



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

September 21, 2017

**CERTIFIED MAIL**

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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 complaint investigation of your assisted living facility on September 20, 2017 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:  
Michael Goulet, Complaint Investigator

**Consultation:**

**RCW 70.129-040 Protection of resident's funds -- Financial affairs rights.**

(2) Upon written authorization of a resident, if the facility agrees to manage the resident's personal funds, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as specified in this section.  
(b) The facility must maintain a resident's personal funds that do not exceed one hundred dollars in a noninterest-bearing account, interest-bearing account, or petty cash fund.

The facility did not place petty cash funds for five residents in an interest bearing account when the funds exceeded \$100 per person. This involved only residents in the facility's Memory Care Unit, and was done to safeguard cash provided to the residents by their family members. The facility is aware of the issue and has taken steps to ensure compliance in the future.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**In Addition, You May:**


- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (253) 983-3826.

Sincerely,



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

Enclosure