



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

September 27, 2017

PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY LLC
PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY
3425 BOONE RD SE
SALEM, OR 97317

RE: PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY License #1810

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on September 25, 2017 for the deficiency or deficiencies cited in the report/s dated July 21, 2017 and found no deficiencies.

The Department staff who did the follow-up inspection:
Michael Goulet, Complaint Investigator

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Cramer".

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY (686383) **Intake ID(s):** 3380380

License/Cert. #: AL1810

Investigator: Goulet, Michael

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 07/20/2017 through 07/21/2017

Complainant Contact Date(s): 07/19/2017, 07/24/2017

Allegations:

- 1) Unqualified staff
- 2) Residents in memory care unit not changed related to lack of incontinence supplies

Investigation Methods:

Sample: 4 of 4 residents, no named residents

Observations: General environment
Residents in their rooms
Staff to resident interactions
Availability of incontinence supplies (personal and facility)

Interviews: Staff
Residents

Record Reviews: Staff Records

Allegation Summary:

1) per record review of staff records, 8 of 25 staff providing direct care to Assisted Living Facility (ALF) residents did not have a record of qualifications (Home Care Aid or Nursing Assistant). Per interview with staff, this issue had become known recently and affected staff had been removed from the work schedule, but there had been a period of time when there had been unqualified staff providing care and services to residents.

2) Per observation of supplies in individual residents' rooms and facility supplies, there is no lack of incontinence supplies for residents in memory care. Per interviews with residents in memory care, there was no indication of lack of incontinence supplies. Unable to substantiate.

Unalleged Violation(s): Yes No



**Residential Care Services
Investigation Summary Report**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

Staff 388-78A-2450 (2e), failure to ensure qualified staff



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 PO Box 98907, Lakewood, WA 98496

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AUG 03 2017

DSHS RCS Region 3

Statement of Deficiencies	License #: 1810	Completion Date
Plan of Correction	PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY	July 21, 2017
Page 1 of 2	Licensee: PARK VISTA	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3380380

The department has completed data collection for the unannounced on-site complaint investigation on 7/20/2017 and 7/21/2017 of:

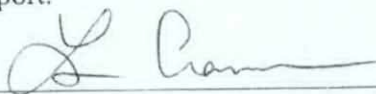
PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
 2944 SE LUND AVE
 PORT ORCHARD, WA 98366

The following sample was selected for review during the unannounced on-site complaint investigation : 4 of 0 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:
 Michael Goulet, Complaint Investigator


From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

As a result of the on-site complaint investigation 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

7/25/17
 Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.


 Administrator (or Representative)

7/28/17
 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 7 of 25 staff (Staff B, C, D, E, F, G and H) were qualified to perform their duties at the facility. This failure placed all residents of the facility at risk for harm. Findings include:

Record review on 7/20/2017 of qualifications for all staff who provide direct care to ALF residents documented that 7 of 25 staff did not possess proof of the qualifications required to be able to provide care and services to ALF residents. Staff members B, C, D, E, F, G and H had not acquired certification as either a Home Care Aide or Nursing Assistant within 200 days of their date of hire as required (per WAC 388-112-0106).

During an interview on 7/20/2017, ALF administrator (Staff A) stated that she was currently aware of the issue with unqualified staff and that this issue had been identified during the training of the new resident care coordinator earlier this month (July 2017). Staff A stated that all unqualified staff had been removed from the work schedule when the issue became known, but that unqualified staff had been providing care and services to ALF residents in the facility prior to this time.

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, PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 7/25/17. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.



Administrator (or Representative)

7/28/17

Date