STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

We Care Inc
PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA
11519 24th Ave E
Tacoma, WA 98445

RE: PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA License # 1293

Dear Administrator:

This letter addresses Compliance Determination(s) 75741 (Completion Date 04/13/2026) and 73609 (Completion Date 03/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/13/2026 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-2480-1

The Department staff who did the on-site verification:
Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

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

Sincerely,

Laurie Anderson

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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PO Box 99250, Lakewood, WA 98496

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

The department completed data collection for the unannounced on-site full inspection on 03/02/2026 and 03/03/2026 of:
PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA
11519 24th Ave E
Tacoma, WA 98445

The following sample was selected for review during the unannounced on-site visit: 5 of 33 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living 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.

Laurie Anderson
Residential Care Services

03/04/2026
Date

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

Administrator (or Representative)

03/04/2026
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff D) received their Tuberculosis (TB, communicable disease) test within three days of hire. This failure placed 33 residents at risk for potential exposure to TB.

Findings included...

Review of the facility's employee records showed the facility hired Staff D on 10/20/2025. The records showed the facility completed Staff D's TB testing on 2/05/2026, 108 days after date of hire.

During an interview on 03/02/2026 at 2:36 PM, Staff A, Executive Director, acknowledged that the facility did not have documentation that showed they completed the TB test at the time of hire. Staff A stated that they missed it.

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

Residential Care Services | Date

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

Administrator (or Representative) | Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff D) received their Tuberculosis (TB, communicable disease) test within three days of hire. This failure placed 33 residents at risk for potential exposure to TB.

Findings included...

Review of the facility's employee records showed the facility hired Staff D on 10/20/2025. The records showed the facility completed Staff D's TB testing on 2/05/2026, 108 days after date of hire.

During an interview on 03/02/2026 at 2:36 PM, Staff A, Executive Director, acknowledged that the facility did not have documentation that showed they completed the TB test at the time of hire. Staff A stated that they missed it.

Statement of Deficiencies	License #: 1293	Compliance Determination #73609
Plan of Correction	PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA	Completion Date
Page 3 of 3	Licensee: We Care Inc	03/03/2026

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date) 04/01/2026.

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

Administrator (or Representative) — Date: 03/04/2026

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, PIONEER PLACE ALZHEIMER RESIDENCE OF TACOMA is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date