



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

Charlton Place Assisted Living Community, LLC
CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

RE: CHARLTON PLACE License # 2120

Dear Administrator:

This letter addresses Compliance Determination(s) 55024 (Completion Date 02/20/2025) and 51286 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2025 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-2090-2-a

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

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

Sincerely,

Jody Just Field Services Administrator Region 3, signing for Manfay Chan

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: CHARLTON PLACE

Provider Type: Assisted Living Facility

License/Cert.#: 2120

Compliance Determination #: 51286

Intake ID: 156564

Investigator: Lisa Mason

Region/Unit #: RCS Region 3 / Unit D

Investigation Date(s): 12/05/2024 through 12/18/2024

Complainant Contact Date(s):

Allegation(s):

Residents on self-medication with no safety assessment in place

Investigation Methods:

Sample:	Total residents: Resident sample size: 6 Closed records sample size:
Observations:	Residents Identified resident Activities
Interviews:	Identified resident Nursing staff
Record Reviews:	Medical records Facility policies

Investigation Summary:

Resident interviews said they managed their own medications. Medications were delivered to the facility and staff brought them. Residents interviewed did not recall having a safety assessment about medications. Staff interviews were not aware of any medication assessments or policy. Record reviews showed 6 sampled residents as managing self medications.

Conclusion / Action:

- ☒ 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 #: 2120	Compliance Determination # 51286
Plan of Correction	CHARLTON PLACE	Completion Date
Page 1 of 5	Licensee: Charlton Place Assisted Living Community, LLC	12/18/2024

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 12/05/2024 and 12/05/2024 of:

CHARLTON PLACE
9723 South Steele St
Tacoma, WA 98444

This document references the following complaint number(s): 156564

The following sample was selected for review during the unannounced on-site visit: 6 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licenser

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

12/24/2024

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.

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

Administrator (or Representative)

Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to obtain sufficient information to provide a safe self-medication system for 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, & 6 [R1, 2, 3, 4, 5, & 6]). This failure placed residents at risk for harm when taking medication without a safety assessment of understanding the prescribed medications.

Findings included...

Resident 1

Record review of R1 showed they were admitted on [REDACTED]/2024 with diagnoses to include [REDACTED] and [REDACTED].

Record review of R1's October and November 2024 Medication Administration Records (MAR) showed medications were marked as self-administered.

Record review of R1's Negotiated Service Agreement (NSA) medication section, dated as initiated on 08/19/2024, showed medications were independent.

During an interview on 12/05/2024, at 11:30 AM, R1, said they were taking their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

Resident 2

Record review of R2 showed they were admitted on [REDACTED]/2016 with diagnoses to

include [REDACTED].

Record review R2's October and November 2024 MARs showed some medications marked as provided by staff and some were self-administered.

Record review of R2's NSA medication section, dated as revised on 12/04/2023, showed they were independent with glucose monitoring, narcotics, inhalers, medication creams, nasal sprays and vitamins.

Record review R2's progress notes for October and November 2024 said there were possible drug interactions with the current prescribed medications.

During an interview on 12/18/2024, at 9:00 AM, R2, said they were taking their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

Resident 3

Record review of R3 showed they were admitted on [REDACTED]/2023 with diagnoses to include [REDACTED] and [REDACTED].

Record review of R3's October and November 2024 MARs showed some medications marked as provided by staff and some were self-administered.

Record review of R3's NSA medication section, dated as initiated on 09/28/2023, showed medication assist.

During an interview on 12/05/2024 at 12:30 PM, R3 said they were taking some of their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

Resident 4

Record review of R4 showed they were admitted on [REDACTED]/2014 with diagnoses to include [REDACTED].

Record review of R4's October and November 2024 MARs showed medications were self-administered.

Record review of R4's NSA medication section, dated as revised on 09/02/2021, showed medications administered independently.

During an interview on 12/05/2024 at 12:15 PM, R4 said they were taking their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

Resident 5

Record review of R5 showed they were admitted on [REDACTED]/2024 with diagnoses to include [REDACTED] and [REDACTED].

Record review of R5's October and November 2024 MARs showed medications were self-administered.

Record review of R5's NSA medication section, dated as 01/23/2024, showed medications administered independently.

During an interview on 11/13/2024 at 11:00 AM, R5 said they were taking their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

Resident 6

Record review of R6 showed they were admitted on [REDACTED]/2024 with diagnoses to include [REDACTED] and, [REDACTED].

Record review of R6 October and November MAR's showed medications were self-administered.

Record review of R6 NSA, medication section, dated as 01/30/2019, showed medications administered independently.

During an interview on 12/05/2024 at 12:45 PM, R6 said they were taking their own medications but was never assessed for safety and understanding of the medications that are kept in their room.

During an interview on 11/19/2024 at 2:50 PM, Staff A, Director of Nursing, said they did not know if there was a medication safety assessment policy, and would ask the Administrator.

During an interview on 11/21/2024 at 2:45 PM, Staff C, Medication Technician, said there were 21 residents independently administering their medications. They said they were unaware of a self-medication policy.

Statement of Deficiencies	License #: 2120	Compliance Determination # 51286
Plan of Correction	CHARLTON PLACE	Completion Date
Page 5 of 5	Licensee: Charlton Place Assisted Living Community, LLC	12/18/2024

During an interview on 12/05/2024 at 10:45 PM, Staff A said there was no policy about medication safety assessments and had not seen any self-medication assessments done on current residents.

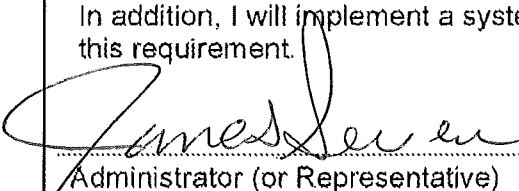
During an interview on 12/05/2024 at 10:45 AM, Staff B, Resident Care Coordinator, said they did not know of medication safety assessments either.

During an interview on 12/05/2024 at 1:00 PM, Staff D, Medication Technician, said they were aware of residents independently administering medications. That the residents ordered the medications themselves, pharmacy delivered them to the facility and medication technicians took them to the residents. They said they were unaware of a resident self-medication policy.

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, CHARLTON PLACE is or will be in compliance with this law and / or regulation on (Date) Jan 25th 2025

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



Administrator (or Representative)

12/27/24

Date

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