



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

Weatherly Inn at Tacoma LP  
WEATHERLY INN  
6016 N Highlands Parkway  
Tacoma, WA 98406

RE: WEATHERLY INN License # 1577

Dear Administrator:

This letter addresses Compliance Determination(s) 65212 (Completion Date 09/05/2025) and 63144 (Completion Date 07/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/05/2025 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-2480-1, WAC 388-78A-2480, WAC 388-78A-2480-2

The Department staff who did the on-site verification:  
Kathy Heinz, Long Term Care Surveyor

If you have any questions, please contact me at (253)234-6020.

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.



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***PO Box 99250, Lakewood, WA 98496***

Statement of Deficiencies	License #: 1577	Compliance Determination # 63144
Plan of Correction	WEATHERLY INN	Completion Date
Page 1 of 3	Licensee: Weatherly Inn at Tacoma LP	07/25/2025

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 07/25/2025 of:

WEATHERLY INN  
6016 N Highlands Parkway  
Tacoma, WA 98406

This document references the following SOD dated: 07/25/2025

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 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.

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
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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
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**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.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on records review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 5 sampled staff (Staff B, C, D and E) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all ALF residents and staff at risk of exposure to TB.

**Findings included...**

Review of a document titled "Employee Alpha List" dated 07/25/2025 showed Staff B, Wait Staff, was hired on 06/30/2025. Review of the facility TB skin testing record showed Staff B completed the first of a two-step TB screening process on 7/14/2025, 14 days after their hire date.

Review of a document titled "Employee Alpha List" dated 07/25/2025 showed Staff C, Wait Staff, was hired on 06/30/2025. Review of the personnel file for Staff C failed to show they had been screened for TB within three days of hire.

Review of a document titled "Employee Alpha List" dated 07/25/2025 showed Staff D, Caregiver, was hired on 06/16/2025. Review of the personnel file for Staff D showed

Staff D required a one-step TB test upon hire. Review of the personnel file for Staff D failed to show Staff D had completed a one-step TB test.

Review of a document titled "Employee Alpha List" dated 07/25/2025 showed Staff E, Wait Staff, was hired on 07/08/2025. Review of the facility TB skin test record showed Staff E completed the first of a two-step screening process on 07/21/2025, 13 days after hire.

Staff A, Executive Director, was interviewed on 07/25/2025 at 10:30 AM. Staff A acknowledged the staff were not screened within three days of hire either by a one step, or two step TB test as required.

This is an uncorrected deficiency previously cited on 05/23/2025.

**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, WEATHERLY INN 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Statement of Deficiencies	License #: 1577	Compliance Determination # 59909
Plan of Correction	WEATHERLY INN	Completion Date
Page 1 of 3	Licensee: Weatherly Inn at Tacoma LP	05/23/2025

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 the unannounced on-site full inspection and complaint investigation on 05/21/2025 and 05/23/2025 of:

WEATHERLY INN  
6016 N Highlands Parkway  
Tacoma, WA 98406

This document references the following complaint numbers: 179017.

The following sample was selected for review during the unannounced on-site visit: 12 of 114 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor  
Kathy Heinz, Long Term Care Surveyor  
Cory Myers, NCI ALF Licenser

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
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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
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**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.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

**This requirement was not met as evidenced by:**

Based on records review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) received one tuberculosis (TB, a communicable disease) test within three days of employment as required. This failure placed all ALF residents and staff at risk of exposure to TB.

**Findings included...**

Record review of the facility-provided document titled, "WI Employee Roster," dated 05/21/2025, showed Staff B, LPN, was hired at the facility on 11/02/2021.

Record review of Staff B's personnel file showed Staff B had a history of TB testing dated 05/26/2016 with a negative result, from prior employment with this ALF. The file showed no records that Staff B had a TB test completed within three days of re-hire at this facility.

During an interview on 05/22/2025 at 2:20 PM, Staff A, Human Resources Coordinator, acknowledged they had provided everything they had on file for TB testing for the sampled staff.

**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, WEATHERLY INN 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