



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

July 1, 2019

CERTIFIED MAIL 7007 1490 0003 4199 1065

Administrator
PARK VISTA RETIREMENT &
ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
Salem, OR 97317

Assisted Living Facility License #1810
Licensee: PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On June 18, 2019, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up 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 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 **June 18, 2019**.

Civil Fines

WAC 388-112A-0720(2)(a) What are the CPR and first-aid training requirements? **\$300.00**
(\$100.00 per staff x three staff = \$300.00)

The licensee failed to ensure staff had a valid cardiopulmonary (CPR)/first-aid card as required. This failure placed ALF residents with potentially life-threatening conditions at risk of unmet care needs from inadequately trained staff.

This is an uncorrected deficiency previously cited on April 5, 2019.

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WAC 388-112A-0105(1) Who is required to obtain home care aide certification and by when? \$200.00
(\$100.00 per staff x two staff = \$200.00)

The licensee failed to ensure caregivers were certified as home care aides (HCA) within 200 calendar days from their dates of hire. This placed all residents at risk of unmet care needs from inadequately trained and unqualified staff.

This is an uncorrected deficiency previously cited on April 5, 2019.

WAC 388-78A-2320(3)(a) Intermittent nursing services systems. \$600.00
(\$100.00 per staff x six staff = \$600.00)

The licensee failed to ensure caregivers were certified as home care aides (HCA) within 200 calendar days from their dates of hire. This placed all residents at risk of unmet care needs from inadequately trained and unqualified staff.

This is an uncorrected deficiency previously cited on April 5, 2019.

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.

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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 10th 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

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.

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Mail a check for **\$1,100.00** 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
1-800-562-6114

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

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
cb