



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

Charlton Place Assisted Living Community, LLC
CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

RE: CHARLTON PLACE License # 2120

Dear Administrator:

This letter addresses Compliance Determination(s) 33734 (Completion Date 12/12/2023) and 24687 (Completion Date 06/13/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/12/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

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

WAC 388-78A-2620-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-c

The Department staff who did the on-site verification:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licenser

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

Sincerely,

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



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

Statement of Deficiencies License #: 2120 Compliance Determination # 24687
Plan of Correction CHARLTON PLACE Completion Date
Page 1 of 4 Licensee: Charlton Place Assisted Living 06/13/2023

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

The department completed data collection for the unannounced on-site full inspection on 05/31/2023 and 06/08/2023 of:

CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

- Cathleen Davis, ALF Licensor
- Shirley Grew, LTC Surveyor
- Lisa Mason, NCI ALF Licensor
- Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

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

Residential Care Services

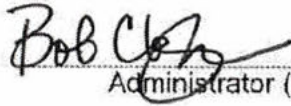
06/22/2023

Date

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

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

Statement of Deficiencies	License #: 2120	Compliance Determination # 24687
Plan of Correction	CHARLTON PLACE	Completion Date
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Administrator (or Representative)

6/30/23
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure pets living in the ALF had regular examinations and immunizations by a licensed veterinarian. This placed all residents at risk of diseases transmittable by animals to humans.

Findings Included...

Record review provided by Staff A, Executive Director, showed a list of residents who owned pets and resided with them in the ALF, both cats and dogs, with no veterinary records.

In an interview on 06/01/2023 at 2:30 p.m., a second request was made for pet records. Staff A stated there were no more pet records.

In an interview on 06/02/2023 at 10:00 a.m., Resident 3 (R3) stated their pet cat resided in the room. R3 stated there was no requirement to submit vaccination or veterinary records for the cat when moving into the facility.


Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 8-14-23 BC

7/28/23

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

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Administrator (or Representative)

6/30/23

Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to maintain safety and quality of common resident areas. This placed all 76 residents at risk for falls and decreased quality of life when residents used the common rooms.

Findings included...

On 06/03/2023 at 2:30 PM an observation of the common female bathroom located near the medication room had many gouged and scuffed areas on the walls.

On 06/06/2023 at 3:45 PM an observation of the dining room showed dim lighting.

On 06/08/2023 at 10:15 AM an observation of the dining room's rear entrance ceiling air intake to be dirty with a black substance and one corner was not secured to the ceiling. The dining room's front right (south) corner air intake grate was dirty with a black substance. Stains and cracks were observed running along the sheet rock lines in the ceiling in the same area. The front left (north) of the dining room air intake cover was dirty with a black substance and had one corner unsecured.

On 06/08/2023 at 10:30 AM an observation of the dining room floor showed flooring was cracked and chipped in several areas approximately 23 to 25 feet from the back dining room entrance. The front left (South) showed three floor areas observed broken and uneven. The left center row, second table area had broken and raised flooring areas.

On 06/08/2023 at 11:30 AM an observation of all the rooms baseboard heating units had blackened walls, cracked wall board areas and wall board pulling away from wall and nearby outlets. Two baseboard heaters had metal faceguards bent and hanging away from the wall.

On 06/01/2023 at 11:45 AM an interview with Resident 1 stated the dining room lighting

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was dim.

On 06/07/2023 at 2:15 PM an interview with Resident 2 stated the dining room floor had fall risk areas.

On 06/08/2023 at 10:50 AM an interview with Staff B, the Dietary Manager, stated she knew the lighting was dim and some repairs were needed which the maintenance person was supposed to take care of.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 8-14-23 BC

7/28/23

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

Bob Ch
Administrator (or Representative)

6/30/23
Date