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

Living Hope Family Care Center L.L.C.
Living Hope Family Care Center
402 NORTH J ST
TACOMA, WA 98403

RE: Living Hope Family Care Center License # 2649

Dear Administrator:

This letter addresses Compliance Determination(s) 53054 (Completion Date 01/14/2025) and 47954 (Completion Date 10/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/14/2025 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-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2703-3

The Department staff who did the on-site verification:
Shirley Grew, LTC Surveyor
Cory Myers, ALF Complaint Investigator

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

Sincerely,

Manfay Chan, 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

Statement of Deficiencies	License #: 2649	Compliance Determination # 47954
Plan of Correction	Living Hope Family Care Center	Completion Date
Page 1 of 4	Licensee: Living Hope Family Care Center L.L.C.	10/03/2024

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 the unannounced on-site full inspection on 09/30/2024 and 10/03/2024 at:
Living Hope Family Care Center
402 NORTH J ST
TACOMA, WA 98403

The following sample was selected for review during the unannounced on-site visit: 7 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility

Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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 — 10/11/2024 (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.

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

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The department completed data collection for the unannounced on-site full inspection on 09/30/2024 and 10/03/2024 of:

Living Hope Family Care Center
402 NORTH J ST
TACOMA, WA 98403

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Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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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 _____ Date _____

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Statement of Deficiencies	License # 3649	Compliance Determination # 47954
Plan of Correction	Living Hope Family Care Center	Completion Date
Page 2 of 4	Licensee: Living Hope Family Care Center LLC	10/03/2024

Nuru Tamere
Administrator (or Representative)

10/18/2024
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment, and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record reviews and interview, the assisted living facility (ALF) failed to ensure 2 of 4 sampled new staff (Staff C and D) were screened for tuberculosis (TB, a communicable disease), within three days of hire, and failed to ensure 3 of 4 sampled new staff (Staff A, C and D) had a second test done. These failures placed all residents, staff, and visitors at risk of TB infection.

Findings included...

Record review of the facility's document titled "Staff Listing," undated, showed that Staff A, Administrator, was hired at the facility on 05/05/2022. Review of Staff A's employee file showed Staff A received their first TB skin test on 05/08/2022. Staff A's test was read 05/10/2022 and found to be negative. Staff A's employee file failed to show a documented second skin TB test.

Record review of the facility's document titled "Staff Listing," undated, showed that Staff C, RN/Nurse, was hired at the facility on 02/20/2023. Review of Staff C's employee file failed to show documentation that they had been screened for TB within three days of hire.

Record review of the facility's document titled "Staff Listing," undated, showed that Staff D, Caregiver, was hired at the facility on 07/05/2023. Review of Staff D's employee file showed Staff D received a TB skin test on 04/26/2023, prior to employment with the ALF. Staff D's test was read 04/29/2023 and found to be negative. Staff D's employee file failed to show a documented second skin TB test.

During the exit interview on 10/03/2024 at 1:10 PM, Staff A said they would correct this and would ensure that the TB testing is completed for the ALF staff.

Plan/Attestation Statement

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

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Findings included…

Record review of the facility's document titled "Staff Listing," undated, showed that Staff A, Administrator, was hired at the facility on 05/05/2022. Review of Staff A's employee file showed Staff A received their first TB skin test on 05/08/2022. Staff A's test was read 05/10/2022 and found to be negative. Staff A's employee file failed to show a documented second skin TB test.

Record review of the facility's document titled "Staff Listing," undated, showed that Staff C, RN/Nurse, was hired at the facility on 02/20/2023. Review of Staff C's employee file failed to show documentation that they had been screened for TB within three days of hire.

Record review of the facility's document titled "Staff Listing," undated, showed that Staff D, Caregiver, was hired at the facility on 07/05/2023. Review of Staff D's employee file showed Staff D received a TB skin test on 04/26/2023, prior to employment with the ALF. Staff D's test was read 04/28/2023 and found to be negative. Staff D's employee file failed to show a documented second skin TB test.

During the exit interview on 10/03/2024 at 1:10 PM, Staff A said they would correct this and would ensure that the TB testing is completed for the ALF staff.

Plan/Attestation Statement

Statement of Deficiencies	License # 2649	Compliance Determination # 47954
Plan of Correction	Living Hope Family Care Center	Completion Date
Page 3 of 4	Licensee: Living Hope Family Care Center L.L.C	10/03/2024

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, Living Hope Family Care Center is or will be in compliance with this law and / or regulation on (Date) NOV 1ST 2024

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

Mary Tanner — Administrator (or Representative)

10/18/2024 — 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 observations and interviews, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled areas outside the ALF (backyard) was free from hazards. This failure placed all 57 residents at risk for harm from fire.

Findings included...

Observation on 10/02/2024 at 10.30 AM, showed numerous cigarette butts scattered on the cement floor of the designated outdoor smoking area (a small shelter constructed of mainly wooden material). A cigarette butt waste receptacle stood inside the shelter.

Observation on 10/02/2024 at 10.32 AM, showed a mix of cigarette butts and dry leaves outside of the designated smoking area on the gravel next to an exterior wall of the wooden shelter.

Observation on 10/02/2024 at 10.33 AM, showed the back courtyard of ALF building contained an old wooden picnic table with an old wooden bench. A partially rusted tin can, containing cigarette butts, sat on the table. Numerous cigarette butts were scattered throughout the back courtyard area, including beneath the wooden table. Cigarette butts sat piled beneath the wooden bench.

During an interview on 10/02/2024 at 11:00 AM, Staff A, Administrator, stated that the

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, Living Hope Family Care Center 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

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:

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Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled areas outside the ALF (backyard) was free from hazards. This failure placed all 57 residents at risk for harm from fire.

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Observation on 10/02/2024 at 10:33 AM, showed the back courtyard of ALF building contained an old wooden picnic table with an old wooden bench. A partially rusted tin can, containing cigarette butts, sat on the table. Numerous cigarette butts were scattered throughout the back courtyard area, including beneath the wooden table. Cigarette butts sat piled beneath the wooden bench.

During an interview on 10/02/2024 at 11:00 AM, Staff A, Administrator, stated that the

cigarette butts were picked up once per week. Staff A acknowledged the cigarette butt debris outside was an issue and said they would try to come up with a better solution.

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, Living Hope Family Care Center is or will be in compliance with this law and / or regulation on (Date) 11-17-2024

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

[signature] 11-17-2024

Administrator (or Representative) Date

cigarette butts were picked up once per week. Staff A acknowledged the cigarette butt debris outside was an issue and said they would try to come up with a better solution.

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, Living Hope Family Care Center 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

Living Hope Family Care Center L.L.C.

402 N J Street, Tacoma; WA 98403-1919

Phone: 253-572-7977

Nov 17, 2024

Dear Manfay Chan

Residential Care Services

Region 3, Unit D

Lakewood, WA 98488

Plan of Correction for citation on WAC 388-78A-2703. I have already implemented cleaning the smoking area twice a day and residents are signing new smoking policy agreement again. I added more "no smoking and no cigarette butts on the ground" on the backyard on designated areas as well. Benches are already pressure-washed, and leaves have been cleaned daily. We clean the smoking area twice a day and damp the cigarette butts twice a day to the garbage. We will continue cleaning the backyard as a regularly to maintain it well. The additional Bench will be placed as soon as the order arrives. Citation on WAC 388-78A-2484 plan of correction has been corrected and ready for reinspection as well.

Thank you

Mulu Tamere, administrator and owner of Living Hope Family Care Center L.L.C