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

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

RE: Hearthside Manor License # 2142

Dear Administrator:

This letter addresses Compliance Determination(s) 69410 (Completion Date 11/26/2025) and 66018 (Completion Date 09/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2025 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-2630-1-b

The Department staff who did the on-site verification:
Woodetta Maulana,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Hearthside Manor
Provider Type: Assisted Living Facility
License/Cert.#: 2142
Compliance Determination #: 66018
Intake ID: 192458
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 09/23/2025 through 09/24/2025
Complainant Contact Date(s):

Allegation(s):
Staff to resident altercation

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size:
Observations:	staff to residents interaction residents general observation of the facility
Interviews:	staff
Record Reviews:	facility investigation report

Investigation Summary:
The Assisted Living Facility failed to notify the department when suspected abuse occurred for named resident. Citation issued.

Conclusion / Action:

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

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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 09/23/2025 of:

Hearthside Manor
3615 Drexler Dr W
University Place, WA 98466

This document references the following complaint number(s): 192458, 194385, 194501

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

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

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 #660186
Plan of Correction	Hearthside Manor	Completion Date
Page 2 of 3	Licensee: Caring Places Management, LLC	09/24/2026

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

09/25/2025
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.

Bryan Bowen
Administrator (or Representative)

09/26/2025
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to notify the department when suspected abuse occurred for 1 of 1 resident (Resident 1). Failure to report allegations of suspected abuse denied the state the opportunity to investigate and ensure resident safety and placed all 32 residents at risk for harm.

Findings included...

Review of the facility's witness statement from an incident on 9/15/2025 documented: Resident 1 was sleeping on the loveseat. Staff asked Resident 1 to get up and when Resident 1 refused, staff made Resident 1 move from a laying position to a sitting upright position. Staff grabbed Resident 1 by the arms, between the shoulder and elbow on both sides and yanked Resident 1 up to their feet while resident was fighting. Resident 1 was grabbed and pulled so hard that they yelled out and then while staff held the left arm in the same place, they took Resident 1 to their room.

On 9/23/2025 at 2:30 p.m., during an interview, Staff B, caregiver, stated that they witnessed the incident and immediately notified Staff A, Executive Director.

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

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On 9/23/2025 at 2:30 p.m., during an interview, Staff B, caregiver, stated that they witnessed the incident and immediately notified Staff A, Executive Director.

On 9/23/2025 at 2:45 p.m., during an interview, Staff A stated that they immediately suspended Staff C, caregiver. Staff A stated that they did not notify the state of the allegation of possible abuse because the facility's investigation did not substantiate any abuse. Staff A stated that they believed they only needed to notify the state if the investigation concluded that abuse occurred.

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) 11/01/2025.

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

Bryan W Bown
Administrator (or Representative)

09/26/2025
Date

On 9/23/2025 at 2:45 p.m., during an interview, Staff A stated that they immediately suspended Staff C, caregiver. Staff A stated that they did not notify the state of the allegation of possible abuse because the facility's investigation did not substantiate any abuse. Staff A stated that they believed they only needed to notify the state if the investigation concluded that abuse occurred.

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_____ _____

Administrator (or Representative) Date