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

FRANK TOBEY JONES
FRANKE TOBEY JONES
5340 N Bristol St
Tacoma, WA 98407

RE: FRANKE TOBEY JONES License # 61

Dear Administrator:

This letter addresses Compliance Determination(s) 70878 (Completion Date 01/05/2026) and 67807 (Completion Date 10/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/05/2026 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-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1

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, 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

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 10/27/2025 of:

FRANKE TOBEY JONES
5340 N Bristol St
Tacoma, WA 98407

This document references the following SOD dated: 10/28/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional

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.

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

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) | 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

(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 1 of 1 sampled staff (Staff B) completed a valid Washington State name and date of birth background check (BGC) every two years as required. This failure placed all 50 residents at risk of harm by receiving care services from staff with an unknown background.

Findings included...

Review of the facility's personnel records showed the facility hired Staff B (cook) on 10/19/2023. The records showed Staff B's Washington State name and date of birth BGC expired on 10/12/2025.

During an interview on 10/27/2025 at 11:45 AM, Staff A, Human Resources Specialist stated that the facility did not complete Staff B's Washington State name and date of birth BGC before it expired.

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An email from Staff A dated 10/28/2025 at 7:34 AM showed the facility completed a new background check for Staff B on 10/27/2025, 15 days after the previous one expired.

This is an uncorrected deficiency previously cited on 08/28/2025 for subsection (1)(a)(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, FRANKE TOBEY JONES 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

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

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 08/26/2025 and 08/27/2025 of:
FRANKE TOBEY JONES
5340 N Bristol St
Tacoma, WA 98407

The following sample was selected for review during the unannounced on-site visit: 9 of 77 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, 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.

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

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) | Date

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 5 sampled staff (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 77 residents at risk of exposure to TB infection.

Findings included…

Review of the personnel records for Staff D, Certified Nursing Assistant (CNA), showed the facility hired Staff D on 03/03/2025. The records showed Staff D completed a TB blood test on 03/14/2025, 11 days after their date of hire.

Review of the personnel records for Staff E, CNA, showed the facility hired Staff E on 03/29/2024. The records showed Staff E completed a chest x-ray on 10/29/2023, 151 days before Staff E was hired. There was no other documentation that showed Staff E was screened for TB within three days of employment.

Review of the personnel records for Staff F, CNA, the facility hired Staff F on 07/31/2025. The records showed no documentation that Staff F was screened for TB within three days of employment.

During an interview on 08/26/2025 at 11:30 AM, Staff B, Human Resources Specialist,

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stated they screened all new staff for TB during the first few days of orientation to the facility.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 5 sampled staff (Staff D, Staff E, Staff G, and Staff H) completed 12 hours of continuing education annually by their birthday, as required. This failure placed all 77 residents at risk of receiving care from unqualified staff.

Findings included...

Review of the personnel records for Staff D, Certified Nursing Assistant (CNA) showed the facility hired Staff D on 03/03/2025. The records showed that Staff D’s date of birth

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was in July. Review of the electronic continuing education file showed no documentation that Staff D completed any of the required continuing education training from their July 2024 birthday to their July 2025 birthday.

Review of the personnel records for Staff E, CAN, showed the facility hired Staff E on 03/20/2024. The records showed that Staff E's date of birth was in June. Review of the electronic continuing education file showed no documentation Staff E completed any of the required continuing education training from their June 2024 birthday to their June 2025 birthday.

Review of the personnel records for Staff G, CAN, showed the facility hired Staff G on 05/23/2023. The records showed that Staff G's date of birth was in December. Review of the electronic continuing education file showed no documentation that Staff G completed any of the required continuing education training from their December 2023 birthday to their December 2024 birthday.

Review of the personnel records for Staff H, CNA showed the facility hired Staff H on 05/23/2023. The records showed that Staff H's date of birth was in August. Review of the electronic continuing education file showed documentation that Staff H completed 5.25 hours of the required 12 hours of continuing education training from their August 2024 birthday to their August 2025 birthday.

During an interview on 08/27/2025 at 11:55 AM, Staff B, Clinical Assistant, stated Staff D was not included in the electronic continuing education file yet. Staff B stated that Staff E, Staff G, and Staff H were sent email reminders to complete their continuing education training hours.

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, FRANKE TOBEY JONES 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

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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

(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 1 of 2 sampled staff (Staff G) completed a valid Washington State name and date of birth background check (BGC) every two years as required. This failure placed all 77 residents at risk of harm by receiving care services from staff with an unknown background.

Findings included...

Review of the personnel records for Staff G, Certified Nursing Assistant, showed the facility hired Staff G on 05/23/2023. The records showed Staff G's Washington State name and date of birth BGC expired on 05/17/2025. The records showed the facility completed a new background check on 08/05/2025, 80 days after the previous one expired.

During an interview on 08/26/2025 at 11:30 AM, Staff B, Human Resources Specialist stated that the facility completed Staff G's recent Washington State name and date of birth BGC 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, FRANKE TOBEY JONES 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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

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(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff D) obtained a valid First Aid card within 30 days of hire, as required. This failure placed all 77 residents at risk of receiving care from untrained staff.

Findings included...

Review of the personnel records for Staff D, Certified Nursing Assistant, showed the facility hired Staff D on 03/03/2025. The records showed no documentation that Staff D completed any First Aid training.

During an interview on 08/27/2025 at 12:20 PM, Staff B, Human Resources Specialist, stated that Staff D failed to obtain a First Aid card within 30 days of hire. Staff B stated that Staff D was signed up to take First Aid in an upcoming training.

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, FRANKE TOBEY JONES 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.

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Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly,

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must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop medication services for 2 of 9 sampled Residents (Resident 1 and Resident 2), that was safe and supported the needs of each resident, as required. This failure placed Resident 1 and Resident 2 at risk for a decline in their medical conditions from not receiving medications as prescribed.

Findings included…

RESIDENT 1
Review of Resident 1's July 2025 and August 2025 Medication Administration Records (MAR) showed a physician order for Metoprolol Succinate (medication used to treat high blood pressure), 25 milligrams (mg), one tablet two times a day. There were instructions to hold the medication when the systolic blood pressure (top number) was under 100 or the heart rate was under 60 beats per minute.

The MARs showed that on 07/03/2025, 07/04/2025, 07/07/2025, twice on 07/08/2025, 07/21/2025, and 08/13/2025, Resident 1's heart rate was under 60 beats per minute. The MARs showed Resident 1 received their blood pressure medication on these dates, for a total of seven doses when their heart rate was below 60 beats per minute.

RESIDENT 2
Review of Resident 2's July 2025 and August 2025 MARs showed a physician order for Augmentin (an antibiotic used to treat a bacterial infection), 875-125 mg, one tablet three times a day for a total of six tablets, to be given after a dental visit.

Review of the July 2025 MAR showed the nursing staff documented Resident 2 received one tablet on 7/30/2025, and three tablets on 7/31/2025, for a total of four tablets.

Review of the August 2025 MAR showed on 08/01/2025 Resident 2 did not receive the remaining two tablets. Review of Resident 2's progress notes, two entries on 08/01/2025 at 11:07 AM and 5:53 PM, showed that the medication was unavailable.

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During an interview on 08/27/2025 at 11:00 AM, Staff A, Resident Care Supervisor, stated that they were unsure why the nursing staff gave Resident 1 the medication when it should have been held. Staff A stated that they were unsure why Resident 2's medication was unavailable in the medication supply.

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, FRANKE TOBEY JONES 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

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