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

December 21, 2018

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 December 20, 2018 for the deficiency or deficiencies cited in the report/s dated October 15, 2018 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,

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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services

Investigation Summary Report

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY (686383)

Intake ID(s): 3569135

License/Cert. #: AL1810

Investigator: Goulet, Michael

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 09/27/2018 through 10/03/2018

Complainant Contact Date(s):

Allegations:

1) Two caregivers placed tape over the mouth of one resident

2) Third staff who witnessed incident did not report this to facility staff for approximately one month

Investigation Methods:

- [X] **Sample:** four of four residents, including named resident
- [X] **Observations:** General environment; Residents in their rooms; Staff to resident interactions
- [X] **Interviews:** Staff; Residents
- [X] **Record Reviews:** Facility investigation statement; Resident occurrence report; Witness statements (4); Employee in-service; Phone contact information for staff

Allegation Summary:

1) Per witness statements, it is likely that this incident occurred, although there is no evidence other than witness statements which supports this allegation and therefore it is not able to be substantiated as abuse.

2) Per interviews and record review of staff statements, three staff members other than those allegedly involved had direct knowledge of the incident, and three other staff had indirect knowledge of the incident, yet none of these staff reported the incident to the department, and only one staff member reported the incident to supervisory staff at the facility approximately one month after the incident allegedly occurred.

This document was prepared by Residential Care Services for the locator website.

Unalleged Violation(s): ☐ **Yes** ☒ **No**

Conclusion / Action: ☒ **Failed Provider Practice Identified / Citation(s) Written** ☐ **Failed Provider Practice Not Identified / No Citation Written**

Reporting abuse and neglect 388-78A-2630 (1a)

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PO Box 98907, Lakewood, WA 98496

RECEIVED
NOV 26 2018
DSHS RCS
REGION 3

Statement of Deficiencies	License #: 1810	Completion Date
Plan of Correction	PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY	October 15, 2018
Page 1 of 3	Licensee: PARK VISTA RETIREMENT & ASSISTED LIVING	

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: 3569135

The department has completed data collection for the unannounced on-site complaint investigation on 9/27/2018 and 10/3/2018 of:

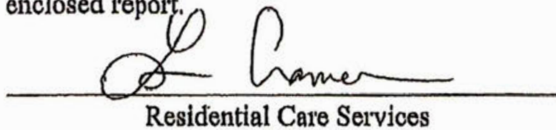
PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
2944 SE LUND AVE
PORT ORCHARD, WA 98366

The following sample was selected for review during the unannounced on-site complaint investigation : 4 of 15 current residents and 0 former residents.

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

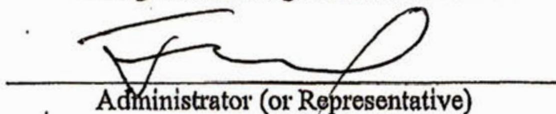
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

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 — 10/15/18 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) — 10/25/18 Date

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WAC 388-78A-2630 Reporting abuse and neglect.
(1) The assisted living facility must ensure that each staff person:
(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:
Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff members reported potential abuse affecting one of one resident (Resident #1). This failure placed all residents in the facility at risk for potential harm.

Findings include:
All times listed are approximate.

During an interview on 09/27/18 at 12:10 pm, Staff A stated that Staff C had admitted to placing tape over the mouth of Resident #1 sometime in August of 2018. Staff A stated that Staff C had then resigned her position as a caregiver at the ALF.

During an interview on 09/27/18 at 12:00 pm, Staff E stated that Staff D recently reported the incident involving tape being placed over the mouth of Resident #1, and that it was not clear why Staff D had waited approximately one month to tell staff about this happening.

During an interview on 09/27/18 at 03:10pm, Staff D stated "I knew I was supposed to call the state" in reference to why the incident was not reported to the department. Per record review of a witness statement from Staff D dated 09/20/18, Staff D had witnessed Staff B and Staff C place tape over the mouth of Resident #1 "around the first week of last month".

Per record review of a witness statement from Staff J, tape was observed to have been placed over the mouth of Resident #1. Per record review of a witness statement from Staff F dated 09/20/18, Staff B was observed to have placed tape over the mouth of Resident #1 in "mid-August".

Per record review of a statement by Staff A, three other staff members (Staff G, Staff H and Staff I) were noted to have prior knowledge of the incident involving Resident #1.

Per record review the ALF's policy on mandated reporting, this policy is provided to and signed by each staff upon hiring. The facility policy documented that each facility employee "has the absolute obligation to immediately report to the appropriate parties listed below, if you ever have reasonable cause to believe that a resident has suffered abuse", The facility policy defines abuse, including "mental abuse, including humiliation, harassment, including sexual harassment and threats of punishment or deprivation directed toward the resident".

There was no indication per interviews or record review that staff members with direct knowledge (Staff D, Staff F, Staff J) or indirect knowledge (Staff G, Staff H, Staff I) of the incident involving Resident #1 had ever reported this allegation to the department. Only Staff D reported the incident to facility staff, and this report occurred approximately one month after the alleged incident took place.

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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) 10/25/18 . 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)

10/25/18
Date

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