



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

April 11, 2019

CERTIFIED MAIL

7017 3380 0000 2290 8394

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 April 4, 2019 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:

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

One resident's back up pain medication card (blister pack) was found missing from facility medication cart. There was no harm to residents and no diversion of medication suspected (all staff with access were drug tested and cleared). The facility has altered the medication count policy to ensure medications are not misplaced 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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY (686383) **Intake ID(s):** 3625601

License/Cert. #: AL1810

Investigator: Goulet, Michael

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 04/04/2019 through 04/04/2019

Complainant Contact Date(s):

Allegations:

1) missing medication card (blister pack) of one resident's pain medication

Investigation Methods:

Sample: two of two residents, including named resident (all residents in MCU with pain meds)

Interviews: Residents
Staff

Observations: General environment
Residents in their rooms
Staff to resident interactions
med cart lock/ narcotics drawer lock function

Record Reviews: Facility Incident Investigation Report
Staff Witness Statements (9)
MAR
Med Log Sign in Sheet (2)
Urine Drug Screen (9)
Employee Performance Improvement Plan (4)
Resident Occurrence Report
Narcotic Count log
Resident Service Plan

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



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

Per staff interviews and record review, one resident's pain medication (med) card was missing from the memory care unit (MCU) medication cart. Per staff, there has been no history of medication diversion at the facility, and all staff who may have had access to medications were drug tested with no positive results. Diversion of medication is not suspected. Resident did not miss any dose as missing card was a backup and this medication was replaced by the facility. Facility policy has been changed to ensure increased auditing of all medications, and only MCU director will remove used (empty) med cards from med cart.

Unalleged Violation(s): Yes No

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

Consultation:388-78A-2260 (1) Storing, Securing and Accounting for Medications