



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

04/24/2025

Peoples Senior Living, LLC
Peoples Senior Living LLC
1720 E 67th St
Tacoma, WA 98404

RE: Peoples Senior Living LLC # 2661

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58400 (Completion Date 04/24/2025) and 55199 (Completion Date 02/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/24/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

The Department staff who did the On Site verification:

Kathy Heinz, Long Term Care Surveyor
Shirley Grew, LTC Surveyor

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Manfay Chan", with a horizontal line extending to the right.

Manfay Chan, Allied Health 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 #: 2661	Compliance Determination # 55199
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 1 of 3	Licensee: Peoples Senior Living, LLC	02/21/2025

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 an unannounced on-site follow-up on 02/21/2025 of:

Peoples Senior Living LLC
1720 E 67th St
Tacoma, WA 98404

This document references the following SOD dated: 02/21/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 104 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support 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.

Statement of Deficiencies	License #: 2661	Compliance Determination # 55199
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 2 of 3	Licensee: Peoples Senior Living, LLC	02/21/2025

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.

Jody Just
Residential Care Services

03/05/2025

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.

Maringi Lloyd
Administrator (or Representative)

03/11/2025
Date

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

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- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to submit to the Department of Health Construction Review Services (CRS), an application for review and approval for 2 of 50 sampled rooms that were converted from office spaces to resident bedrooms, the addition of walls to 3 of 50 sampled resident single occupancy apartments and the conversion of 43 of 93 single occupancy resident rooms to double occupancy. These failures prevented the department from having knowledge of the changes and placed all residents in rooms, not reviewed and approved by CRS safety at risk.

Findings included...

During a follow-up visit on 02/21/2025 at 3:00 PM, Staff A, Administrator said during an interview, Staff B, Regional Executive Director, sent the CRS application to her on 01/06/2025 via e-mail. Staff A provide the licenser with the application titled, Construction Review Application (no date). The section titled "Project Description"

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Date

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During a follow-up visit on 02/21/2025 at 3:00 PM, Staff A, Administrator said during an interview, Staff B, Regional Executive Director, sent the CRS application to her on 01/06/2025 via e-mail. Staff A provide the licenser with the application titled, Construction Review Application (no date). The section titled "Project Description"

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Statement of Deficiencies	License #: 2661	Compliance Determination # 55199
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 3 of 3	Licensee: Peoples Senior Living, LLC	02/21/2025

showed a list of rooms the facility was requesting to convert from single occupancy to double occupancy and an office to a resident room. The application failed to include information about the walls that had been installed in the resident apartments to create additional bedroom spaces.

Review of the CRS website on 02/27/2024 failed to show an application had been submitted by the ALF for the projects.

During an interview on 02/27/2025 at 11:00 AM, Collateral Contact 1 (CC1, CRS Staff) verified CRS had not received an application from the ALF for the projects.

Staff A said on 02/27/2025 at 11:45 AM, she thought Staff B sent the application to CRS.

This is an uncorrected deficiency previously cited on 12/13/2024.

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, Peoples Senior Living LLC is or will be in compliance with this law and / or regulation on (Date) 04-19-2025 *ML*.

04/07/2025
M-L 3/17/25

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

M-L
Maringi Lloyd
Administrator (or Representative)

03/11/2025
Date

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

Administrator (or Representative)

Date



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 #: 2661	Compliance Determination # 51116
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 1 of 3	Licensee: Peoples Senior Living, LLC	12/13/2024

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 and complaint investigation on 12/04/2024 and 12/06/2024 of:

Peoples Senior Living LLC
1720 E 67th St
Tacoma, WA 98404

This document references the following complaint numbers: 156378.

The following sample was selected for review during the unannounced on-site visit: 12 of 104 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
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

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

12/23/2024

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.

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Administrator (or Representative)
Date

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This requirement was not met as evidenced by:

Based on record reviews, observations, and interviews, the Assisted Living Facility (ALF) failed to obtain written approval from Department of Health's Construction Review Services (CRS) prior to converting 2 of 50 sampled rooms from designated office spaces to resident bedrooms, adding walls to 3 of 50 sampled resident rooms, and converting 43 of 93 single occupancy units to double occupancy. These failures prevented the department from having knowledge of the changes and placed all residents in the affected units at risk due to a potentially unsafe living environment in rooms that were not approved for use.

Findings included...

Record review of the ALF resident characteristic roster dated 11/06/2024 showed residents were assigned to rooms 104 A and B, and 120 A and B. Review of the DSHS room list dated 07/25/2019 for the facility, showed rooms 104 A and B, and 120 A and B, were not included on the room list.

Record review of the ALF resident characteristic roster showed residents were assigned to rooms 101 A and B, 301 A and B, and 346 B. Review of the 07/25/2019 DSHS room list showed rooms 101, 301, and 346 as single one-bedroom apartments with no A/B designation.

Record review of the 07/25/2019 DSHS room list compared to the updated 12/09/2024 DSHS room list showed 43 of 93 single occupancy units had been converted to double occupancy.

Administrator (or Representative)

Date

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Based on record reviews, observations, and interviews, the Assisted Living Facility (ALF) failed to obtain written approval from Department of Health's Construction Review Services (CRS) prior to converting 2 of 50 sampled rooms from designated office spaces to resident bedrooms, adding walls to 3 of 50 sampled resident rooms, and converting 43 of 93 single occupancy units to double occupancy. These failures prevented the department from having knowledge of the changes and placed all residents in the affected units at risk due to a potentially unsafe living environment in rooms that were not approved for use.

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Record review of the 07/25/2019 DSHS room list compared to the updated 12/09/2024 DSHS room list showed 43 of 93 single occupancy units had been converted to double occupancy.

Observations on 12/11/2024 at 10:00 AM confirmed that residents occupied rooms 101 A and B, 104 A and B, 120 A and B, 301 B, and 346 B. In rooms 101, 301, and 346, walls had been installed to divide each apartment into a double unit.

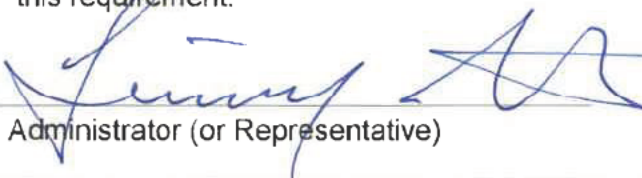
In an interview on 12/11/2024 at 11:00 AM, when asked why rooms 104 A and B, and 120 A and B, were not on the room list, Staff A, Administrator, replied that rooms 104 and 120 were previously used as office space. Staff B, Regional Director of Operations, acknowledged that the ALF had not consulted CRS prior to converting the two rooms from office space to resident dwellings.

In an interview on 12/13/2024 at 10:15 AM, Staff B said that the walls in 101, 301, and 346, were installed "two or three months ago." Staff A stated that they would "start over" and would contact CRS to begin the review and approval process.

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, Peoples Senior Living LLC is or will be in compliance with this law and / or regulation on (Date) 1/27/2025

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


Administrator (or Representative)

12/25/2024
Date

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