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

11/25/2025

Caring Places Management, LLC
Hearthside Manor
3615 Drexler Dr W
University Place, WA 98466

RE: Hearthside Manor # 2142

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69154 (Completion Date 11/25/2025) and 66429 (Completion Date 10/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/25/2025 and found no deficiencies.

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

The Department staff who did the Off Site verification:
Cory Myers, NCI ALF Licensor
Shirley Grew, LTC Surveyor

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

Sincerely,

Clinton Fridley RN
For
Laurie Anderson, Community 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

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 10/01/2025 and 10/03/2025 of:

Hearthside Manor
3615 Drexler Dr W
University Place, WA 98466

The following sample was selected for review during the unannounced on-site visit: 7 of 31 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
Cory Myers, NCI ALF Licensor

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

Statement of Deficiencies	License #: 2142	Compliance Determination #:86429
Plan of Correction	Hearthside Manor	Completion Date
Page 2 of 3	Licensee: Caring Places Management, LLC	10/03/2025

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

10/08/2025
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.

Burgh W Baun
Administrator (or Representative)

10/11/2025
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 screen 1 of 3 sampled new staff (Staff B) for tuberculosis (TB), within three days of employment, as required. This failure placed all residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Review of the facility's undated employee roster showed the facility hired Staff B, Caregiver/Med Aide, on 05/02/2024. Review of Staff B's personnel file showed no record that Staff B completed any TB testing.

During an interview on 10/03/2025 at 3:30 PM, Staff A, Administrator, stated that they found no TB testing records for Staff B.

This is a recurring deficiency previously cited on 04/11/2024 for subsection (1).

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 screen 1 of 3 sampled new staff (Staff B) for tuberculosis (TB), within three days of employment, as required. This failure placed all residents at risk for possible exposure and harm from a communicable disease.

Findings included…

Review of the facility's undated employee roster showed the facility hired Staff B, Caregiver/Med Aide, on 05/02/2024. Review of Staff B's personnel file showed no record that Staff B completed any TB testing.

During an interview on 10/03/2025 at 3:30 PM, Staff A, Administrator, stated that they found no TB testing records for Staff B.

This is a recurring deficiency previously cited on 04/11/2024 for subsection (1).

Statement of Deficiencies	License #: 2142	Compliance Determination #66429
Plan of Correction	Hearthside Manor	Completion Date
Page 3 of 3	Licensee: Caring Places Management, LLC	10/03/2025

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, Hearthside Manor is or will be in compliance with this law and / or regulation on (Date) 11/14/2025.

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

Eugene Bowen
Administrator (or Representative)

10/11/2025
Date

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, Hearthside Manor 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