



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

April 23, 2018

**CERTIFIED MAIL #7007 1490 0003 4199 7029**

Administrator  
Park Vista Retirement & Assisted Living Community  
c/o 3425 Boone Rd SE  
Salem OR 97317

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

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On April 13, 2018 the Department of Social and Health Services (DSHS), Residential Care Services completed a full licensing inspection at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Park Vista Retirement & Assisted Living Community**, located at **2944 SE Lund Ave, 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 are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **April 13, 2018**.

**WAC 388-78A-2120(2)(a)(3)(a) Monitoring resident well-being** **\$50.00**

**The facility failed to identify and evaluate changes for one resident.**

**This is an uncorrected citation previously cited on a Statement of Deficiencies report dated January 23, 2018.**

**WAC 388-78A-2210(1)(a)(b)(2)(a)(b) Medication services** **\$100.00**

**The facility failed to ensure a safe medication system for two residents.**

**This is a recurring citation previously cited on Statement of Deficiencies reports dated August 17, 2015 and June 24, 2016 and an uncorrected citation previously cited on a Statement of Deficiencies report dated January 23, 2018.**

Administrator  
Park Vista Retirement & Assisted Living Community  
License #1810  
April 23, 2018  
Page 2

**NOTE: These are the violations, which resulted in the fines; 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.

Administrator  
Park Vista Retirement & Assisted Living Community  
License #1810  
April 23, 2018  
Page 3

Send your **written** request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600

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 are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$150.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

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.

Administrator  
Park Vista Retirement & Assisted Living Community  
License #1810  
April 23, 2018  
Page 4

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

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  
HQ Central Files  
DRW  
jbc