STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

02/20/2025

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 # 1810

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 54964 (Completion Date 02/20/2025) and 51087 (Completion Date 12/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

WAC 388-78A-3040 Laundry.

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

(a) Provide separate areas for handling clean laundry and soiled laundry;

(b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

(4) The assisted living facility or a resident washing an individual resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below 140 F and without the use of a chemical sanitizer.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The Department staff who did the On Site verification:

Cathleen Davis, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 11/26/2024 and 12/05/2024 of:

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

This document references the following SOD dated: 12/04/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled staffs (Staff D & E) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment. This failure placed 46 of 46 residents, staff, and visitors at risk for TB infection.

Findings included…

<Staff D>
Record review of the employee list, printed on 11/26/2024, showed Staff D, Sales and Marketing Manager, was hired by the ALF on 09/16/2024. Staff D's personnel file showed initial TB test was completed on 10/29/2024.

<Staff E>
Record review of the employee list, printed on 11/26/2024, showed Staff E, Health and Wellness Director, was hired by the ALF on 10/07/2024. Staff E's personnel file showed initial TB test was completed on 11/12/2024.

In an interview via email on 12/01/2024 at 4:31 pm, Staff A, Executive Director, stated the TB results provided for Staff D and E are correct. Staff A stated that the facility is without a community RN and their Regional Nurse (Staff C), was assisting with the TB testing.

This is an uncorrected deficiency previously cited on 08/07/2024.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3040 Laundry.

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

(a) Provide separate areas for handling clean laundry and soiled laundry;

(b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

(4) The assisted living facility or a resident washing an individual resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below 140 F and without the use of a chemical sanitizer.

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to provide separate areas for handling clean laundry and soiled laundry for 1 of 1 commercial laundry areas. This failure placed 46 of 46 residents at risk of contamination from cross contamination of clean and soiled laundry in the same areas.

Findings included…

In an observation on 11/26/2024 at 2:14 pm, the clean linen side of the commercial laundry room showed clean linens folded on a folding table next to a mattress with brown and red dried matter on a quarter area of the twin mattress. Next to the clean folded linen, there was a dirty, broken motorized wheelchair.

In an interview on 11/26/2024 at 2:14 pm, Staff B, Business Manager, said the broken dirty motorized wheelchair and soiled mattress located in the clean linen commercial laundry room were intended to go to the dump. Staff B said she would have

maintenance complete this.

This is an uncorrected deficiency previously cited on 08/07/2024 for WAC 388-78A-3040 (2)(a)(b).

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to ensure that an active food handler's permit was obtained for 1 of 3 sampled staff (Staff F). This failure placed all 46 of 46 residents at harm for a potentially food related illness from staff not trained in accordance with the Department of Health Food Code.

Findings included…

WAC 246-217-015 Applicability (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section. (2) In the case of temporary food service establishments, at a minimum the operator or person in charge each shift or during hours of operation must have a valid food worker card obtained prior to the event.(3) Employers at any food service establishment (permanent or temporary) must provide information or training regarding pertinent safe food handling practices to food service workers prior to beginning food handling duties if the worker does not hold a valid food worker card. Documentation that the information or training has been provided to the individual must be kept on file by the employer and be available for inspection by the health officer at all times.

In an interview on 11/26/2024 at 11:55 am, Staff B, Office Manager, said the facility had food handlers' cards for the staff members requested, Staff C, Memory Care Coordinator and Staff D, Cook.

In an interview on 12/01/2024 at 4:31 pm, Staff A, Executive Director, said Staff F, Cook, "could not find her food handlers permit so she got a new one on 11/26/2024."

Record review of the staff roster showed Staff F was hired to the facility on 11/06/2024. Staff F's food handler's card showed dates of 11/26/2024 through 11/26/2026, indicating Staff F's food handler's card was obtained on 11/26/2024, the same date of entrance date for the follow up inspection. The date of obtaining the food handler's card on 11/26/2024 was five calendar days after the due date.

This is an uncorrected deficiency previously cited on 08/07/2024.

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.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/09/2024 and 07/30/2024 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 visit: 7 of 44 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(d) Prepare food on-site, or provide food through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC Food service;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(b) Prescribed nutrient concentrates and supplements when prescribed in writing by a health care practitioner.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to provide hot meals and specialty diets to 2 of 7 sampled assisted living residents (Resident 2 [R2] and Resident 7 [R7]) within Department of Health temperatures and consistent with Primary Care Physician's orders. This failure placed 44 of 44 assisted living residents at potential risk of obtaining a food borne illness and not receiving food consistent with physician prescribed diets.

Findings included…

WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above"

Record review of a document titled "Dining Exception Notification" dated 05/12/2022 listed Resident 7 (R7) as a regular diet with no salt added. Also, the document listed R7 to have an allergy to shellfish.

Record Review of a R7's physician signed dietary order, dated 05/12/2024, stated R7 was not to have spices, oils or food cooked in oil, peppers, onions, wheat bread, red meat, spiced meats, or spiced potato. The statement read R7 could have Limited protein, eggs, cheddar cheese, cottage cheese, poultry white meat, rice, vegetables, green leafy vegetables, black olives, celery, snow peas, beets, Brussel sprouts, green beans and potato.

In a group meeting on 07/10/2024 at 1:45 PM Resident 7 (R7) and multiple residents, present at the group meeting, said the food is served cold when brought to the table by serving staff. R7 said the kitchen staff is not abiding by the signed order for a specialty diet. R7 and other residents said they are not offered a sugar free option for residents with a special diet.

In an interview on 07/11/2024 at 11:30 AM, Staff G, (Cook) was preparing and serving food. Staff G, (Cook) was asked to take temperatures of the food being served. Staff G (Cook) was asked if food temperatures were taken prior to serving. Staff G, (Cook) said, "The temperature of food is taken in the oven then placed in hot holding steam trays."

In an observation on 07/11/2023 at 11:32 AM food temperatures were requested to be taken prior to serving. Staff G, Cook, used a thermometer to take temperatures of chicken pieces showing 124 degrees, 131 degrees and 133 degrees.

Observation on 07/11/2024 at 11:57 AM showed cake in the kitchen, with no available sugar free option. There was a dry erase board with 10 resident's room numbers listed as requiring a sugar free diet.

Record Review of a form titled "Dining Exception Notice", dated 05/30/2024, showed Resident 2 (R2) with a special diet of no concentrated sweets and a diabetic diet.

Observation on 07/10/2024 at 12:32 PM showed Resident 2 (R2) in the dining hall eating a regular diet provided to the residents. R2 was observed eating cake from the kitchen.

In an interview on 07/11/2024 at 12:25 PM Resident 8 (R8) said, "The food was good today." When asked about the temperature of the meal R8 said, "It is hard to get a hot meal at this facility."

In an interview on 07/11/2024 at 3:50 PM Resident 7 (R7) said they purchased food from a nearby store today because the meal provided was not in accordance with the physician signed order.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled pets (Resident 7's pet) living in the ALF had regular examinations and immunizations by a licensed veterinarian. This failure placed all 44 assisted living residents, staff, and visitors at risk of disease transmittable by animals to humans

Findings included...

Record review of the facility's "Pet Policy," dated 10/2021, stated, "The resident's pet must have regular examinations and current vaccinations by a licensed veterinarian upon moving into the community and to be free of diseases transmittable to humans."

Record review of Resident 7's (R7) pet record showed R7's pet was last seen for an examination on 07/05/2019. The record showed R7's pet had an expired annual examination and expired rabies vaccination on 07/04/2020.

In an interview on 07/10/2024 at 6:10 pm, Staff A, Interim Executive Director, stated that they would contact R7's owner requesting current pet examination records.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on records review and interview the Assisted Living Facility (ALF) failed to have a full Respiratory Protection Program (RPP, program to coordinate the proper use and maintenance of respiratory protective equipment) in place to provide a N95 (a respiratory protective equipment) mask fit testing (a process to determine if an N95 respirator mask is a good fit for the user's face) for 3 of 3 sampled staff (Staff B, C, & D). This failure placed all 44 residents, staff and visitors at risk for exposure and infection of a communicable disease.

Findings included…

Record review of the document titled L&I (Labor and Industries) and Department of Health (DOH) Respirator and Personal Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE [Personal Protective Equipment]" dated 03/30/2021, showed "The Long-term care facilities (LTCF) are required to provide initial fit tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against COVID-19 [Corona Virus Disease 2019, an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death and other airborne hazards]. A 'fit test' is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes. The 'fit test' is to be

completed every 12 months."

Record review of Washington State (WA) Department of Health (DOH) website document titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, under the section titled, "fit testing," showed respirator fit testing was to be done before use of N95 respirator and then every year (within 12 months of the date of the last fit test).

Record review of the Department of Health document, titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, showed "providing your workforce with respiratory protection against respiratory hazards, such as the virus that causes COVID-19, is a safety standard regulated and enforced by the Washington Department of Labor and Industries (L&I). Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor and a printout, or other recording of the test."

Record review of OSHA's (Occupational Safety and Health Administration) Respiratory Protection standard 29 CFR 1910.134, undated, showed under section "1910.134(m) Recordkeeping. This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA."

Record review of documents in a binder on 07/10/2024 showed the facility's Respiratory Protection Program (RPP) Policy information dated 03/18/2024. The binder did not include current fit testing or medical evaluations for 3 of 3 sampled staff [Staff B, Activity Director] [Staff C, Medical Technician] and [Staff D, Medical Technician].

In an interview on 07/09/2024 at 12:10 pm staff A, Executive Director, stated they were in the process of accomplishing Fit testing for all staff.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record reviews the Assisted Living Facility failed to ensure staff were tested for tuberculosis (TB, a communicable disease) for 4 of 4 sampled staff (Staff A, B, C and D). This failure placed all 44 residents, staff, and visitors at risk of TB infection.

Findings included…

Record review of the facility's Infection Control Tuberculosis Policy, dated 01/11/2024, showed "With the Executive Director, health services staff is responsible to establish and manage processes in the Community for infection control according to all regulations that apply. Staff and residents must meet designated testing and immunization requirements related to infectious diseases. The Community shall identify and fulfill the tuberculosis and testing regulations that apply for staff and residents. If a skin test is required, the Community shall administer, or coordinate for administration of a Mantoux skin test".

Record review on 07/10/2024 showed Staff A, executive director, had no TB test available for review, Staff B, activity director, had no TB test available for review, Staff C, medication technician, had no TB test available for review, and Staff D, medication technician, had no TB test available for review.

In an interview on 07/10/2024 at 6:10 pm, Staff A stated they were in the process of providing TB testing to staff.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 4 of 6 sampled staff (Staff A, C, D and F) received their Final Fingerprint background check. This failure placed 44 of 44 assisted living residents at risk of being cared for by a staff member with a potentially disqualifying criminal history.

Findings included…

Record review of a document titled “Entity Notification Additional Information Requested” showed the Background Check Central Unit (BCCU), dated 08/23/2024, and 04/09/2024 requested additional information from Staff F, Memory Care Director (MCD). The document stated additional information is needed from the applicant (Staff F, MCD) to process the fingerprint request. The document read in bold print “Based on your program rules, the applicant may not be allowed to have unsupervised access to children or vulnerable individuals until the background check is complete and the results are reviewed by our office.”

In an interview on 07/11/2024 at 2:40 PM Staff A, Interim Executive Director (IED) said the fingerprint background check documents, previously submitted, were all the facility had.

Record Review of a background check portal system showed the fingerprint submittal as

"pending" for Staff A, Interim Executive Director (IED), and Staff I, (Wellness Director). A final fingerprint background check was not provided for Staff A (Executive Director), Staff C (Medication Technician), Staff D (Medication Technician), and Staff F (Memory Care Director).

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.

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had the required 12 hours of continuing education (CE) for 1 of 6 sampled staff (Staff F). This failure placed all 44 assisted living residents at risk for receiving care from unqualified and untrained staff.

Findings included…

Record review of a staff roster, undated, showed Staff F, memory care director, was hired on 06/10/2021.

Records review of Staff F's personnel showed it did not have the 12 continuing educations hours on file. Staff F’s date of birth was 05/29.

In an interview on 07/11/2024 at 11:05 PM, Staff A, Executive Director (ED), said the

continuing education documents were all the facility had and there were no continuing education documents verifying continuing education hours.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview the facility staff failed to keep food in airtight container, exposing dry food products to open air and flies. This failure placed 44 of 44 assisted living residents at risk of harm for exposure to contaminated food.

Findings included...

WAC 246-215-06550 "Methods—Controlling pests (FDA Food Code 6-501.111).
The premises must be maintained free of infestations of insects, rodents, and other pests such that there is not a breeding population of pests in the facility. The presence of insects, rodents, and other pests must be controlled to minimize their presence on the premises by:
(1) Routinely inspecting incoming shipments of food and supplies;
(2) Routinely inspecting the premises for evidence of pests;
(3) Using methods, if pests are found, such as trapping devices or other means of pest control as specified under WAC 246-215-07210, 246-215-07250, and 246-215-07255; and
(4) Eliminating harborage conditions."

246-215-03351 "Preventing contamination from the premises—Food storage (FDA Food Code 3-305.11).
(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(a) In a clean, dry location;
(b) Where it is not exposed to splash, dust, or other contamination;..."

In an observation on 07/11/2024 at 11:44 AM when entering the kitchen flies were observed in the kitchen and dry food storage pantry.

In an observation on 07/11/2024 at 11:45 AM an opened bag of white powdery substance was observed in the dry storage closet. The outer cardboard box showed a label of flour.

In an observation on 07/11/2024 at 11:47 AM an opened bag of white powdery substance was observed in the food storage pantry. The outer box was labeled pancake mix. The substance was open and exposed to the air and flies were lingering in the food storage pantry.

In an observation on 07/11/2024 at 11:50 AM an open bag of rice was observed exposed to the open air and flies.

In an interview on 07/11/2024 at 11:55 AM, Staff A, Interim Executive Director (IED), said they were attempting to hire an exterminator due to the problem of flies in the kitchen.

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.

_____ _____
Administrator (or Representative) Date

WAC 388-78A-3040 Laundry.

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

(a) Provide separate areas for handling clean laundry and soiled laundry;

(b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

(4) The assisted living facility or a resident washing an individual resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below 140 F and without the use of a chemical sanitizer.

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to provide a commercial laundry area with the separation of clean from soiled laundry and use of chemical sanitizers in resident laundry rooms for 6 of 6 laundry rooms. This failure placed all 44 assisted living residents at risk of infections from both cross contamination from clean and soiled laundry and linens not sanitized with a chemical sanitizer.

Findings included...

In an observation on 07/09/2024 at 12:08 PM the commercial laundry washer had a note reading “Temporary, Out of Order, we apologize for the inconvenience” taped to the door of the front loader. The room had an unused mattress with brown stains propped behind the entry door with a frame next to the mattress. There was an unused motorized wheelchair parked across from the mattress.

In an interview on 07/09/2024 at 12:10 PM Staff A, Interim Executive Director (IED), said the commercial laundry machine has been inoperable since they had been the Executive Director. Staff A said housekeeping staff conduct the washing of linens in the resident laundry rooms by bringing the soiled laundry in through the same doorway as the clean laundry is brought out of.

In an interview on 07/10/2024 at 10:30 AM Staff H, Housekeeping (HK) said the sheets and linens were washed in the resident laundry rooms on any of the three floors.

In an interview on 08/07/2024 at 3:21 PM Staff A stated “Facility housekeeping is responsible for washing resident linens and towels with housekeeping each week.

Our housekeepers wash each residents' sheets and towels separately just like we would at home. The hot water temperature setting is used when using the washers. Detergent is used. The items are then dried, folded and brought back to the resident. We have 6 resident laundry rooms in the community.
We have not been sanitizing the washers.”

In an interview on 08/08/2024 at 11:39 AM Staff A, Interim Executive Director (IED), said

Staff J, maintenance, would take a temperature of the water inside the washer basin and send via secured electronic emailed request at 12:04 PM. No documentation for water temperatures were provided.

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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a department name and date of birth background check was completed for 1 of 1 sample staff (Staff F) every two years. This failure placed all 44 assisted living residents at risk of receiving care and services provided by staff with a disqualifying crime.

Findings included…

Review of personnel records showed Staff F, Memory Care Director (MCD), was hired on 06/10/2021 and a department name and date of birth background check was not provided when requested on 07/10/2024. There were no additional Department name and date of birth background checks in the records.

In an interview on 07/10/2024 at 6:12 PM Staff A, Interim Executive Director (IED) provided no response to a request for a Name and Date of Birth Background Check for Staff F (MCD).

In an interview on 07/24/2024 at 11:08 AM another request was made to Staff A for the Washington State Name and Date of Birth Background Check for Staff F, (MCD) with no response to this request.

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.

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure staff had active food handlers permits on the date of inspection for 5 of 6 sampled staff members (Staff A, B, C, D and F). This failure placed all 44 residents at risk of food related illness from staff not trained in accordance with the Department of Health Food Code.

Findings included…

WAC 246-217-015 "Applicability (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section. (2) In the case of temporary food service establishments, at a minimum the operator or person in charge each shift or during hours of operation must have a valid food worker card obtained prior to the event.(3) Employers at any food service establishment (permanent or temporary) must provide information or training regarding pertinent safe food handling practices to food service workers prior to beginning food handling duties if the worker does not hold a valid food worker card. Documentation that the information or training has been provided to the individual must be kept on file by the employer and be

available for inspection by the health officer at all times..."

In an observation on 07/11/2024 at 11:50 AM ,showed there were no food handlers' cards in the kitchen area to review.

In an interview on 07/11/2024 at 11:55 AM, Staff A, Interim Executive Director (IED), said the facility had food handlers' cards for food workers.

Record review of the staff roster, undated, showed Staff A was hired to the facility on 05/27/2024. Staff A's food handlers' cards showed a date of 07/09/2026, indicating Staff A's food handlers' card was obtained on 07/09/2024, the date of entrance of the licensing inspection.

Record review of the staff roster, undated, showed Staff B, Activity Directory, was hired to the facility on 06/25/2024. Staff B's food handlers card showed the card was obtained on 07/10/2024, indicating Staff B's food handlers' card was obtained on 07/10/2024, one day after entering the licensing inspection.

Record review of the staff roster, undated, showed Staff C, Medication Technician (MT), was hired to the facility on 07/03/2023. Staff C's food handler's card showed the date of 07/10/2026 indicating the food handlers' card was obtained on 07/10/2024, one day after entering the licensing inspection.

Record review of the staff roster, undated, showed Staff D, Medication Technician, (MT), was hired to the facility on 05/29/2021. Staff D's food handler's card showed the date of 07/11/2026, indicating Staff D's food handlers' card was obtained on 07/11/2024, two days after entering the licensing inspection.

Record review of the staff roster, undated, showed Staff F, Memory Care Director (MCD), was hired to the facility on 06/21/2021. Staff F's food handler's card showed the date of 07/25/2026, showing the card was obtained on 07/25/2024, on the sixteenth day after entering the licensing inspection.

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.

Administrator (or Representative) Date