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 License # 1577

Dear Administrator:

This letter addresses Compliance Determination(s) 43560 (Completion Date 07/02/2024) and 40804 (Completion Date 05/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2024 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-2610-2-a, WAC 388-78A-2610-2-c

The Department staff who did the on-site verification:
Kathy Heinz, Long Term Care Surveyor

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 #: 40804
Intake ID: 124833
Investigator: Kathy Heinz
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 05/03/2024 through 05/20/2024
Complainant Contact Date(s):

Allegation(s):
It was reported residents were positive for a communicable disease.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 2 Closed records sample size:
Observations:	Staff to resident interactions Residents
Interviews:	Nursing staff Administrator residents
Record Reviews:	fit test record work schedules communicable disease tracking sheet characteristic roster

Investigation Summary:
Based on record review and interview, failed practice was identified and a citation was written under 388-78A- 2610 (2) (a) and (2) (c).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 #: 1577	Compliance Determination # 40804
Plan of Correction	WEATHERLY INN	Completion Date
Page 1 of 3	Licensee: Weatherly Inn at Tacoma LP	05/20/2024

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 an unannounced on-site complaint investigation on 05/03/2024 and 05/20/2024 of:

WEATHERLY INN
6016 N Highlands Parkway
Tacoma, WA 98406

This document references the following complaint number(s): 124833

The following sample was selected for review during the unannounced on-site visit: 2 of 72 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

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

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

Residential Care Services

05/12/2024
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.

Statement of Deficiencies	License #: 1577	Compliance Determination # 40804
Plan of Correction	WEATHERLY INN	Completion Date
Page 2 of 3	Licensee: Weatherly Inn at Tacoma LP	05/20/2024

Andrea Peterson
Administrator (or Representative)

5/30/24
Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 8 sampled staff (Staff B, C, D, E, F, and G) were fit tested (a test to verify that a respirator is both comfortable and correctly fits the user) for an appropriate respirator (piece of equipment worn on the face to minimize exposure to hazards and prevent the spread of infection). Failure to ensure staff have proper fitting respirators, placed all 72 residents and staff at risk for potential decline in their health status during an outbreak of a communicable disease.

Findings included...

Review of a facility document titled Resident/Staff Tracking List dated 03/26/2024 through 04/08/2024 showed 10 of 72 residents tested positive for a communicable disease.

Review of the morning, evening and night shift work schedules for March and April 2024 showed Staff B, C, D, E, F, and G were scheduled to work as caregivers.

Review of personnel records showed Staff B, Caregiver was hired as a caregiver on 02/11/2023. The record failed to show evidence he had been fit tested for a respirator.

Review of personnel records showed Staff C, Caregiver was hired as caregiver on 02/15/2024. The record failed to show evidence she had been fit tested for a respirator.

Review of personnel records showed Staff D, Caregiver was hired as a caregiver on 01/01/2024. The record failed to show evidence he had been fit tested for a respirator.

Review of the personnel records showed Staff E, Caregiver was hired as a caregiver on 04/02/2024 The record failed to show evidence she had been fit tested for a respirator.

Administrator (or Representative) Date

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Page 3 of 3	Licensee: Weatherly Inn at Tacoma LP	05/20/2024

Review of the personnel records showed Staff F, Caregiver was hired on 07/03/2021 as a caregiver. The record showed an expired fit test.

Review of the personnel records showed Staff G, Caregiver was hired on 03/07/2024 as a caregiver. The record failed to show evidence she had been fit tested.

Staff A, Executive Director was interviewed on 05/20/2024 at 3:00 PM. Staff A said caregivers that were not fit tested with a respirator provided care to residents that tested positive for a communicable disease.

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, WEATHERLY INN is or will be in compliance with this law and / or regulation on (Date) 6-28-24 .

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

Andrea Peterson 5-29-24

Administrator (or Representative) Date

Review of the personnel records showed Staff F, Caregiver was hired on 07/03/2021 as a caregiver. The record showed an expired fit test.

Review of the personnel records showed Staff G, Caregiver was hired on 03/07/2024 as a caregiver. The record failed to show evidence she had been fit tested.

Staff A, Executive Director was interviewed on 05/20/2024 at 3:00 PM. Staff A said caregivers that were not fit tested with a respirator provided care to residents that tested positive for a communicable disease.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date