



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

Passionate Care Center LLC
Passionate Care Center
321 S 116th St
Tacoma, WA 98444

RE: Passionate Care Center License # 2450

Dear Administrator:

This letter addresses Compliance Determination(s) 57681 (Completion Date 04/08/2025) and 54552 (Completion Date 02/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/08/2025 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-2703-3, WAC 388-78A-2703, WAC 388-78A-2474-4, WAC 388-78A-2474-2

The Department staff who did the on-site verification:

Shirley Grew, LTC Surveyor
Cory Myers, NCI ALF Licenser

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

Sincerely,

Cory Cisneros for
Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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 #: 2450	Compliance Determination # 54552
Plan of Correction	Passionate Care Center	Completion Date
Page 1 of 5	Licensee: Passionate Care Center LLC	02/14/2025

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 02/11/2025 and 02/13/2025 of:

Passionate Care Center
321 S 116th St
Tacoma, WA 98444

The following sample was selected for review during the unannounced on-site visit: 4 of 15 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

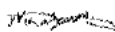
Shirley Grew, LTC Surveyor
Cory Myers, ALF Complaint Investigator

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

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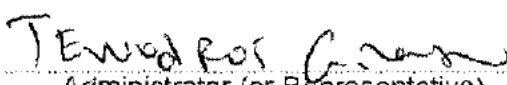
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


Residential Care Services

02/19/2025
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.


Administrator (or Representative)

2/28/2025
Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

- (3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

This requirement was not met as evidenced by:

Based on record review, observations, and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled exterior areas (the ALF backyard) was free from hazards. This failure placed all residents and staff at risk for harm from fire.

Findings included...

Record review of the facility's policy titled, "Smoking Policy," dated 08/29/2024, showed that smoking was permitted in designated outside areas and that all cigarettes must be put out in an appropriate ashtray.

Observation on 02/11/2025 at 12:30 PM, showed numerous cigarette butts scattered on the concrete floor of the designated outdoor smoking area (a small shelter constructed of mainly wooden material). Two small metal buckets sat inside the shelter on a bench. A cigarette butt waste receptacle stood outside the shelter entry.

Observation on 02/11/2025 at 12:35 PM, showed a mix of cigarette butts, dry leaves, and dry pinecones scattered on the ground outside an exterior wall of the wooden

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Residential Care Services

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Based on record review, observations, and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled exterior areas (the ALF backyard) was free from hazards. This failure placed all residents and staff at risk for harm from fire.

Findings included...

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Observation on 02/11/2025 at 12:30 PM, showed numerous cigarette butts scattered on the concrete floor of the designated outdoor smoking area (a small shelter constructed of mainly wooden material). Two small metal buckets sat inside the shelter on a bench. A cigarette butt waste receptacle stood outside the shelter entry.

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shelter.

Observation on 02/12/2025 at 11:17 AM, showed the ALF backyard contained an old wooden table surrounded by eight folding chairs, set up beneath an overhanging tree and near a wooden fence. Multiple cigarette butts sat on the ground beneath the wooden table. A mix of cigarette butts, dry tree needles, and dry pinecones lay scattered on the ground surrounding the seating area.

Observation on 02/12/2025 at 11:19 AM showed numerous cigarette butts scattered on the concrete floor of the designated outdoor smoking area/shelter. A partially smoked cigarette lay on the seat of a folding chair inside the shelter.

Observation on 02/12/2025 at 11:21 AM, showed multiple cigarette butts in the ALF backyard were partially imbedded in the ground, indicating debris removal had not been timely.

During the exit interview on 02/13/2025 at 2:35 PM, Staff A, Owner, stated that the residents had been told to place cigarette butts in an appropriate ashtray. Staff A said the ALF cleaned up the area routinely. Staff A stated the residents continued to drop cigarette butts on the ground, rendering cleanup efforts ineffective. Staff A acknowledged the cigarette butt debris outside was an issue and said they would come up with a solution to address this.

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, Passionate Care Center is or will be in compliance with this law and / or regulation on (Date) 2/28/2025

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

Tomasz Giron
Administrator (or Representative)

2/28/2025
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

shelter.

Observation on 02/12/2025 at 11:17 AM, showed the ALF backyard contained an old wooden table surrounded by eight folding chairs, set up beneath an overhanging tree and near a wooden fence. Multiple cigarette butts sat on the ground beneath the wooden table. A mix of cigarette butts, dry tree needles, and dry pinecones lay scattered on the ground surrounding the seating area.

Observation on 02/12/2025 at 11:19 AM showed numerous cigarette butts scattered on the concrete floor of the designated outdoor smoking area/shelter. A partially smoked cigarette lay on the seat of a folding chair inside the shelter.

Observation on 02/12/2025 at 11:21 AM, showed multiple cigarette butts in the ALF backyard were partially imbedded in the ground, indicating debris removal had not been timely.

During the exit interview on 02/13/2025 at 2:35 PM, Staff A, Owner, stated that the residents had been told to place cigarette butts in an appropriate ashtray. Staff A said the ALF cleaned up the area routinely. Staff A stated the residents continued to drop cigarette butts on the ground, rendering cleanup efforts ineffective. Staff A acknowledged the cigarette butt debris outside was an issue and said they would come up with a solution to address this.

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Administrator (or Representative)

Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff members (Staff B) obtained home-care aide certification. This failure placed all residents at risk of receiving care from an unqualified staff member.

Findings included...

WAC 246-980-040 "Certification requirements. To qualify for certification as a home care aide, the applicant shall: ... (2) Successfully pass the home care aide certification examination, after completing training; and (3) Become certified within 200 days of date of hire, or 260 days if granted a provisional certificate under RCW 18.88B.041."

WAC 246-980-025 "Individuals exempt from obtaining a home care aide certification ... (2) The following long-term care workers are not required to obtain certification as a home care aide... (e) An individual employed as a long-term care worker on January 6, 2012, or who was employed as a long-term care worker between January 1, 2011, and January 6, 2012, and who completed all of the training requirements in effect as of the date of hire. This exemption expires if the long-term care worker has not provided care for three consecutive years."

Record review of the facility's staff roster, dated 02/11/2025, showed that Staff B, Caregiver, was hired 04/23/2023. Review of DSHS Dear Provider Letter ALF #2023-025, dated 10/13/2023, showed a due date of 01/31/2025 for Staff B's certification.

Record review of the facility's schedules for 01/19/2025 through 02/08/2025 showed Staff B was scheduled 3 to 4 shifts per week.

Record review of Staff B's personnel file showed DSHS documents with completion of "Fundamentals of Caregiving" in 2001 and "Revised Fundamentals of Caregiving" in 2005. Staff B's personnel file did not show an active Washington State (WA) Department of Health (DOH) certification.

Review of the DOH credential verification website on 02/12/2025 showed no credentials for Staff B.

In an interview on 02/12/2025 12:30 PM, Staff A, Owner, said that when hired for the position, Staff B stated they were exempt from certification due to completed training many years ago and being grandfathered in. Staff A said that after researching the

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exemption requirements, they believed Staff B was grandfathered in. When licensors asked Staff A whether Staff B was employed as a caregiver between 01/01/2011 and 01/06/2012, Staff A said they thought so and would ask Staff B for documented proof.

During the exit interview on 02/13/2025 at 2:40 PM, Staff A said they were unable to provide proof of Staff B's employment as a caregiver between 01/01/2011 and 01/06/2012. Staff A acknowledged there had been a 3-year pause in Staff B's caregiving history. Staff A stated they would contact DOH and take required steps to fix the situation.

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, Passionate Care Center is or will be in compliance with this law and / or regulation on (Date) 03/06/2025

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

TE And for Gryn
Administrator (or Representative)

02/28/2025
Date

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