



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

June 26, 2019

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 June 13, 2019 for the deficiency or deficiencies cited in the report/s dated May 21, 2019 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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY (686383) **Intake ID(s):** 3646393
License/Cert. #: AL1810
Investigator: Goulet, Michael **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 05/21/2019 through 05/21/2019
Complainant Contact Date(s): 05/08/2019, 05/21/2019

Allegations:

1) Facility failed second Fire Marshall inspection.

Investigation Methods:

Sample: none of none residents, no named resident (no residents with pertinent information related to fire code violations)

Observations: General environment

Interviews: Staff

Record Reviews: Fire Marshall Inspection report

Allegation Summary:

1) Per record review of Fire Marshall inspection report dated 04/25/19, the facility had not corrected violations identified in the Fire Marshall's previous inspection (03/28/19). Per staff interview, the facility was aware of the stated violations, but these were not corrected in the time provided due to a change in facility maintenance directors.

Unalleged Violation(s): Yes No

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

Failed Provider Practice Not Identified / No Citation Written

Other Requirements 388-78A-2040 (1)



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

Statement of Deficiencies	License #: 1810	Completion Date
Plan of Correction	PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY	May 21, 2019
Page 1 of 2	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: 3646393

The department has completed data collection for the unannounced on-site complaint investigation on 5/21/2019 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 : 0 of 48 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	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)	Date
-----------------------------------	------

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

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to pass State Fire Marshall inspections on two separate occasions, 03/28/19 and 04/25/19. This failure placed all ALF residents at risk of physical harm. Findings included:

Record review of the State Fire Marshall's report dated 04/25/19, documented that the ALF had failed to correct one or more violations identified in the Fire Marshall's previous inspection (03/28/19).

During an interview on 05/21/19 at 10:10 am, the current facility maintenance director, Staff B stated that corrections planned after the initial Fire Marshall inspection (03/28/19) were not put into place prior to the Fire Marshall's follow up inspection (04/25/19) due to the previous maintenance director being transferred to another facility before the corrections could be completed.

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)_____. 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)

Date