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

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

RE: Peoples Senior Living LLC License # 2661

Dear Administrator:

This letter addresses Compliance Determination(s) 41094 (Completion Date 05/13/2024) and 35633 (Completion Date 02/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2024 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-2610-2-c

The Department staff who did the on-site verification:
Lisa Mason, NCI ALF Licensor

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Peoples Senior Living LLC **Provider Type:** Assisted Living Facility

License/Cert.#: 2661
Intake ID: 114181
Compliance Determination #: 35633
Region/Unit #: RCS Region 3 / Unit D
Investigator: Lisa Mason
Investigation Date(s): 01/23/2024 through 02/06/2024
Complainant Contact Date(s):

Allegation(s):
Facility reported a Covid-19 outbreak.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size:
Observations:	Resident care equipment Staff to resident interactions Residents
Interviews:	Nursing staff
Record Reviews:	Medical records Facility policies

Investigation Summary:
Observation of PPE supplies and record review of policies and procedures related to Covid practice observed.
Interview with Administrator said they did not have a Fit testing process in place and were working on it.
Failed practice identified.
WAC 388-78A-2610 Infection Control

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2661	Compliance Determination # 35633
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 1 of 3	Licensee: Peoples Senior Living, LLC	02/06/2024

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 an unannounced on-site complaint investigation on 01/23/2024 and 01/23/2024 of:

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

This document references the following complaint number(s): 114181

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

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor

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

02/12/2024
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.

Statement of Deficiencies	License #: 2661	Compliance Determination # 35633
Plan of Correction	Peoples Senior Living LLC	Completion Date
Page 2 of 3	Licensee: Peoples Senior Living, LLC	02/06/2024

Administrator (or Representative) Maringi Lloyd. Date 2/14/2024

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, record review and interviews the Assisted Living Facility (ALF) failed to have a full Respiratory Protection Program (program to coordinate the proper use and maintenance of respiratory protective equipment) in place to provide a N95 (a respiratory protective equipment) mask fit testing (a process to determine if an N95 respirator mask is a good fit for the user's face) for facility staff(s). This failure potentially harmed all 67 residents when utilized N-95 masks had not been properly fitted for each care staff causing an increased risk of COVID-19 (a communicable disease) infection spreading.

Findings included...

Observation on 01/23/2024 at 9:15 AM showed sufficient infection testing and Personal Protective Equipment (equipment that is used to provide protection against hazardous environments, PPE) available.

Record review on 01/23/2024 showed COVID-19 policy and procedures did not include a N-95 fit test program for staff.

Director of Nursing (Staff B) interviewed on 01/23/2024 at 10:15 AM said the facility had supplies to include one brand type of N-95 masks for staff.

Interview on 01/23/2024 at 10:00 AM of Caregiver (Staff C) said the residents were staying in their rooms during the outbreak and those with COVID-19 symptoms were put on hourly checks. She felt there was enough PPE available.

Administrator (Staff A) Interviewed on 02/06/2024 at 3:00 PM said after researching she discovered the facility did not have a N-95 fit testing program in place and was now working on one.

Statement of Deficiencies	License #: 2661	Compliance Determination # 35633
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Page 3 of 3	Licensee: Peoples Senior Living, LLC	02/06/2024

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) 03/22/24.

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

Maringi Lloyd 2/14/2024.

Administrator (or Representative) Date