STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Prairie Vista Senior Living LLC

Prairie Vista Senior Living LLC
11501 NE 192nd Ave
Brush Prairie , WA 98606

RE: Prairie Vista Senior Living LLC License # 755250

Dear Provider:

This letter addresses Compliance Determination(s) 50188 (Completion Date 11/13/2024) and 48489 (Completion Date 10/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/13/2024 and found that you have corrected the violations listed in the Full report dated 10/17/2024. Your home is back in compliance as of 10/28/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10380-4

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/09/2024 and 10/17/2024 of:

Prairie Vista Senior Living LLC
11501 NE 192nd Ave
Brush Prairie , WA 98606

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

As a result of the on-site visit(s), 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

10/17/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 755250	Compliance Determination # 48489
Plan of Correction	Prairie Vista Senior Living LLC	Completion Date
Page 2 of 3	Licensee: Prairie Vista Senior Living LLC	10/17/2024

Provider (or Representative)

10-28-2024
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the negotiated care plan (NCP) was reviewed and revised at least annually for 2 of 2 sampled residents (Resident 1 [R1]) and Resident 2 [R2]) reviewed for current negotiated service agreements. This failure put residents at risk for unmet care needs.

Findings included...

An unannounced inspection visit was conducted on 10/09/2024.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2023, with diagnoses including [redacted]. The only NCP found in R1's record was dated 09/20/2023 with no signature from AFH provider or R1.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2023, with diagnoses including [redacted]. The only NCP found in R2's record was dated 08/22/2023 and signed on [redacted]/2023.

During interview at 12:23 PM, Staff A, Provider, stated that she had other NCP for R1 and R2 in her computer. They proceeded to print out R2's NCP which was dated 09/23/2023, but it was blank. Staff A stated that they did not know why it was blank.

Staff A did not have a current NCP for R1 and R2 in their paper record nor electronic record during the onsite visit on 10/09/2024.

Attestation Statement

Provider (or Representative) _____ Date _____

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the negotiated care plan (NCP) was reviewed and revised at least annually for 2 of 2 sampled residents (Resident 1 [R1]) and Resident 2 [R2]) reviewed for current negotiated service agreements. This failure put residents at risk for unmet care needs.

Findings included...

An unannounced inspection visit was conducted on 10/09/2024.

Review of R1's medical record showed R1 moved into the AFH on [redacted]/2023, with diagnoses including [redacted]. The only NCP found in R1's record was dated 09/20/2023 with no signature from AFH provider or R1.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2023, with diagnoses including [redacted] ([redacted]). The only NCP found in R2's record was dated 08/22/2023 and signed on [redacted]/2023.

During interview at 12:23 PM, Staff A, Provider, stated that she had other NCP for R1 and R2 in her computer. They proceeded to print out R2's NCP which was dated 09/23/2023, but it was blank. Staff A stated that they did not know why it was blank.

Staff A did not have a current NCP for R1 and R2 in their paper record nor electronic record during the onsite visit on 10/09/2024.

Attestation Statement

Statement of Deficiencies	License #: 755250	Compliance Determination # 48489
Plan of Correction	Prairie Vista Senior Living LLC	Completion Date
Page 3 of 3	Licensee: Prairie Vista Senior Living LLC	10/17/2024

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, Prairie Vista Senior Living LLC is or will be in compliance with this law and / or regulation on (Date) 10-28-2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

10-28-2024
Date

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, Prairie Vista Senior Living LLC 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.

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

10/17/2024

Prairie Vista Senior Living LLC
Prairie Vista Senior Living LLC
11501 NE 192nd Ave
Brush Prairie , WA 98606

RE: Prairie Vista Senior Living LLC # 755250

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/17/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

During the onsite inspection visit on 10/09/2024, review of Resident 1 (R1)'s record showed, R1's negotiated care plan, dated 09/20/2023, was not signed by R1 or their representative.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

No record of personal belongings inventory was found in Resident 1's file during the onsite inspection visit on 10/09/2024.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The extinguishers at the adult family home (AFH) were due for annual inspection in August 2024. The AFH had it inspected at the fire extinguisher service center on 10/09/2024.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the

medical device; and

Resident 2 (R2)'s negotiated care plan, dated 08/22/2023 and signed on [redacted]/2023, did not include how R2 would use the [redacted].

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F

800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600