STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 80929 (Completion Date 07/22/2026) and 78356 (Completion Date 06/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/22/2026 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-2466-1-a, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2

The Department staff who did the on-site verification:
Alena Gimlin, Assisted Living Licensor

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

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

Statement of Deficiencies	License #: 2450	Compliance Determination # 78356
Plan of Correction	Passionate Care Center	Completion Date
Page 1 of 4	Licensee: Passionate Care Center LLC	06/04/2026

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 on 06/03/2026 and 06/04/2026 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:

Alena Gimlin, Assisted Living Licensor

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

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

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.

Scotti Bowen IDR Program Manager signed for Region 3
Residential Care Services

07/02/2026
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)

7/15/2026
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:

(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff C and Staff D) completed a Washington State Name and Date of Birth (WSNDOB) background check (BGC) every two years. This failure placed all 15 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 C, caregiver, on 05/23/2018 and Staff D, caregiver, on 02/07/2023.

Review of Staff C's records showed that their previous BGC expired on 10/28/2024. Documentation showed the facility completed Staff C's two-year BGC on 12/12/2025, 379 days after the previous BGC expired.

Review of Staff D's records showed that their previous BGC expired on 10/28/2024.

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

Documentation showed the facility completed Staff D's two-year BGC on 02/11/2025, 105 days after the previous BGC expired.

During an interview on 06/04/2026 at 11:00 AM, Staff A, Administrator, acknowledged that Staff C's and Staff D's background checks were not completed within the two-year timeframe, as required.

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) 07/02/2026

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

T. Green — Administrator (or Representative)

7/15/2026 — Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff B) were screened for tuberculosis (TB), a communicable disease, within three days of employment, as required. This failure placed all 15 residents at risk of exposure to TB infection.

Findings included...

Review of the facility's personnel records showed the facility hired Staff B, Caregiver, on 05/18/2026. The records showed no documentation that Staff B completed a TB test, as required.

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

During an interview on 06/04/2026 at 11:00 AM, Staff A, Administrator, stated that they thought the x ray Staff B provided met the TB testing requirements. Staff A acknowledged that they did not have any other TB documentation for Staff B.

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) 07/02/2026

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

T Gi...

Administrator (or Representative)

7/15/2026

Date

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