



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

May 25, 2021

CERTIFIED MAIL

7018 3090 0000 2464 6033

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 May 20, 2021 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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Per staff interview, computer entry glitch lead to medication order change not being recognized by the computer, and this lead to the named resident missing three doses of one medication. This issue was remedied as soon as known to staff. Per both resident and staff interviews, no harm resulted from the issue. Steps were made by the facility to preclude any further issue of this type.

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 (360) 664-8421.

Sincerely,

Charles Demler by Sonya Conway

Charles Demler, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY (686383) **Intake ID(s):** 3767792

License/Cert. #: AL1810

Investigator: Goulet, Michael **Region/Unit:** RCS Region 3/Unit D **Investigation Date(s):** 05/06/2021 through 05/20/2021

Complainant Contact Date(s):

Allegations:

1) Resident missed three doses of one medication

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	one of one residents, including named resident	<input checked="" type="checkbox"/> Observations:	General environment Resident Condition Residents in facility Staff to resident interactions
<input checked="" type="checkbox"/> Interviews:	Resident Staff	<input checked="" type="checkbox"/> Record Reviews:	Medication Administration Record (2)

Allegation Summary:

1) Per staff interview a glitch during computer order entry lead to the medication order in question being considered invalid by the computer, and this lead to the resident missing three doses of the medication. Per staff and named resident, no harm resulted from this issue. Per staff the facility has taken steps to ensure no repeat of this issue.

Unalleged Violation(s): Yes No

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

Consultation Only: WAC 388-78A02240 - Nonavailability of Medications