STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Charlton Place Assisted Living Community, LLC
CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

RE: CHARLTON PLACE License # 2120

Dear Administrator:

This letter addresses Compliance Determination(s) 78250 (Completion Date 06/02/2026) and 74413 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/02/2026 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-2120-1, WAC 388-78A-2120-2, WAC 388-78A-2120-2-a, WAC 388-78A-2120-2-b, WAC 388-78A-2120-3-a, WAC 388-78A-2120-4, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-2410-8-a-ii, WAC 388-78A-2480-1, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-2474-4, WAC 388-110-150-2-a, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D

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Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2120	Compliance Determination # 74413
Plan of Correction	CHARLTON PLACE	Completion Date
Page 1 of 14	Licensee: Charlton Place Assisted Living Community, LLC	04/02/2026

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 and complaint investigation on 03/17/2026, 03/18/2026, 03/19/2026 and 03/24/2026 of:

CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

This document references the following complaint numbers: 214413.

The following sample was selected for review during the unannounced on-site visit: 9 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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Statement of Deficiencies	License #: 2120	Compliance Determination # 74413
Plan of Correction	CHARLTON PLACE	Completion Date
Page 2 of 14	Licensee: Charlton Place Assisted Living Community, LLC	04/02/2026

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

04/02/2026
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)

4/10/26
Date

5/17/26
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff monitored the physical condition for 3 of 9 sampled residents (Resident 1, Resident 2, and Resident 4) after a hospitalization or during an illness. This failure placed the residents at risk of decline in their health status.

Findings included...

Review of an undated document titled "Alert Monitoring of Resident" showed that ALF staff were to observe the resident's condition "specific to reason for alert charting", and record "complete vital signs (blood pressure, pulse, respirations [breaths per minute]

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and oxygen level) each shift for a minimum of 72 hours after initiation of alert charting. The document showed that staff were to notify licensed nurse or the Resident Care Coordinator (RCC) of any concerns. The document showed that the licensed nurse was to evaluate the resident within a "reasonable amount of time for resident's condition after alert charting has begun in order to determine the need for further nursing intervention."

RESIDENT 1
Review of a facility progress note, dated [redacted]/2026 at 7:31 PM, documented that Resident 1 returned from the hospital with a diagnosis of [redacted]. The progress note showed on [redacted]/2026, Resident 1 was placed on "alert" to monitor their condition after they returned to the ALF and for new medication orders.

Review of Resident 1's January 2026 Medication Administration Record (MAR) showed a physician order to check Resident 1's blood sugar before breakfast and lunch and to notify physician if the resident's blood sugar was over 400. On 01/10/2026, Resident 1's blood sugar was 514. There was no documentation that ALF staff notified the physician when Resident 1's blood sugar was over 400. There was no documentation ALF staff monitored Resident 1's condition every shift for a minimum of 72 hours after they returned from the hospital. The progress notes showed a former ALF licensed nurse documented Resident 1's condition on [redacted]2026, six days after Resident 1 returned from the hospital.

Review of Resident 1's February 2026 MAR for "Monthly Vitals" showed on 02/01/2026 that ALF staff documented Resident 1's blood pressure was 184/104 (normal blood pressure measurements are under 120/80). There was no documentation that showed staff reported this blood pressure reading to the nurse or RCC.

Review of a facility progress note, dated [redacted]/2026 at 9:29 AM, showed that Staff H, RCC, documented that "resident monthly vital signs (from 02/01/2026) are within normal limits. Resident denies any cough or shortness of breath… No significant changes to report at this time." The notes showed ALF staff documented at 1:59 PM that Resident 1 "wanted to go to the hospital for severe swelling on face, feet, and hands." A note showed that Resident 1 returned from the hospital on [redacted]2026 at 10:44 PM with diagnoses of [redacted], and [redacted]. Resident 1 was placed on "alert" to monitor their condition after they returned to the ALF and for new medication orders. There was no documentation ALF staff monitored Resident 1's condition every shift for a minimum of 72 hours after they returned from the hospital. The progress notes showed Staff G, Director of Nursing, documented Resident 1's condition on [redacted]/2026, seven days after Resident 1 returned from the hospital.

Review of Resident 1's March 2026 MAR showed a physician order for Lispro insulin (medication for diabetes to affect blood sugar) with instructions to check Resident 1's blood sugar before staff gave the medication and to notify physician if the resident's blood sugar was over 400. On 03/06/2026 at 9:00 PM, Resident 1's blood sugar was 436. Review of facility progress notes showed no documentation ALF staff notified the physician when Resident 1's blood sugar was over 400.

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RESIDENT 2
Review of a facility progress note, dated 01/07/2026 at 12:34 PM, showed ALF staff documented that Resident 2 was diagnosed with the [redacted] The progress note showed Resident 2 was placed on "alert" to monitor their condition during the illness and for new medication orders. The notes showed no documentation ALF staff monitored Resident 2's condition every shift for a minimum of 72 hours after they were placed on alert due to illness. The progress notes showed no documentation the licensed nurse evaluated Resident 2 during their illness for any additional interventions needed.

RESIDENT 4
Review of a facility progress note, dated [redacted] 2026 at 12:41 PM, showed that ALF staff documented that Resident 4 returned from the hospital with a diagnosis of [redacted] The progress note showed Resident 4 was placed on "alert" to monitor their condition after they returned to the ALF and for new medication orders. The notes showed no documentation ALF staff monitored Resident 4's condition every shift for a minimum of 72 hours after they returned from the hospital. The progress notes showed no documentation the licensed nurse evaluated Resident 4 after they returned from the hospital for any additional interventions needed.

During an interview on 03/19/2026 at 3:30 PM, Staff G stated that ALF staff should have documented they monitored Resident 1, Resident 2, and Resident 4 at least one time every shift for 72 hours after each hospitalization or during an illness. Staff G stated that ALF staff should have reported Resident 1's high blood pressure to the nurse. Staff G stated that staff should have reported Resident 1's high blood sugar to the physician.

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/17/26.

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

Administrator (or Representative) — Date 5/10/26

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

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RESIDENT 2
Review of a facility progress note, dated 01/07/2026 at 12:34 PM, showed ALF staff documented that Resident 2 was diagnosed with the [redacted]. The progress note showed Resident 2 was placed on "alert" to monitor their condition during the illness and for new medication orders. The notes showed no documentation ALF staff monitored Resident 2's condition every shift for a minimum of 72 hours after they were placed on alert due to illness. The progress notes showed no documentation the licensed nurse evaluated Resident 2 during their illness for any additional interventions needed.

RESIDENT 4
Review of a facility progress note, dated [redacted]/2026 at 12:41 PM, showed that ALF staff documented that Resident 4 returned from the hospital with a diagnosis of [redacted]. The progress note showed Resident 4 was placed on "alert" to monitor their condition after they returned to the ALF and for new medication orders. The notes showed no documentation ALF staff monitored Resident 4's condition every shift for a minimum of 72 hours after they returned from the hospital. The progress notes showed no documentation the licensed nurse evaluated Resident 4 after they returned from the hospital for any additional interventions needed.

During an interview on 03/19/2026 at 3:30 PM, Staff G stated that ALF staff should have documented they monitored Resident 1, Resident 2, and Resident 4 at least one time every shift for 72 hours after each hospitalization or during an illness. Staff G stated that ALF staff should have reported Resident 1's high blood pressure to the nurse. Staff G stated that staff should have reported Resident 1's high blood sugar to the physician.

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, CHARLTON PLACE 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

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(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff F and Staff I) completed a name and date of birth background check (BGC) every two years as required. This failure placed all 78 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff F, caregiver, on 01/19/2022. The records showed Staff F's BGC was completed on 08/24/2024, more than five months after the initial BGC expired.

Review of the facility's personnel records showed the facility hired Staff G, caregiver, on 12/10/2021. The records showed Staff F's BGC was completed on 02/27/2026, more than four years after the initial BGC expired.

During an interview on 03/18/2026 at 11:00 AM, Staff A, Executive Director, stated that Staff F and Staff I's BGC renewals were late.

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/17/26

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

Administrator (or Representative) 4/10/26 Date

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

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff D, Staff E, and Staff F) completed a national fingerprint background check as required. These failures placed all 78 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff D, caregiver, on 04/25/2025 and Staff E, caregiver, on 09/12/2025. The records showed no documentation that the facility completed Staff D and Staff E's national fingerprint background checks.

Review of the facility's personnel files showed the facility hired Staff F, caregiver, on 01/19/2022. The records showed the national fingerprint background check was completed on 08/27/2024, more than 120 days after Staff F was hired.

During an interview on 03/18/2026 at 11:00 AM, Staff A, Executive Director, stated that they were aware Staff D, Staff E, and Staff F's national fingerprint background checks were not completed as required.

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

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/17/26

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

Administrator (or Representative) 4/10/26 Date

(8) Medical and nursing services provided by the assisted living facility for a resident, including:

(a) A record of providing medication assistance and medication administration, which contains:

(ii) The time and date of any medication assistance or administration;

WAC 388-78A-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement a documentation system to ensure 6 of 9 sampled residents (Resident 1, Resident 2, Resident 4, Resident 6, Resident 7, and Resident 9) received medications as prescribed. These failures placed all residents at risk for harm and a potential decline in their health.

Findings included...

RESIDENT 1
Review of Resident 1's January 2026 and February 2026 Medication Administration Records (MAR) showed a physician order, dated 01/08/2026, for Oxycodone Hydrochloride (HCl- a narcotic medication used to treat pain) five milligrams (mg), with instructions to give one tablet to Resident 1 every eight hours as needed for pain. Administration of Oxycodone HCl required that staff document on a Narcotic Log in addition to the MAR that the medication was given.

Review of Resident 1's January 2026 and February 2026 Narcotic Log showed Resident 1 received a total of 30 doses of Oxycodone HCl from 01/08/2026 through 02/05/2026.

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Review of Resident 1's January 2026 and February 2026 MARs showed Resident 1 received a total of 26 doses of Oxycodone HCl from 01/08/2026 through 02/05/2026, a difference of four doses between Resident 1's Narcotic Log and MARs.

During an interview on 03/19/2026 at 3:35 PM, Staff H, Resident Care Coordinator (RCC), stated that they were unaware staff failed to document on both the resident's MAR and Narcotic Log each time the medication was given to Resident 1 as required.

RESIDENT 2
Review of Resident 2's January 2026 MAR showed medication orders for Duloxetine HCl 20 mg two capsules twice daily for depression; Fluticasone inhaler twice daily for lung condition; Gabapentin 100 mg, two tablets at bedtime for nerve pain; Lispro Insulin seven units, twice daily for diabetes (a disease of the body's inability to regulate blood sugar); Metformin HCl 1,000 mg, twice daily for diabetes; Simvastatin 40 mg in the evening for high cholesterol (fats in the blood); Trazodone HCl 175 mg at bedtime for anxiety; and Glargine Insulin 30 units at bedtime for diabetes. The MAR showed no documentation the medications were given on 01/16/2026 in the evening as prescribed.

Review of Resident 2's January MAR showed a medication order dated 01/07/2026 for Osteltamivir Phosphate (Tamiflu) 75 mg, one capsule twice daily for five days (10 doses) for influenza (a respiratory virus). The MAR showed ALF staff documented the medication was given 01/07/2026 through 01/21/2026 for a total of 24 doses.

Review of Resident 2's January 2026, February 2026, and March 2026 MARs showed a medication order for Gabapentin 100 mg, two tablets at bedtime. The MARs showed two daily entries for the medication every day and ALF staff documented the medication was given on each entry.

During an interview on 03/18/2026 at 3:00 PM, Staff A, Executive Director stated that the medications were "probably given" to Resident 2 as ordered on 01/16/2026 and that staff did not document the medications were given.

In an email communication, dated 03/25/2026 at 2:21 PM, Staff G, Director of Nursing, stated that the Gabapentin order was duplicated on the MAR. Staff G stated that Resident 2 received 200 mg of the Gabapentin daily, as prescribed. Staff G stated that the Oseltamivir Phosphate (Tamiflu) was ordered for five days, and 10 capsules were sent by the pharmacy and given to Resident 2.

RESIDENT 4
Review of Resident 4's January 2026 MAR showed a medication order, dated 01/13/2026, for Prednisone 20 mg, three tablets once daily for seven days for pneumonia (a lung infection). The MAR showed Resident 4 received the medication on 01/13/2026 , 01/14/2026, 01/17/2026, and 01/19/2026. The MAR showed the medication was "not available" on 01/15/2026, 01/16/2026, 01/18/2026, and 01/20/2026.

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During an interview on 03/24/2026 at 1:00 PM, Staff H stated that they needed to address Resident 4's medication documentation errors with the facility staff.

RESIDENT 6
Review of Resident 6's January MAR showed no documentation that on 01/16/2026, Resident 6 received Carvedilol 3.125 mg (medication used to treat high blood pressure), Trazadone 50 mg (medication used to treat insomnia), and Famotidine 20 mg (used to treat acid reflux), as prescribed.

RESIDENT 7
Review of Resident 7's February 2026 and March 2026 MAR showed a physician order, dated 02/05/2026, for Oxycodone HCl five mg, with instructions to give one tablet to Resident 7 every eight hours as needed for pain. Administration of Oxycodone HCl required that staff document on a Narcotic Log in addition to the MAR that the medication was given.

Review of Resident 7's February 2026 and March 2026 Narcotic Log showed Resident 7 received a total of 111 doses of Oxycodone HCl from 02/05/2026 through 03/17/2026. Review of Resident 7's February 2026 and March 2026 MARs showed Resident 7 received a total of 116 doses of Oxycodone HCl from 02/05/2026 through 3/17/2026, a difference of five doses between Resident 7's Narcotic Log and MARs.

RESIDENT 9
Review of Resident 9's January 2026 MAR showed a medication order, dated 09/26/2025, for Dabigatran (medication used as a blood thinner) 150 mg, two capsules twice a day. Staff charted the medication was not available 01/01/2026 through 01/04/2026, 01/06/2026 through 01/08/2026, 01/10/2026 through 01/15/2026 and 01/18/2026 through 01/21/2026. Staff charted the medication was administered in the morning on 01/05/2026, 01/09/2026, 01/16/2026 and 01/17/2026. Staff charted during the evening the medication was not available on 01/05/2026, 01/09/2026, 01/16/2026 and 01/17/2026

Review of Resident 9's February 2026 MAR showed an order for Furosemide 20 mg tablet to be given daily if Resident 9 gained three pounds in one day, or five pounds in one week, with a start date of 02/27/2026. Review of the facility's "Weights and Vitals" document for Resident 9, dated between 02/01/2026 and 03/26/2026, showed ALF staff failed to document Resident 9's daily weights.

During an email interview on 03/26/2025 at 3:30 PM, Staff G said that facility staff were doing "some" daily weights for Resident 9.

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Statement of Deficiencies	License #: 2120	Compliance Determination # 74413
Plan of Correction	CHARLTON PLACE	Completion Date
Page 10 of 14	Licensee: Charlton Place Assisted Living Community, LLC	04/02/2026

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/17/26

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

Administrator (or Representative) Date 4/10/26

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 record review and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff B, Staff C, and Staff D, Staff E and Staff F) were screened for Tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all 78 residents at risk of exposure to TB.

Findings included...

Review of the facility's personnel files showed the facility hired Staff B, Caregiver, on 04/03/2025. The file showed no documentation Staff B was screened for TB as required.

Review of the facility's personnel files showed the facility hired Staff C, Caregiver, on 04/05/2024. The file showed that Staff C was screened for TB 24 days after they were hired.

Review of the facility's personnel files showed the facility hired Staff D, Caregiver, on 04/25/2025. The file showed no documentation Staff D was screened for TB as required.

Review of the facility's personnel files showed the facility hired Staff E, Caregiver, on 09/12/2025. The file showed no documentation Staff E was screened for TB as required.

Review of the facility's personnel files showed the facility hired Staff F, Caregiver, on

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01/19/2025. The file showed no documentation Staff F was screened for TB as required.

Review of the facility's personnel files showed the facility hired Staff I, Caregiver, on 12/10/2025. The file showed no documentation Staff I was screened for TB as required

During an interview on 03/18/2026 at 11:00 AM, Staff A, Executive Director, said that the TB records for most of the staff working in the facility cannot be located.

Plan/Attestation Statement

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Administrator (or Representative) 4/10/26 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:

(a) Orientation and safety,

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff B, Staff C, Staff D, Staff E, Staff F, and Staff I) met all the

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training requirements for long-term care workers. This failure placed all 78 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of the facility's personnel files showed the facility hired Staff B, caregiver, on 04/03/2025; Staff C, caregiver, on 04/05/2025; Staff D, caregiver, on 04/25/2025; Staff E, caregiver, on 09/12/2025; Staff F on 01/19/2025; and Staff I, caregiver, on 12/10/2021.

SAFETY AND ORIENTATION
Review of the facility's personnel files showed no documentation that Staff C and Staff F completed Safety and Orientation training, as required.

DEMENTIA SPECIALTY TRAINING/MENTAL HEALTH SPECIALTY TRAINING
Review of the facility's personnel files showed no documentation that Staff B, Staff D, Staff E, and Staff F completed specialty training for dementia and mental health within 120 days of hire, as required.

CARDIOPULMONARY RESUCITATION/FIRST AID (CPR/FA)
Review of the facility's personnel files showed no documentation that Staff E and Staff I possessed a valid CPR/FA card.

CONTINUING EDUCATION
Review of the facility's personnel files showed no documentation that Staff B completed 12 hours of continuing education hours, as required, between their 06/03/2024 and 06/03/2025 birthdays.

Review of the facility's personnel files showed no documentation that Staff C completed 12 hours of continuing education hours, as required, between their 04/25/2024 and 04/25/2025 birthdays.

Review of the facility's personnel files showed no documentation that Staff D completed 12 hours of continuing education hours, as required, between their 12/30/2024 and 12/30/2025 birthdays.

Review of the facility's personnel files showed no documentation that Staff I completed 12 hours of continuing education hours, as required, between 09/01/2024 and 09/01/2025 birthdays.

HOME CARE AIDE CERTIFICATION
Review of the facility's personnel files showed no documentation that Staff F completed home care aide certification within 200 days of the date of hire, as required.

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During an interview on 03/18/2026 at 11:00 AM, Staff A, Executive Director, said that they were aware Staff B, Staff C, Staff D, Staff F, and Staff I did not meet the training requirements.

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/12/26

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

Administrator (or Representative) 4/10/26 Date

WAC 388-110-150 Assisted living service standards. In an assisted living facility with an assisted living contract, the contractor must meet the requirements of parts I and II of this chapter, and for residents served under the assisted living contract:

(2) Must provide or arrange for, at no additional cost to the resident and consistent with chapter 388-78A WAC:

(a) Intermittent nursing services;

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must.

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to meet the contract requirements to develop and implement a Nurse Delegation (ND) program for 1 of 1 resident (Resident 8). This failure placed Resident 8 at risk of receiving medication administration of insulin by injection from a staff that was not delegated.

Findings included...

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Observation on 03/19/2026 at 4:30 PM, showed Staff C, caregiver, checked Resident 8's blood sugar level by piercing the skin with a small lancet. Observation showed Staff C then administered Resident 8's insulin by injection.

Review of the ALF's undated Disclosure of Services showed that the ALF did not provide Nurse Delegation services (a service where a Registered Nurse [RN] delegates caregivers under a supervised program to administer medications to residents).

On 03/27/2026, review of the department's Secure Tracking and Reporting System (STARS) showed that the facility held an active Assisted Living contract. Review of WAC 388-110-150 showed "In an assisted living facility with an assisted living contract, the contractor must meet the requirements of parts I and II of this chapter, and for residents served under the assisted living contract: (2) Must provide or arrange for, at no additional cost to the resident and consistent with chapter 388-78A WAC: (a) Intermittent nursing services".

Review of STARS showed the facility held an active Enhanced Adult Residential Care contract. Review of WAC 388-110-220 showed "(1) In assisted living facility with an enhanced adult residential care contract, the contractor must meet the requirements of parts I and III of this chapter, and for residents served under the enhanced adult residential care contract: (b) Provide or arrange for, at no additional cost to the resident and consistent with the resident's negotiated service agreement and chapter 388-78A WAC: (i) Intermittent nursing services".

During an interview on 03/24/2026 at 3:00 PM, Staff H, Department Manager, said that the facility stopped providing ND services in 2014.

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) 5/17/26

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

Administrator (or Representative) 4/10/26 Date

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

04/02/2026

Charlton Place Assisted Living Community, LLC
CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

RE: CHARLTON PLACE # 2120

Dear Administrator:

This document references the following complaint numbers 214413.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 04/02/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services

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

Region 3, Unit D
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/02/2026), no later than 05/17/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

Resident medications were observed on top of a locked medication cart when facility staff were not present. The medications were moved to a locked drawer of the medication cart to the Department's satisfaction.

You Are Not.
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

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

Enclosure

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