



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

November 18, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0800**

Administrator  
Park Vista Retirement & Assisted Living Community  
3425 Boone Road SE  
Salem, OR 97317

Assisted Living Facility License #1810  
Licensee: Park Vista Retirement & Assisted Living Community LLC.

**IMPOSITION OF CIVIL FINES AND  
IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Administrator:

On November 5, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of civil fines and the imposition of conditions on the license for your assisted living facility, also known as **Park Vista Retirement & Assisted Living Community**, located at **2944 SE Lund Avenue, Port Orchard**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines and conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **November 5, 2015**.

**Civil Fines**

**WAC 388-78A-2130(3)(a)(b) – Service agreement planning.**

**\$100.00**

**X Two Residents = \$200.00**

**The licensee failed to ensure Negotiated Service Agreements (NSA) were updated in a timely manner to reflect current needs and services for two residents.**

**This is an uncorrected deficiency from November 26, 2012, April 24, 2013 and December 10, 2014 and repeated deficiencies from August 17, 2015 and September 25, 2015.**

**WAC 388-78A-2160 – Implementation of negotiated service agreement. 100.00**

The licensee failed to ensure one resident's Negotiated Service Agreement (NSA) was implemented.

This is repeated deficiencies from November 26, 2012, August 22, 2013 and February 27, 2014 and an uncorrected deficiency from August 17, 2015.

**Conditions on License**

**WAC 388-78A-2130(3)(a)(b) – Service agreement planning.**

The licensee failed to ensure Negotiated Service Agreements (NSA) were updated in a timely manner to reflect current needs and services for two residents.

This is an uncorrected deficiency from November 26, 2012, April 24, 2013 and December 10, 2014 and repeated deficiencies from August 17, 2015 and September 25, 2015.

**WAC 388-78A-2160 – Implementation of negotiated service agreement.**

The licensee failed to ensure one resident's Negotiated Service Agreement (NSA) was implemented.

This is repeated deficiencies from November 26, 2012, August 22, 2013 and February 27, 2014 and an uncorrected deficiency from August 17, 2015.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- *The Administrator will meet, in person, with the Field Manager on or before December 7, 2015 to discuss ongoing non-compliance and how the facility is starting corrective actions to gain compliance with all the Assisted Living regulations cited in the Statement of Deficiencies dated August 17, 2015; September 25, 2015 and November 5, 2015.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **November 18, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

**The conditions imposed on your license effective August 27, 2015 in a notice letter dated August 27, 2015 will remain in effect.**

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***NOTE: These are the violations which resulted in the fines and conditions; see the attached Statement of Deficiencies for any additional violations.***

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Lisa Cramer, Field Manager  
Region 3, Unit A  
PO Box 98907  
Lakewood, WA 98496  
Phone: (253) 983-3826 / Fax: (253) 589-7240

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

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Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$300.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

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Enclosure

cc: Field Manager, Region 3, Unit A  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
ndl