Interest**
  - iv. Outstanding balance of each payment period**

This question is not applicable



**9. Provide the following:**

- a. Please supply copies of the following pages and accompanying footnotes of each applicant's three most recent financial statements: Balance Sheet, Revenue and Expense, and Changes in Financial Position. (If not available as a subsidiary corporation, please provide parent company's statements, as appropriate. )**

Personal financial statements and schedules are attached in exhibit 10 of this application

- b. Please provide the following facility-specific financial statements through the third complete fiscal year following project completion. Identify all assumptions utilized in preparing the financial statements.**

- |       |                   |  |
|-------|-------------------|--|
| i.    | <b>Schedule B</b> | <b>Balance Sheet</b>                               |
| ii.   | <b>Schedule C</b> | <b>Statement of Operations</b>                     |
| iii.  | <b>Schedule D</b> | <b>This Statement Has Been Eliminated</b>          |
| iv.   | <b>Schedule E</b> | <b>Statement of Changes in Equity/Fund Balance</b> |
| v.    | <b>Schedule F</b> | <b>Notes to Financial Statements</b>               |
| vi.   | <b>Schedule G</b> | <b>Itemized Lists of Revenue and Expenses</b>      |
| vii.  | <b>Schedule H</b> | <b>Debt Information</b>                            |
| viii. | <b>Schedule I</b> | <b>Book Value of Allowable Assets</b>              |

The above proposed financial statements are attached in Exhibit 10 of this application and are based on reasonable, conservative assumptions regarding occupancy, payer mix, operating expenses, and financing.

**10. Utilizing the data from the financial statements, please calculate the following:**

- a. Debt Service Coverage**
- b. Current Ratio**
- c. Assets Financed by Liabilities Ratio**
- d. Total Operating Expense to Total Operating Revenue**

Table 2 details the requested financial ratios.

**Table 2**  
**Grandview Nursing Facility**  
**Financial Ratios, 2026-2028**

<b>Ratio</b>	<b>Target Ratio<sup>3</sup></b>	<b>Proj. FYE 2026</b>	<b>Proj. FYE 2027</b>	<b>Proj. FYE 2028</b>
Current Ratio	1.8-2.5	2.50	2.57	2.58
Assets Financed by Liabilities	0.6-0.8	0.63	0.58	0.54
Total Operating Expense/Total Operating Revenue	1.0	0.81	0.80	0.78
Debt Service Coverage	1.5-2.0	(Na)	Na	Na

*Source: Applicant*

**11. If the project's calculated ratios are outside the normal or expected range, please explain.**

Grandview Nursing Facility's ratios are either within range by 2028 or, if they are outside of the target, they are better than expected.

**12. If a financial feasibility study has been prepared, either by or on behalf of the proponent in relation to this project, please provide a copy of that study.**

No financial feasibility study has been prepared at this time.

### 13. Current and Projected Charges and Percentage of Patient Revenue

#### a. Per Diem Charges for Nursing Home Patients for Each of the Last Three Fiscal Years:

This question is not applicable

#### b. Current Average Per Diem Charges for Nursing Home Patients:

This question is not applicable

#### c. Projected Average Per Diem Charges for Nursing Home Patients for Each of the First Three Years of Operation:

Charges for the first three years are detailed in Table 3.

**Table 3**  
**Average Per Diem Charges- First Three Years**

	2026	2027	2028
Private Pay	\$720	\$735	\$750
Medicaid	\$400	\$410	\$420
Medicare <sup>4</sup>	\$550	\$565	\$580
VA	NA	NA	NA
Other- HMO	\$450	\$460	\$470

Source: Applicant

#### d. Please indicate the percentage of patient revenue that will be received for the:

<b>Existing Facility</b>	
Private Pay	NA
Medicaid	NA
Medicare	NA
VA	NA
Other-Specify	NA

Source: Applicant

<b>Proposed Facility FY2028</b>	
Private Pay	12.0%
Medicaid	61.3%
Medicare	24%
VA	0%
Other-HMO	2.6%

Source: Applicant

## SECTION 6 STRUCTURE AND PROCESS (QUALITY) OF CARE

### 1. Nursing Home Number of Employees

Staffing	Projected Employees-2028	
	<i>Full-Time Equivalent</i>	<i>Consultant hr/week</i>
Registered Nurse	8.0	
LPN	9.0	
Nurses Aides & Assistants	31.0	
<b>NURSING TOTAL</b>	<b>48.0</b>	
Dietary Manager	1.00	
Cooks & dietary Aides	4.00	
<b>DIETARY TOTAL</b>	<b>5.00</b>	
Administrator (Program Director)	1.00	
Assistant Administrator (Asst. Program Director)	0.50	
Administrator In-training		
Activities Director	1.0	
Medical Director	0.20	Contract
In-service Director	Included in RNs	
Director of Nursing	Included in RNs	
Clerical	1.0	
Housekeeping/ Maintenance/Laundry	5.00	
<b>ADMINISTRATION TOTAL</b>	<b>8.70</b>	
Physical Therapist		contract
Occupational Therapist		contract
Pharmacist		contract
Medical Records		
Social Worker	1.00	
Plant Engineer		
Other (specify)		
Accounting staff	1.00	
Other office staff	1.00	
Network support	0.50	
<b>ALL OTHERS-TOTAL</b>	<b>3.50</b>	
<b>TOTAL STAFFING</b>	<b>65.2</b>	

### 2. Nursing Hours/Patient Day:

Registered Nurse	0.75
LPNs	0.84
Nurse's Aides & Assistants	2.90
<b>TOTAL</b>	<b>4.49</b>

**3. Provide evidence that the personnel needed to staff the nursing home will be available.**

Qualified personnel to staff the proposed 60-bed Grandview Nursing Facility are available within Yakima County and the surrounding region. The area is supported by CNA training programs, Yakima Valley College nursing programs, and established pipelines for RNs and LPNs. In addition, the ownership currently operates an assisted living facility on the same campus, and experienced staff from that operation will be transitioned to the nursing home. Non-nursing staff such as dietary, housekeeping, and social services workers are also available locally, and contracted professionals (medical director, pharmacy, therapy) will be secured through established regional networks.

**4. Provide evidence that there will be adequate ancillary and support services to provide the necessary patient services.**

Adequate ancillary and support services will be available to ensure all patient care needs are met. Dietary services will be provided by a full-time dietary manager and support staff, with therapeutic diets overseen by a contracted dietitian. Housekeeping, laundry, and maintenance personnel will be employed directly to maintain a safe and sanitary environment. Social services and activities will be delivered by dedicated staff, supplemented by contracted professionals as needed. Pharmacy, laboratory, rehabilitation therapies (PT/OT/ST), and respiratory services will be secured through established regional providers already serving long-term care facilities in Yakima County. Together, these resources ensure comprehensive ancillary and support services consistent with WAC requirements and federal nursing home regulations.

- 5. Provide evidence that indicates the services provided at your facility will be in compliance with applicable federal and state laws, rules, and regulations for health care facilities.**

All services at Grandview Nursing Facility will be delivered in full compliance with applicable federal and state laws, including 42 CFR §483 for nursing facilities and WAC 388-97 for Washington State. Policies and procedures have been developed to ensure adherence to licensing, staffing, resident rights, and quality-of-care standards, and the facility will maintain ongoing monitoring and staff training to ensure continuous compliance.

- 6. Provide evidence that the project will be in compliance with applicable conditions of participation related to the Medicare and Medicaid programs.**

Grandview Nursing Facility will provide services in compliance with the applicable conditions of participation related to the Medicare and Medicaid programs

- 7. Fully describe any history of each applicant with respect to the actions noted in the Certificate of Need criterion. (WAC 246-310-230 (5) (a). If there is such a history, provide evidence that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.**

Grandview Nursing Facility has no history with respect to the criteria in wac 246-310-230 (5)(a).

- 8. Provide evidence that the project will adequately address continuity of care. Describe the arrangements that will be made with other providers for patient care consultation services. Provide assurance that patients will be referred to a hospital for acute care needed. Also, provide assurance that patients discharged from the nursing home will be referred to home health, hospice, or assisted living agencies when such care is needed.**

The Grandview Nursing Facility will ensure continuity of care through established arrangements with local hospitals, home health agencies, hospice providers, and assisted living facilities in Yakima County. Residents requiring acute or specialized care will be promptly referred to partner hospitals, with transfer protocols in place to avoid any disruption. Upon discharge, patients will be connected to appropriate post-acute services, including home health, hospice, or assisted living, based on their care plan and family preference. The facility will also coordinate with primary care providers and specialists to maintain seamless treatment and communication across care settings, ensuring that patient needs are met in compliance with federal and state continuity-of-care requirements.

- 9. Existing nursing homes will document the number of patients discharged from the nursing home to the patients home, referred to home health, hospice agency, or assisted living services during the last three years.**

Grandview Assisted Living facility is not a Nursing Home Currently .  
Therefore, this question is not applicable.

## **SECTION 7 COST CONTAINMENT**

- 1. Describe distinct alternative means for meeting the need described previously. Identify alternative advantages and disadvantages, including cost, efficiency or effectiveness.**

Several alternatives were considered to meet the identified need for skilled nursing services in Yakima County:

- Option 1: Maintain status quo – This would mean leaving the existing assisted living services in place without adding skilled nursing beds. This option was rejected because it does not address the demonstrated shortage of nursing home beds in the Lower Valley, forcing residents to travel long distances for care.
- Option 2: Expand assisted living capacity only – Increasing assisted living beds without skilled nursing capability was also considered. However, assisted living does not provide the clinical intensity or 24-hour RN coverage required by higher-acuity residents. This option would not sufficiently meet the needs of residents requiring skilled nursing care.
- Option 3: Convert existing facility space and add a new skilled nursing home – The selected option provides the greatest cost efficiency and effectiveness. The existing building, which was originally licensed as a nursing home, already contains infrastructure suitable for skilled nursing operations. By utilizing this existing layout and infrastructure, startup and construction costs are significantly reduced compared to building an entirely new facility. This approach provides both cost savings and timely access to needed services for the community.

Conclusion: Option 3 was chosen because it balances cost efficiency, timeliness, and effectiveness in meeting the needs of Yakima County residents.

- 2. Describe, in as much detail as possible, specific efforts that were undertaken to contain the costs of offering the proposed service.**

As noted in earlier sections of the application, both Seattle Children's and Ashley House agreed that the facility should be as close as possible to the Seattle Children's Laurelhurst campus. The geography and real-estate around Seattle Children's is both highly developed and costly. The main way in which the capital costs were managed was via the purchase of existing building/residence. While the interior remodeling will be extensive, the utilities and other infrastructure are already in place.



- 3. In the case of construction, renovation, or expansion, describe any operating or capital cost reductions achieved by architectural planning, engineering methods, methods of building design and construction, or energy conservation methods used.**

No new construction or major renovation is planned; cost savings are achieved by reusing the existing nursing home infrastructure. Any routine upgrades will use energy-efficient systems, and shared services with the assisted living facility reduce overhead and operating costs.

- 4. Under a concurrent or comparative review, preference will be given to the project which meets the greatest number of criteria listed below. Provide documentation describing how the proposed project meets the following criteria.**
  - a. Projects that include other institutional long-term care services or evidence of relatively greater linkages to community-based, long-term care services.**
  - b. Projects which improve the geographic distribution and/or provide access to nursing home beds in a currently under-served area.**
  - c. Nursing home operators having (*or proposing to have*) a Medicare contract in areas with less than the statewide proportion of Medicare nursing home beds to total nursing home beds.**
  - d. Nursing home operators serving (*or proposing to serve*) Medicaid clients.**
  - e. Nursing home operators proposing to serve additional heavy care patients in areas where CSO placement staff or hospital discharge planners document significant and continuing difficulties in placing such patients in nursing homes.**
  - f. Existing nursing home operators in the state who are seeking to achieve a 100-bed minimum efficient operating size for nursing homes or to otherwise upgrade a facility with substantial physical plant waivers or exemptions, as determined by Washington State Aging and Adult Services Administration.**
  - g. Projects that propose to serve individuals requiring mental health services and care for Alzheimer's or dementia conditions.**

A review of letters of intent demonstrates that Grandview Nursing Facility was the only entity in the State to apply for a certificate of need in the 2025 concurrent review process. As such, this question is not applicable.

**Exhibit 1**  
**Listing of Grandview Assisted**  
**Living Facilities**

**Name of existing Facility**

**GRANDVIEW ASSISTED LIVING**

912 Hillcrest St, Grandview

WA 98930

**Exhibit 2**  
**Equipment List**

## Movable Equipment Justification – Grandview Nursing Facility

The proposed nursing facility does not require extensive new equipment purchases. This is because the majority of furnishings, dietary equipment, laundry systems, and other support equipment are already available and operational. Only specialized clinical equipment necessary to upgrade to nursing home standards is required, specifically hospital beds suitable for skilled nursing and patient lifts to ensure safe resident handling. This targeted approach minimizes capital costs while ensuring compliance with nursing facility requirements. The total for movable equipment is therefore limited to \$55,000.

Item	Estimated Cost (\$)
Hospital beds with mattresses & side rails	45,000
Patient lifts	10,000
Total	55,000

**Exhibit 3**  
**Single Line Drawings of Grandview**  
**Assisted Living & Nursing Home**



## PROJECT INFORMATION

PROPERTY ADDRESS  
MILLCROFT CONVALESCENT CENTER  
4702 MILLCROFT AVENUE  
SEATTLE, WASHINGTON  
TYPE - I OCCUPANCY  
PLANTING CONSTRUCTION  
TYPE V - ONE HOUR  
NEW CONSTRUCTION  
TYPE V - ONE HOUR

THE INTENT OF THIS SITE PLAN IS TO SHOW THE CLOSE APPROPRIATE RELATIONSHIP BETWEEN MAJOR EXISTING SITE CONDITIONS AND THE IMPACT OF THE NEW CONSTRUCTION ON THE SITE.

CONTRACTOR IS RESPONSIBLE TO VERIFY THE EXACT LOCATIONS OF GAS LINES, WATER LINES, SEWER LINES, AND ELECTRIC LINES.

Added Notes

1. 5.1. - TANK BUILDING
2. NEW ADDITION TO EXISTING BUILDING
3. EXISTING INVAJANT SOBER AND CONCRETE PAVED TO REMAIN
4. EXISTING 4" DRAIN LINE EXIST TO REMAIN
5. EXISTING INVAJANT SOBER AND CONCRETE PAVED TO BE REMOVED
6. EXISTING 6" CONCRETE SIDEWALK TO BE REMOVED
7. EXISTING TRAILS OF APPROXIMATELY 1/4" DIAMETER TREES TO REMAIN, 5 TREES
8. NEW 5.5" CONCRETE CURB
9. NEW 3.5" OF ASP. OLD EXISTING CURB AND ASPHALT
10. EXISTING 12" DIAMETER 10' LONG AND 12" DIAMETER 10' LONG EXISTING STAKE
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STATE OF WASHINGTON  
DIVISION OF HEALTH  
APPROVED

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AND PUBLIC AFFAIRS  
UNIT

DEPARTMENT OF COMMERCE DEVELOPMENT  
The Production Services Division

☒ APPROVED ☐ APPROVED AS MODIFIED

Approved Subject to Five Production  
Terms Only

☐ REVIEWED: Incorporation Changes &  
Factors for Final Order

☐ Concur With The Requirements On  
Attached Project Review Letter

FINAL ACCEPTANCE IS SUBJECT TO  
FIELD INSPECTION AND COMPLIANCE  
WITH APPROPRIATE CODES AND/OR

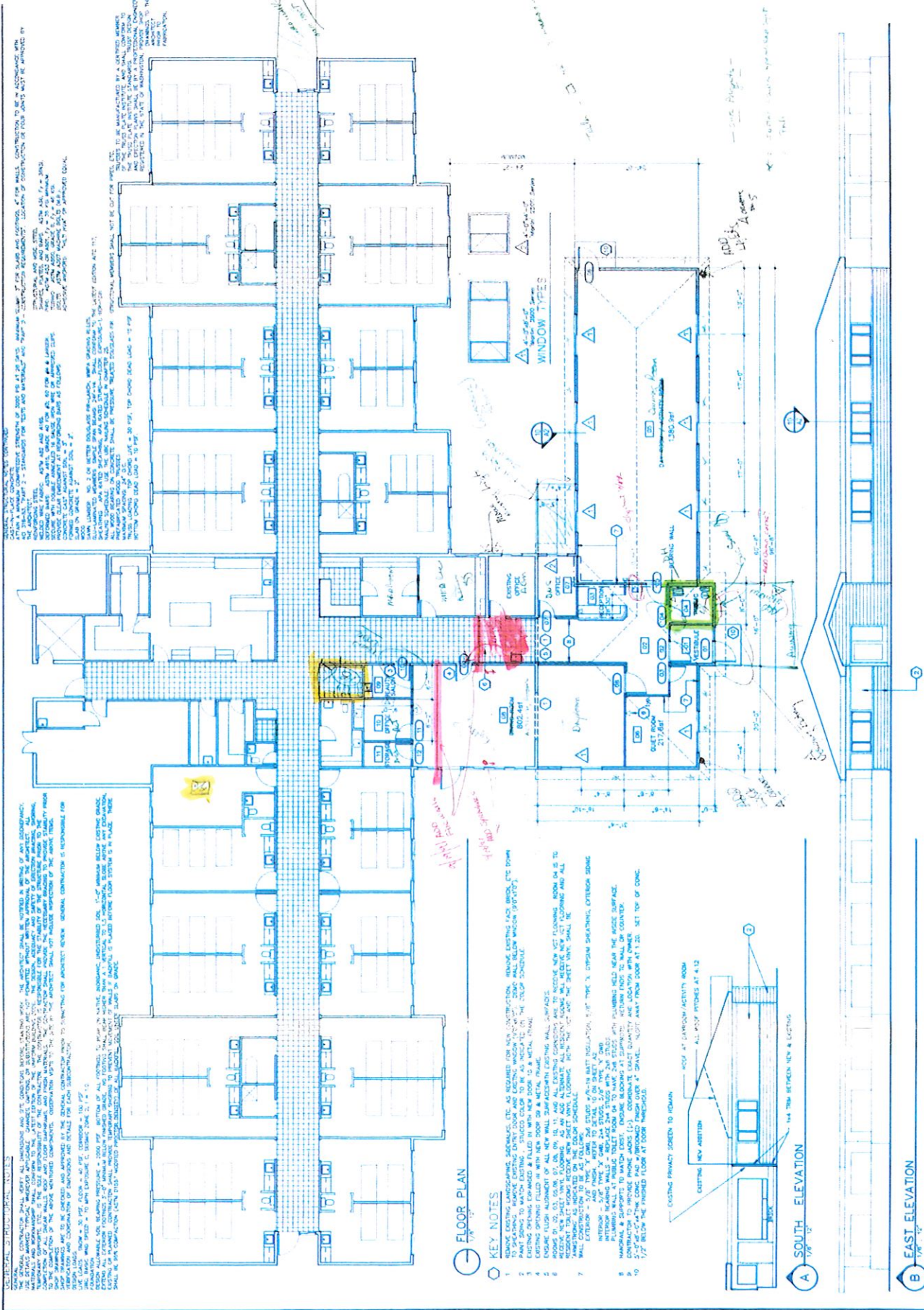
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**SITE PLAN**

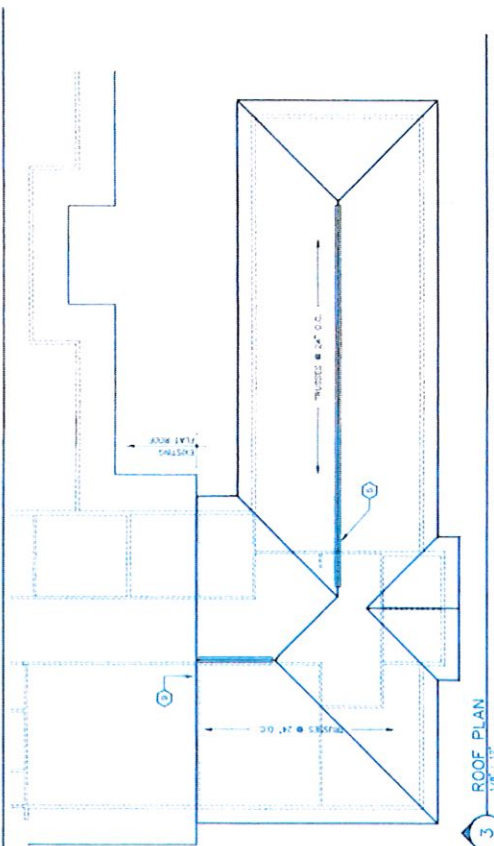
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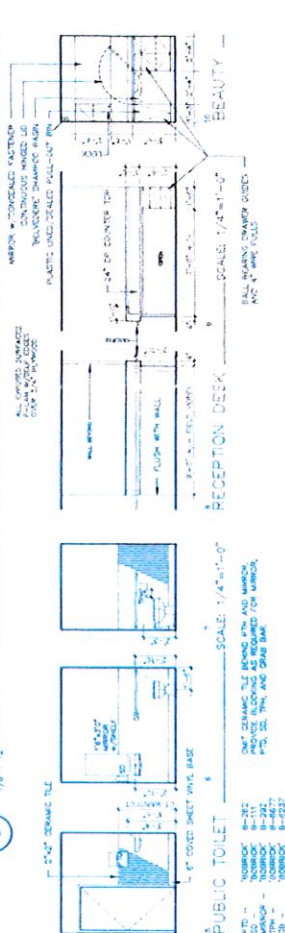




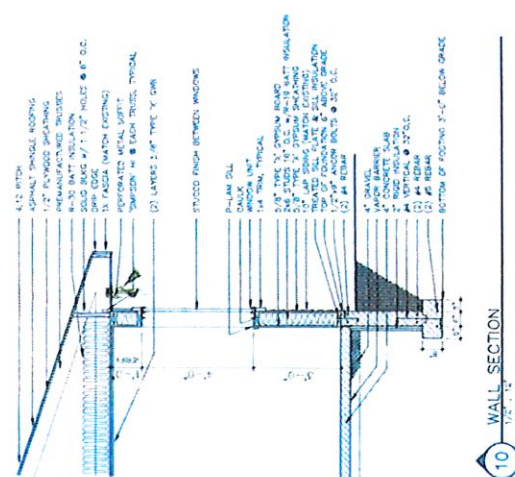




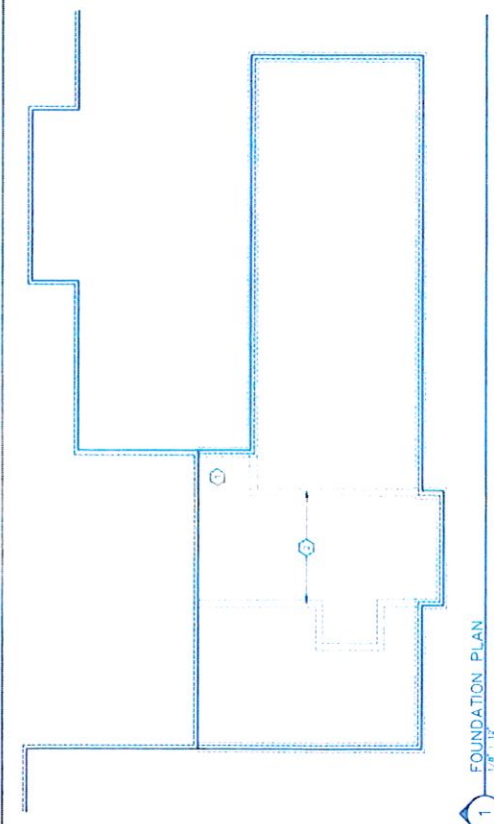
3 ROOF PLAN



PUBLIC TOILET



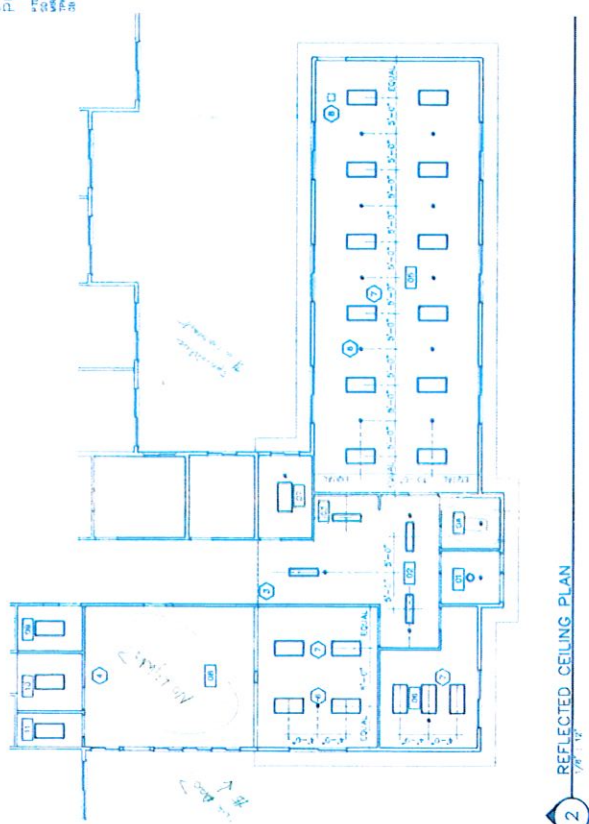
10 WALL SECTION  $\frac{1}{2}'' = 1' - 0''$



1 FOUNDATION PLAN

## KEY NOTES

- [illegible]



2 REFLECTED CEILING PLAN  
 $\frac{1}{8"} = 12'$

DOOR SCHEDULE		TEMPERATURE		TEMPERATURE	
DOOR TYPE	DOOR SIZE	TEMPERATURE	TEMPERATURE	TEMPERATURE	TEMPERATURE
1	4'0" x 8'0"	100	100	100	100
2	4'0" x 8'0"	100	100	100	100
3	4'0" x 8'0"	100	100	100	100
4	4'0" x 8'0"	100	100	100	100
5	4'0" x 8'0"	100	100	100	100
6	4'0" x 8'0"	100	100	100	100
7	4'0" x 8'0"	100	100	100	100
8	4'0" x 8'0"	100	100	100	100
9	4'0" x 8'0"	100	100	100	100
10	4'0" x 8'0"	100	100	100	100
11	4'0" x 8'0"	100	100	100	100
12	4'0" x 8'0"	100	100	100	100
13	4'0" x 8'0"	100	100	100	100
14	4'0" x 8'0"	100	100	100	100
15	4'0" x 8'0"	100	100	100	100
16	4'0" x 8'0"	100	100	100	100
17	4'0" x 8'0"	100	100	100	100
18	4'0" x 8'0"	100	100	100	100
19	4'0" x 8'0"	100	100	100	100
20	4'0" x 8'0"	100	100	100	100
21	4'0" x 8'0"	100	100	100	100
22	4'0" x 8'0"	100	100	100	100
23	4'0" x 8'0"	100	100	100	100
24	4'0" x 8'0"	100	100	100	100
25	4'0" x 8'0"	100	100	100	100
26	4'0" x 8'0"	100	100	100	100
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33	4'0" x 8'0"	100	100	100	100
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74	4'0" x 8'0"	100	100	100	100
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86	4'0" x 8'0"	100	100	100	100
87	4'0" x 8'0"	100	100	100	100
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89	4'0" x 8'0"	100	100	100	100
90	4'0" x 8'0"	100	100	100	100
91	4'0" x 8'0"	100	100	100	100
92	4'0" x 8'0"	100	100	100	100
93	4'0" x 8'0"	100	100	100	100
94	4'0" x 8'0"	100	100	100	100
95	4'0" x 8'0"	100	100	100	100
96	4'0" x 8'0"	100	100	100	100
97	4'0" x 8'0"	100	100	100	100
98	4'0" x 8'0"	100	100	100	100
99	4'0" x 8'0"	100	100	100	100
100	4'0" x 8'0"	100	100	100	100

**STANDARD 3.1.5**  
HARDWARE SUPPLY TO PROVIDE HARDWARE SCHEDULE TO MEET ALL  
2.5 HRS REQUIREMENTS



Washington State Patrol  
Fire Protection Bureau  
Phone: (360) 596-3900

<b>Business Name</b>	Grandview Assisted Living	<b>Provider Number</b>	2502
<b>Address</b>	912 HILLCREST ST ,	<b>Approval Status</b>	Approved
<b>City, State, Zip</b>	Grandview, WA 98930	<b>Facility Type</b>	Residential Care

On 09/27/2023 the Office of the State Fire Marshal conducted an inspection at your facility.

**All violations noted during previous related inspection(s) have been corrected.**

Owner or Owner's Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

Deputy State Fire Marshal Barbara Maier  
PO BOX 42642  
Olympia WA 98504  
(360) 596-3925

\_\_\_\_\_  
Signature

**Right of appeal.** Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.

**Exhibit 4**  
**Copy of Statutory Warranty Deed**

When recorded return to:  
LPI HOLDINGS, LLC  
2715 64TH AVE NE, STE A  
TACOMA, WA 98422

Short Form  
**DEED OF TRUST**

THIS DEED OF TRUST, made this **22nd day of June, 2018** between **Ramandeep S. Malhi, a married man, as his separate estate**, as GRANTOR(S), whose address is **8804 W 5th Avenue, Kennewick, WA 99336** and **BENTON FRANKLIN TITLE COMPANY**, as TRUSTEE, whose address is **3315 WEST CLEARWATER, STE 100, KENNEWICK, WA 99336** and **LPI HOLDINGS, LLC**, a Washington limited liability company as BENEFICIARY, whose address is **2715 64th Avenue NE, Ste A, Tacoma, WA 98422**

Grantor(s) hereby irrevocably grants, bargains, sells, and conveys to Trustee in trust, with power of sale, the following described property in Yakima County, Washington:

Lot 2 of SHORT PLAT 83-60 are recorded under Auditor's File No. 2673580, records of Yakima County, Washington.

**TAX PARCEL NUMBER(S):**

**230922-43470**

TOGETHER WITH all the tenements hereditaments and appurtenances, now or hereafter thereunto belonging or in anywise appertaining, and the rents, issues, and profits thereof and all other property or rights of any kind or nature whatsoever further set forth in the Master Form Deed of Trust hereinafter referred to, SUBJECT, HOWEVER, to the right, power and authority hereinafter given to and conferred upon Beneficiary to collect and apply such rents, issues and profits.

THIS DEED IS FOR THE PURPOSE OF SECURING PERFORMANCE of each agreement of Grantor(s) incorporated by reference or contained herein and payment of the sum of Two Hundred Ninety Six Thousand and NO/100 DOLLARS (\$296,000.00) with interest thereon according to the terms of a promissory note of even date herewith, payable to Beneficiary or order and made by Grantor(s); all renewals, modifications or extensions thereof, and also such further sums as may be

# MASTER FORM DEED OF TRUST

Recorded by Washington Mortgage Correspondence Association, a Washington corporation, pursuant to C. 148 L. 1967

The Grantor(s) covenants and agrees as follows:

1. The following described estate, property and rights of Grantor(s) are also included as a security for the performance of each covenant and agreement of Grantor(s) contained herein or in the Short Form Deed of Trust and the payment of all sums of money secured hereby:

- (a) All the estate and rights of Grantor(s) in and to said property and in and to land lying in streets and roads adjoining said premises, and all access, rights, and easements appertaining thereto.
- (b) All buildings, structures, improvements, fixtures, and articles of property now or hereafter attached to, or used or adapted for use in the operation of, the said premises, including but without being limited to, all heating and incinerating apparatus and equipment whatsoever, all boilers, engines, motors, dynamos, generating equipment, piping and plumbing fixtures, ranges, cooking apparatus and mechanical kitchen-equipment, refrigerators, cooling, ventilating, sprinkling and vacuum cleaning systems, fire extinguishing apparatus, gas and electric fixtures, carpentry, underpadding, elevators, escalators, partitions, mantels, built-in mirrors, window shades, blinds, screens, storm sash, awnings, furnishings of public spaces, halls and lobbies, and shrubbery and plants; and including also all interest of any owner of the said premises in any of such items hereafter at any time acquired under conditional sale contract, chattel mortgage or other title retaining or security instrument, all of which property mentioned in this paragraph shall be deemed part of the realty and not severable wholly or in part without material injury to the feehold.
- (c) All and singular the lands, tenements, privileges, water rights, hereditaments, and appurtenances thereto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof, and all the estate, rights, title, claim, interest and demand whatsoever of the Grantor(s), either in law or equity, of, in and to the bargained premises. TO HAVE AND TO HOLD said premises bargained and described together with all and singular the lands, tenements, privileges, water rights, hereditaments, and appurtenances thereto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof, and all of the estate, right, title, claim, and demands whatsoever of the Grantor(s), either in law or in equity, of, in and to the above bargained premises, forever as security for the faithful performance of the promissory note secured hereby and as security for the faithful performance of each and all of the covenants, agreements, terms, and conditions of this Deed of Trust, SUBJECT, HOWEVER, to the right, power, and authority hereinafter given to and conferred upon Beneficiary to collect and apply such rents, issues, and profits.
- (d) All of Grantor(s)'s rights further to encumber said property for debt except by such encumbrance which by its actual terms and specifically expressed intent shall be and at all times remain subject and subordinate to (i) any and all tenancies in existence when such encumbrance becomes effective and (ii) any tenancies hereafter created; Grantor(s) hereby (i) representing as a special inducement to Beneficiary to make this loan that as of the date

COUNTY	BOOK OR VOL	PAGE NO.	AUDITOR'S \$	COUNTY	BOOK OR VOL	PAGE NO.	AUDITOR'S
Kittitas	111 of Mortgages	381-384	348883	Yakima	712 of Official Rec.	147-150	2170655
Klickitat	101 of Mortgages	107-110	131085				

A copy of such Master Form Deed of Trust is hereby furnished to the person executing this Deed of Trust and by executing this Deed of Trust the Grantor(s) acknowledges receipt of such Master Form Deed of Trust.

The property which is the subject of this Deed of Trust is not used principally or primarily for agriculture or farming purposes.

The undersigned Grantor(s) requests that a copy of any Notice of Default and of any Notice of Sale hereunder be mailed to him at the address hereinbefore set forth.

WITNESS the hand(s) and seal(s) of the Grantor(s) on the day and year first above written.

  
Ramandeep S. Malhi

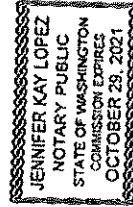
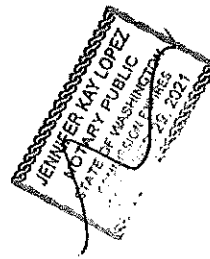
STATE OF WASHINGTON  
COUNTY OF BENTON

I certify that I know or have satisfactory evidence that Ramandeep S. Malhi is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 06/20/2018



Notary name printed or typed: Jennifer Kay Lopez  
Notary Public in and for the State of Washington  
Residing at Kennewick  
My appointment expires: 10/29/2021



**Exhibit 5**  
**City of GRANDVIEW Zoning**  
**Letter**





207 W. 2nd Street • Grandview, Washington 98930 • Tel: (509) 882-9200 • Fax: (509) 882-3099 • [www.grandview.wa.us](http://www.grandview.wa.us)

January 18, 2024

Subject Property: Grandview Assisted Living, 912 Hillcrest Road, Grandview, WA Parcel No. 230922-43470
---

In response to your request for information regarding the above-referenced property, we have researched our files and present the following:

1. The current zoning classification for the subject property is R-3 High Density Residential.
2. There are no overlay districts.
3. According to the zoning ordinances and regulations for this district, the current use of the subject property is a permitted use by right.
4. To the best of our knowledge, the subject structure(s) was developed in accordance with current zoning code requirements and is legal conforming.
5. Information regarding variances, special permits/exceptions, ordinances or conditions. There do not appear to be any variances, special permits/exceptions, ordinances or conditions that apply to the subject property.
6. Rebuild: In the event of casualty, in whole or in part, the structure located on the subject property may be rebuilt in its current form (i.e. no loss of square footage, same footprint, with drive through(s), if applicable).
7. Code Violations Information: There do NOT appear to be any outstanding/open zoning, building or fire code violations that apply to the subject property.
8. Certificate of Occupancy, status: Certificates of Occupancy have been issued and are in effect for all buildings and, if required, for all units at the property.

The undersigned certifies that the above information contained herein is believed to be accurate and is based upon, or relates to the information supplied by the requestor. The Authority assumes no liability for errors and omissions.

Sincerely,

CITY OF GRANDVIEW

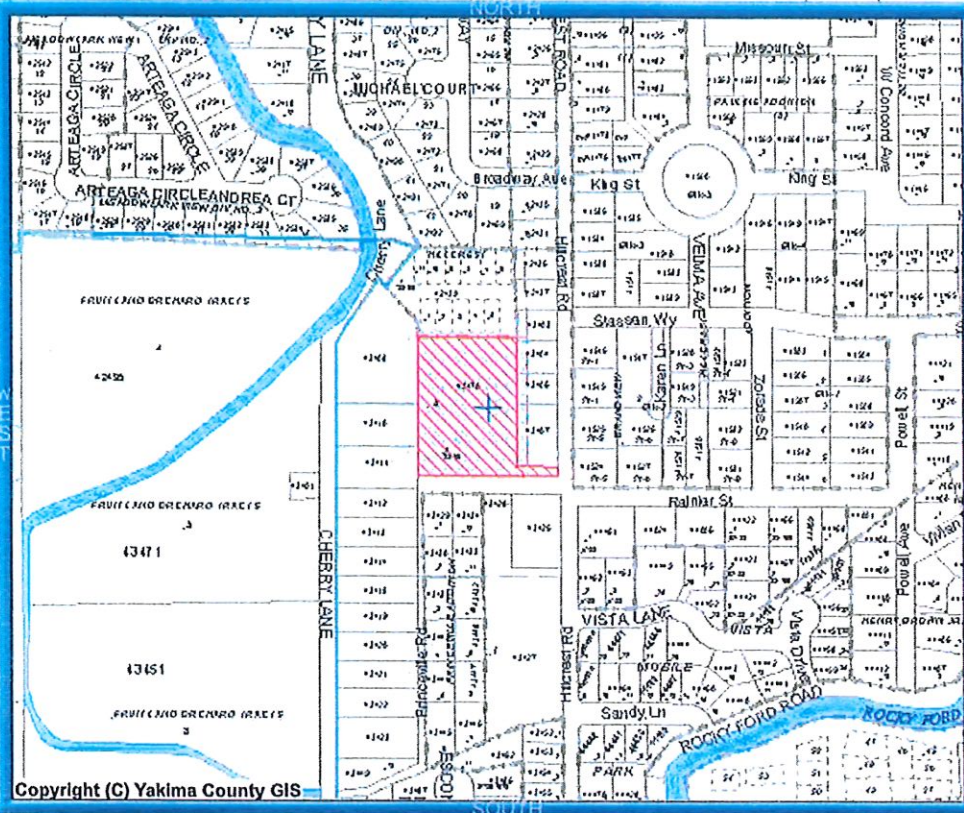
  
Anita G. Palacios, MMC  
City Clerk





Assessor Planning Real Estate

FAQ Help Legend Search Tools Overview



Search By: Parcel Number

Parcel #:

Enter a complete or partial PARCEL NUMBER. Parcel Numbers must be at least 8 characters. Click the Search button to continue.

Search

MapScale: 1 inch = 400 ft.

Overlays: Aerial Photography:

☐ FEMA ☐ Critical Areas  
☐ Contours ☐ Utilities

MapSize: Small (800x600)

Maps brought to you by:

**Valley Title Guarantee**


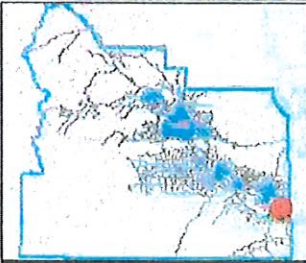
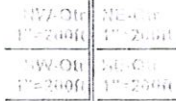
Title Insurance & Escrow Service  
www.vtgc.com  
(509) 248-4442

Map Report

Easting(E) : Northing(N)  
Longitude(W) : Latitude(N)

Click Map to: [Get Information](#)

One Inch = 400 Feet  
Feet 200 400 600

PROPERTY PHOTOS: 		PROPERTY INFORMATION AS OF 1/17/2024 11:07:34 PM					PRINTING					
		Parcel Address:	912 HILLCREST AVE, GRANDVIEW ,WA 98930					Printer-Friendly Page				
		Parcel Owner(s):	RAMANDEEP S MALHI									
		Parcel Number:	23092243470	Parcel Size:	1.97 Acre(s)							
		Property Use:	65 Service - Professional									
		TAX AND ASSESSMENT INFORMATION								Detailed Report		
Tax Code Area (TCA):		440	Tax Year:		2024			Print Detailed MAP				
Improvement Value:		\$1413300		Land Value:		\$171300						
CurrentUse Value:		\$0		CurrentUse Improvement:		\$0						
New Construction:		\$1081200		Total Assessed Value:		\$1584600						
RESIDENTIAL INFORMATION								SECTION MAPS				
Quality	Year Built	Stories	Main SqFt	Upper SqFt	Bsmt SqFt	Bedrooms	Bathrooms (ful/3/4, 1/2)	Garage (bsm/att/bltin)	Carport	Section Map (1/1/2001)		
No Residence Information Found.												
SALE INFORMATION											QIR SECTION MAPS	
Excise	Sale Date	Sale Price	Grantor		Portion							
E010331	6/24/2016	\$101101	KB NORTHWEST ASSOCIATES LLC		N							
451184	6/20/2018	\$369500	LPI HOLDINGS LLC		N							
DISCLAIMER												
While the information is intended to be accurate, any manifest errors are unintentional and subject to correction. Please let us know about any errors you discover and we will correct them. To contact us call either (509) 574-1100 or (800) 572-7354, or <a href="#">email us</a> .												

OVERLAY INFORMATION					
Zoning:		Jurisdiction:	Grandview		
Urban Growth Area:	Grandview	Future Landuse Designation:	(Yakima County Plan 2015)		
FEMA 100 Year:	FEMA Map	FIRM Panel Number:	53077C2281D	<a href="#">Download Map</a>	
LOCATION INFORMATION					
+ Latitude:46° 14' 49.076"		+ Longitude:-119° 55' 17.762"		Range:23 Township:09 Section:22	
Narrative Description: SP 83-60: LOT 2					
DISCLAIMER					

**Exhibit 6**  
**Schedule A: Grandview Assisted Living &**  
**Nursing Home Utilization Data**

**SCHEDULE A**  
**Historical and projected patient utilization.**  
**Nursing home operation only**

**Grandview nursing home/60 SNF beds**

Fiscal year	Medicare Patient Days	Medicaid Patient Days	Private Patient Days	Other Patient Days	Total patient days	#Of licensed Beds	Occupancy Rate
Actual	0	0	0	0	0	0	0
Actual	0	0	0	0	0	0	0
Actual	0	0	0	0	0	0	0
Estimated	0	0	0	0	0	0	0
2025	0	0	0	0	0	0	0
2026	3900	12300	3000	0	19200	60	88%
2027	4500	13800	3336	0	21636	60	99%
2028	4620	13800	3600	0	22020	60	100%

**Exhibit 7**  
**Patient's Rights and Responsibilities Policy**



# GRANDVIEW NURSING FACILITY

## PATIENT RIGHTS AND RESPONSIBILITIES POLICY

This Patient Rights and Responsibilities Policy affirm Grandview Nursing Facility's commitment to providing equitable, nondiscriminatory, and culturally competent skilled nursing care services to all individuals, including low-income persons, racial and ethnic minorities, women, handicapped individuals, the elderly, and other underserved populations. This policy ensures compliance with WAC 246-310-210(2)(a) and (b), which require that healthcare facilities provide access to services without discrimination and in a manner that addresses the needs of diverse and underserved groups.

### Patient Rights

All residents of Grandview Nursing Facility are entitled to the following rights to guarantee fairness, dignity, and access to quality care:

- The right to receive care without discrimination based on race, color, national origin, religion, sex, age, disability, sexual orientation, source of payment, or any other protected status.
- The right to equitable access to all services regardless of financial status or background.
- The right to be treated with dignity, respect, compassion, and cultural sensitivity at all times.
- The right to participate actively in decisions regarding their care planning, treatment, and services, including the right to refuse treatment.
- The right to have reasonable accommodations for disabilities and access to interpreter or translation services if experiencing limited English proficiency.
- The right to receive information about and be referred to home- and community-based long-term care services, consistent with Substitute House Bill 2098, ensuring access to the full continuum of care options.
- The right to privacy, confidentiality, and autonomy in personal and medical matters.
- The right to voice concerns or complaints without fear of retaliation and to expect prompt resolution.

### Patient Responsibilities

To promote a safe, respectful, and cooperative environment, residents and their families share the following responsibilities:

- Provide accurate and complete information about health status, medical history, insurance coverage, and changes in condition.
- Follow the agreed-upon treatment plan and cooperate with healthcare providers to the best of their ability.
- Respect the rights, dignity, and privacy of other residents, staff, and visitors.

- Communicate openly with staff regarding questions, preferences, or concerns about care or services.
- Meet financial obligations related to care as applicable, understanding that inability to pay will not be a barrier to access or result in denial of services.
- Abide by facility rules, policies, and safety guidelines to maintain a safe environment for all residents.

### **Facility Commitment**

Grandview Nursing Facility affirms its ongoing commitment to equity, diversity, and inclusion in healthcare delivery. All services will be delivered in a culturally competent, respectful, and accessible manner. Staff will receive regular training on patient rights, diversity, equity, and inclusion to ensure compliance and uphold these principles. This policy will be visibly posted throughout the facility, included in admission packets, and explained to each resident and family member upon admission to ensure transparency and accountability.

**Exhibit 8**  
**Admission Agreement, Policies & Procedures**

# Grandview Nursing Facility

---

## Nursing Facility Admission Agreement

Resident Name: \_\_\_\_\_

Facility: Grandview Nursing Facility

Responsible Party Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

This Skilled Nursing Facility Admission Agreement (hereinafter referred to as the "Agreement") is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Grandview Nursing Facility (hereinafter referred to as "Facility") and the above-named Resident and/or the Resident's Responsible Party.

### Recitals

WHEREAS, Grandview Nursing Facility operates a licensed Skilled Nursing Facility under Washington State law and regulations (WAC 388-97) to provide 24-hour nursing care and rehabilitative services to residents; and WHEREAS, the Resident desires to be admitted to the Facility and to use the services provided therein; NOW, THEREFORE, the parties agree to the following terms and conditions:

### Type of Care and Services Provided

Grandview Nursing Facility provides 24-hour skilled nursing care under the supervision of a Registered Nurse (RN) at all times, including continuous availability of nursing staff and on-call physician/medical director oversight. Services include but are not limited to: medication administration, wound care, rehabilitative therapy (physical, occupational, speech therapy), restorative nursing programs, pain management, chronic disease management, nutritional and dietary services, and discharge planning. The Facility complies with all staffing and care standards required under Washington Administrative Code (WAC 388-97).

### Financial Responsibility and Fees

The Resident and/or Responsible Party agrees to pay all applicable charges for care and services, due on the first day of each month. Charges may include room and board, nursing services, therapy services, and ancillary charges. For residents covered under Medicare, Medicaid, or private insurance, the Facility will bill the appropriate payer; however, any



charges not covered by insurance remain the responsibility of the Resident/Responsible Party.

Private pay residents shall be billed monthly. Late payments are subject to a \$50 fee and interest as permitted by law.

### **Medicare and Medicaid Coverage**

The Facility is certified to participate in Medicare and Medicaid programs. Coverage is subject to eligibility, medical necessity, and program limitations. Residents and/or Responsible Parties shall cooperate in completing required paperwork and providing financial information for Medicaid eligibility determination. If Medicaid or Medicare denies coverage, the Responsible Party remains financially liable.

### **Resident Rights and Responsibilities**

Grandview Nursing Facility upholds all Resident Rights as defined under federal law (42 CFR §483.10) and Washington State WAC 388-97. These rights include, but are not limited to: the right to dignity, privacy, self-determination, participation in care planning, access to medical records, the right to refuse treatment, freedom from abuse and neglect, visitation rights, and grievance procedures. A full list of Resident Rights is provided separately and incorporated into this Agreement by reference.

### **Medical Director and Physician Services**

The Facility maintains a contract with a licensed physician who serves as the Medical Director, responsible for implementing resident care policies and coordinating medical care in the Facility. Residents have the right to choose their attending physician, subject to credentialing requirements.

### **Nursing Services**

A Registered Nurse (RN) is available on-site 24 hours per day, 7 days per week, to provide direct nursing care, assessment, and supervision. Licensed Practical Nurses (LPNs) and Certified Nursing Assistants (CNAs) provide care under the supervision of the RN. Nursing services include medication administration, IV therapy, treatments, wound care, infection control, and monitoring of resident conditions.

### **Rehabilitation and Therapy Services**

Residents may receive physical therapy, occupational therapy, and speech-language pathology services as ordered by their physician. Therapy services are delivered by licensed therapists and are designed to restore or maintain optimal functional ability.

### **Termination of Agreement and Transfer**

The Facility may discharge or transfer the Resident only in accordance with federal and state law. Grounds for discharge include: medical needs requiring a higher or different level

of care, nonpayment, danger to self or others, or closure of the Facility. Thirty (30) days written notice will be provided except in emergencies.

### **Dispute Resolution and Arbitration**

Disputes arising under this Agreement shall first be addressed through the Facility's grievance procedure. If unresolved, the parties agree to binding arbitration consistent with Washington law, except where prohibited by federal or state law.

### **Acknowledgment and Signatures**

By signing below, the Resident/Responsible Party acknowledges that they have read, understood, and agree to the terms of this Agreement

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**Exhibit 10**  
**Pro Forma Financials**

Personal Financial Statement

Schedules

2025 personal financial as per 06/30/2025

Name

RAMANDEEP S MALHI

Date:

1/1/25

Street Address

8804 W 5TH AVE KENNEWICK

Birthdate:

7/7/24

City, State, Zip

KENNEWICK WA 99336

Phone:

3602018071

Soc. Sec. #

TYPE OF CREDIT REQUESTED

Individual Credit:

Applicant is applying for individual credit in applicant's own name and is relying solely on applicant's own income or assets and not on the income or assets of another person as a basis for repayment.

Joint Credit:

\*Use schedules on next worksheet (tab on bottom) to enter details

ASSETS		Market Value	LIABILITIES		Market Value
Cash on hand and in Wheatland Bank			Notes Payable (Schedule V)		0
Cash in other financial institutions (Schedule VII)		3,131,000	Accounts Payable (Schedule VI)		0
Brokerage Accounts (Schedule I)		0	Loans on Cash Value of Life Insurance (Schedule II)		0
Marketable Securities (Schedule I)		0	Real Estate Debt (Schedule III)		4,200,199
Cash Value of Life Insurance (Schedule II)		0	Other Debts (please list below)		0
Real Estate - Home & Others (Schedule III)		41,780,000	home loan		191,000
Real Estate Mortgages & Contracts Receivable (Schedule IV)		0			0
Personal Property		80,000			0
Investment in Company (Schedule VIII)		0			0
Vehicles		87,000			0
Other Assets (please list below)					
residential home		650,000			
		\$	TOTAL LIABILITIES		4,391,199
		\$			
			NET WORTH		41,336,801
			TOTAL LIABILITIES & NET WORTH		45,728,000
TOTAL ASSETS		45,728,000			

ANNUAL SOURCE OF INCOME

(Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered for the extension of credit.)

Salary	123,000
Bonuses or Commissions	0
Dividends	0
Real Estate Income (Net)	890,000
Other Income (Itemize)( interest)	65,400
	0
	0
	0
TOTAL ANNUAL INCOME	1,078,400

PERSONAL & GENERAL INFORMATION

Complete only if: for joint or secured credit, or applicant resides in a community property state.

Married

Separated

Unmarried (including single, divorced or widowed)

Spouse: Supply spouse information if this is an application for joint credit.

manjit k malhi

10/11/79

614942005

same

Phone:

Employer:

CONTINGENT LIABILITIES

As Endorser		\$	0
As Guarantor			0
On Leases			0
Other			0
TOTAL CONTINGENT LIABILITIES			0

Accountant's Name:	
Attorney's Name:	
Insurance Agent Name	Phone #

Have you declared bankruptcy in the past 10 years?

Are you a defendant in any suit or legal action?

Are any of your assets held in a trust?

Yes No

To: **WHEATLAND BANK** division of Glacier Bank

I (we) certify that everything I (we) have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. I (we) authorize Wheatland Bank a division of Glacier Bank to verify or check any of the information given, check credit references, verify employment and obtain one or more credit reports in connection with this credit application or in connection with any periodic review of any loans or credit which may be extended to me (us). If I am married or live in a community property state, this authorization is also made on behalf of my spouse. I (we) give all of my (our) creditors permission to give Wheatland Bank any information to make a credit granting decision. I (we) give Wheatland Bank a division of Glacier Bank permission to report to credit reporting agencies and others the results of such investigations and Wheatland Bank's experience with my (our) accountant.

*Arac Ralph*

Signature

*Arac Ralph*

Signature

Date



To Whom	Security/Collateral (if any)	Interest Rate	Monthly Payment	Original Loan Amount	Current Loan Amount
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
			0	0	0
		TOTALS	0	0	0

Schedule VI  
ACCOUNTS PAYABLE (Including Credit Cards & other revolving debt)

To Whom	Balance	Payment Due	Name of institution	Account type	Interest Rate	Balance
2025 pistachoo farm cultural cost	0	1,550,000	umpqua bank	Money Mkt	4.00%	2,800,000
2025 firebaugh cultural cost	0	800,000	bank of america			45,000
	0	0	us bank			10,000
	0	0	community bank			276,000
	0	0				0
TOTALS	0	2,350,000				0
					TOTAL	3,131,000

## Schedule VIII

Name of Entity	# Shares (if applicable)	Company Book Value	% of company owned	Ownership Value
				0
		0		0
			TOTAL	0

## STAFFING – GRANDVIEW NURSING FACILITY

Position	FTEs	Coverage / Responsibilities
Administrator/Owner	1.0	Overall management, regulatory compliance, financial oversight
Medical Director	0.2 (contract)	Clinical oversight, physician collaboration, medical protocols
Director of Nursing (DNS)	1.0	Supervision of nursing staff, QA, care planning
Registered Nurses (RNs)	8.0	24/7 coverage; ≥1 RN per shift; assessments, meds, care plans
Licensed Practical Nurses (LPNs)	9.0	Direct resident care, meds, wound care, treatments
Certified Nursing Assistants (CNAs)	31.0	Daily care, ADLs, vitals, observation, reporting changes
Physical Therapist	0.5 (contract)	Rehabilitation services
Occupational Therapist	0.5 (contract)	Therapy services to support ADLs
Speech Therapist	0.2 (contract)	Communication and swallowing therapy
Social Services Director	1.0	Discharge planning, psychosocial support
Activities Director	1.0	Resident engagement, recreational activities
Dietary Manager	1.0	Menu planning, therapeutic diets
Cooks & Dietary Aides	4.0	Meal preparation and service
Housekeeping / Maintenance	5.0	Environmental services, cleaning, safety, repairs
Administrative / Clerical	2.0	Admissions, records, billing, clerical support



# Grandview Nursing Facility – Operating Cost and Estimated Revenue (2026)

## Operating Expenses (2026)

Category	Description	Annual Cost (\$)	% of Total Expenses
Salaries & Wages	RNs, LPNs, CNAs, dietary, housekeeping, admin staff	4,656,000	51.7%
Employee Benefits	Health insurance, payroll taxes, retirement contributions	930,000	10.3%
Medical Supplies	Clinical supplies, PPE, wound care, medications (non-pharmacy)	452,000	5.0%
Food Service	Resident meals, dietary supplies, contracted dietary services	635,000	7.0%
Utilities	Electricity, water, natural gas, waste disposal	313,000	3.5%
Insurance, Licenses & Fees	Liability insurance, property insurance, state licensing, compliance fees	235,000	2.6%
Purchased Services	Therapy contracts, pharmacy, outside consultants	550,000	6.1%
Administrative & General	Office supplies, IT/EMR systems, professional fees, management	415,000	4.6%
Recruitment & Training	Orientation, ongoing staff training, recruitment ads, education	148,000	1.6%
Depreciation & Amortization	Equipment depreciation (beds, lifts, IT systems)	98,000	1.1%
Other Operating Expenses	Transportation, resident activities, miscellaneous	118,000	1.3%
<b>Total Operating Expenses</b>		<b>8,550,000</b>	<b>100%</b>

## Estimated Revenue (2026)

Payer Source	Assumptions	Annual Revenue (\$)	% of Total Revenue
Medicaid	13,406 days x \$400/day	5,362,400	51.5%
Medicare	5,256 days x \$550/day	2,890,800	27.8%

Private Pay	2,628 days x \$720/day	1,891,800	18.2%
Other/HMO	570 days x \$450/day	256,500	2.5%
<b>Total Revenue</b>		<b>10,401,500</b>	<b>100%</b>

# Grandview Nursing Facility – Operating Cost and Estimated Revenue (2027)

## Operating Expenses (2027)

Category	Description	Annual Cost (\$)	% of Total Expenses
Salaries & Wages	RNs, LPNs, CNAs, dietary, housekeeping, admin staff	4,800,000	51.7%
Employee Benefits	Health insurance, payroll taxes, retirement contributions	960,000	10.3%
Medical Supplies	Clinical supplies, PPE, wound care, medications (non-pharmacy)	470,000	5.1%
Food Service	Resident meals, dietary supplies, contracted dietary services	650,000	7.0%
Utilities	Electricity, water, natural gas, waste disposal	320,000	3.5%
Insurance, Licenses & Fees	Liability insurance, property insurance, state licensing, compliance fees	240,000	2.6%
Purchased Services	Therapy contracts, pharmacy, outside consultants	560,000	6.0%
Administrative & General	Office supplies, IT/EMR systems, professional fees, management	420,000	4.5%
Recruitment & Training	Orientation, ongoing staff training, recruitment ads, education	150,000	1.6%
Depreciation & Amortization	Equipment depreciation (beds, lifts, IT systems)	100,000	1.1%
Other Operating Expenses	Transportation, resident activities, miscellaneous	120,000	1.3%
<b>Total Operating Expenses</b>		<b>8,790,000</b>	<b>100%</b>

## Estimated Revenue (2027)

Payer Source	Assumptions	Annual Revenue (\$)	% of Total Revenue
Medicaid	13,406 days x \$410/day	5,496,460	51.6%
Medicare	5,256 days x \$565/day	2,970,840	27.9%

Private Pay	2,628 days x \$735/day	1,930,580	18.1%
Other/HMO	570 days x \$460/day	262,200	2.4%
<b>Total Revenue</b>		<b>10,660,080</b>	<b>100%</b>

# Grandview Nursing Facility – Operating Cost and Estimated Revenue (2028)

## Operating Expenses (2028)

Category	Description	Annual Cost (\$)	% of Total Expenses
Salaries & Wages	RNs, LPNs, CNAs, dietary, housekeeping, admin staff	4,896,000	51.7%
Employee Benefits	Health insurance, payroll taxes, retirement contributions	979,000	10.3%
Medical Supplies	Clinical supplies, PPE, wound care, medications (non-pharmacy)	479,000	5.1%
Food Service	Resident meals, dietary supplies, contracted dietary services	663,000	7.0%
Utilities	Electricity, water, natural gas, waste disposal	326,000	3.5%
Insurance, Licenses & Fees	Liability insurance, property insurance, state licensing, compliance fees	245,000	2.6%
Purchased Services	Therapy contracts, pharmacy, outside consultants	571,000	6.0%
Administrative & General	Office supplies, IT/EMR systems, professional fees, management	428,000	4.5%
Recruitment & Training	Orientation, ongoing staff training, recruitment ads, education	153,000	1.6%
Depreciation & Amortization	Equipment depreciation (beds, lifts, IT systems)	102,000	1.1%
Other Operating Expenses	Transportation, resident activities, miscellaneous	122,000	1.3%
<b>Total Operating Expenses</b>		<b>8,964,000</b>	<b>100%</b>

## Estimated Revenue (2028)

Payer Source	Assumptions	Annual Revenue (\$)	% of Total Revenue
Medicaid	13,406 days x \$420/day	5,630,520	51.5%
Medicare	5,256 days x \$580/day	3,048,480	27.9%

Private Pay	2,628 days x \$750/day	1,971,000	18.0%
Other/HMO	570 days x \$470/day	267,900	2.6%
<b>Total Revenue</b>		<b>10,917,900</b>	<b>100%</b>

# Grandview Nursing Facility – Exhibit 10: Financial Schedules (B, D, F, H, I)

## Schedule B – Balance Sheet (Pro Forma, End of Year 3)

The Balance Sheet for the proposed Grandview Nursing Facility demonstrates a stable financial position by the end of the third complete fiscal year of operations. Assets consist primarily of cash reserves, patient receivables, and depreciated equipment (beds, lifts, IT systems). No liabilities are projected, as the project is entirely financed through owner equity. Owner's equity reflects initial capitalization plus retained earnings from operations. Detailed financial schedules are attached in Exhibit 10.

## Schedule D – Statement of Changes in Equity/Fund Balance

The Statement of Changes in Equity shows owner's equity funding the project at inception, with annual increases in equity resulting from net income retained within the facility. No dividends or distributions are planned during the first three years, ensuring that earnings are reinvested into operations. By the end of Year 3, equity will have increased in line with projected positive operating margins.

## Schedule F – Notes to Financial Statements

Key Assumptions	
Occupancy	90% occupancy projected by Year 3
Payer Mix	Medicaid ~61%, Medicare ~24%, Private Pay ~12%, Other ~3%
Per Diem Rates	Annual increases: Medicaid & Medicare ~2%, Private Pay/HMO ~1.5-2%
Staffing Ratios	Consistent with Washington requirements; targeted 4.5 NHPPD
Expense Growth	Annual inflation of ~2% for wages and supplies
Depreciation	Major equipment depreciated over 7–10 years

## Schedule H – Debt Information

No debt financing is associated with this project. All costs are funded entirely through owner equity.

### Schedule I – Book Value of Allowable Assets

Asset Category	Book Value (\$)	Useful Life (Years)
Hospital Beds & Mattresses	40,000	10
Patient Lifts	15,000	7
Other Clinical Equipment	0 (existing from assisted living)	—
<b>Total</b>	<b>55,000</b>	



## **Exhibit B – Quality Assurance / Compliance**

### **Narrative**

The Grandview Skilled Nursing Facility (60 beds) will operate under a comprehensive Quality Assurance and Performance Improvement (QAPI) program, consistent with CMS and Washington State Department of Health requirements. The program is designed to ensure that high-quality, safe, and effective care is delivered to all residents while maintaining full regulatory compliance.

### **Quality Assurance Committee**

An interdisciplinary Quality Assurance Committee will be established and chaired by the Administrator and Director of Nursing Services (DNS). Committee members will include the Medical Director, nursing staff, CNA representatives, Social Services Director, Activities Director, Dietary Manager, and Maintenance Supervisor. Meetings will occur monthly, with written minutes maintained for DOH survey review. The committee will track quality indicators, including falls, pressure ulcers, infection rates, medication errors, hospital readmissions, and resident/family satisfaction.

### **Infection Prevention & Control**

The facility will maintain infection control policies aligned with CDC, CMS, and DOH standards. Daily surveillance for infections will be conducted, with required reports submitted to the National Healthcare Safety Network (NHSN). All staff will receive initial and annual training on infection prevention, standard precautions, and outbreak response protocols (e.g., influenza, COVID-19, norovirus). Hand hygiene and sanitation audits will be conducted monthly, with corrective action plans developed as needed.

### **Regulatory Compliance**

The facility will comply with 42 CFR 483 requirements for skilled nursing facilities, including resident rights, dignity, and privacy protections, comprehensive care planning, interdisciplinary care conferences, and required physician, pharmacy, and laboratory services. Compliance will be monitored through internal audits, external consultant reviews, and unannounced mock surveys to prepare for DOH inspections.

### **Staff Training & Competency**

All staff will complete orientation and annual in-service training covering resident rights and abuse prevention, HIPAA, medication administration, dementia care, behavioral health, and emergency preparedness. Competency will be validated through written testing, return demonstrations, and ongoing performance evaluations to ensure compliance and quality of care.

### **Emergency Preparedness & Safety**

A written Emergency Preparedness Plan will be maintained, covering fire, natural disasters, power outages, pandemics, and evacuation procedures. Staff will participate in quarterly drills, including fire and disaster response. Coordination will occur with local EMS, fire, and hospital systems in Yakima County to ensure integration with regional emergency response.

### **Resident & Family Engagement**

A Resident Council and Family Council will be established to provide feedback on care quality, food service, activities, and facility environment. Input will be reviewed by the QA Committee and incorporated into continuous improvement initiatives.

### **Continuous Quality Improvement (CQI)**

Performance data will be continuously collected and reviewed. When issues are identified, a root cause analysis will be conducted, and corrective actions documented and implemented. Progress will be tracked through follow-up QA Committee meetings, ensuring accountability and transparency.

### **Summary**

The Grandview SNF's Quality Assurance and Compliance program ensures comprehensive oversight, robust infection control, regular staff training, emergency preparedness, resident/family engagement, and continuous quality improvement. This framework demonstrates that the facility will operate in full compliance with state and federal regulations while providing the highest quality of care to residents in Yakima County.



# ASSISTED LIVING FACILITY

License Number: 2502

Pursuant to the laws of the State of Washington and the Minimum Licensing Requirements of the Department of Social and Health Services, a license is hereby granted to

## Grandview Assisted Living

operated by Grandview Assisted Living

to conduct and maintain at **912 Hillcrest St**

City of **Grandview**, Zip Code **98930**, County of **Yakima** State of **Washington**

a facility for the board and domiciliary care of **52** adults

This license shall be in force from the **1st** day of **June**, **2025** through the **31st** day of **May**, **2026** subject to revocation for due cause.

*Amy Abbott*

Licensing Authority

**NOTICE TO THE PUBLIC:** Not all resident rooms and areas of this building are inspected or licensed by the state of

**A list of licensed rooms may be obtained from the assisted living facility licensee.**

**NOTE:** The department renewal of a license does not preclude the department from taking any action under RCW 18.20.115, based on This license is not transferrable, and is valid only for use by the corporation, partnership or individual(s) to whom it is issued and at the location above

**Issued by Authority of Chapter RCW 18.20**