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

Weatherly Inn at Tacoma LP
WEATHERLY INN
6016 N Highlands Parkway
Tacoma, WA 98406

RE: WEATHERLY INN # 1577

Dear Administrator:

This document references Compliance Determination 31960 (11/08/2023), which included complaint number(s) 101478.
The Department completed a complaint investigation of your Assisted Living Facility on 11/08/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Lisa Mason, NCI ALF Licensor

Consultation:

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

A resident was not identified as missing until they were found unresponsive in their apartment. The facility did a full investigation, determined a staff did not follow the facility policy "Monitoring, Wandering and Elopement Policy. A full retraining of all staff occurred prior to the first date of the investigation.

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

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

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

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

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

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
- Please contact me at (253)442-3013.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: WEATHERLY INN
Provider Type: Assisted Living Facility
License/Cert.#: 1577
Compliance Determination #: 31960
Intake ID: 101478
Investigator: Lisa Mason
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 11/01/2023 through 11/08/2023
Complainant Contact Date(s):

Allegation(s):
A resident was found deceased in her room.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	Residents Resident rooms
Interviews:	Nursing staff
Record Reviews:	Incident investigation Medical records Facility policies

Investigation Summary:
Interviewed administrator said a facility investigation determined a system failure of determining verification of a residents' location. The call light pendant was determined to be working. Ultimately the resident was found between the nightstand and bed deceased. Facility wide staff training completed after the event. The facility paid for a family requested autopsy of the resident. Records reviewed showed no change to residents health prior to the event. Consultaion-388-78A-2600(2)(I) Policies and Procedures

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A