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

12/26/2024

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) 51830 (Completion Date 12/26/2024) and 49050 (Completion Date 10/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/26/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The Department staff who did the On Site verification:
Kathy Heinz, Long Term Care Surveyor

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

Sincerely,

Manfay Chan, 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 10/21/2024 and 10/21/2024 of:
PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
2944 SE LUND AVE
PORT ORCHARD, WA 98366

This document references the following SOD dated: 10/29/2024

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

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

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

11/07/2024
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)

12.02.24
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 3 of 4 Staff (Staff C, D and E) were delegated by a Registered Nurse (RN) Delegator to perform blood sugar checks and administer insulin for 2 of 3 Residents (Resident 1 [R1] and Resident 2 [R2]), who received nurse delegation services. This failure resulted in staff performing tasks they were not delegated to do, placing residents at risk for medical decline.

Findings included...

WAC 246-840-920(14)
"Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

Review of R1's Medication Administration Record (MAR) for October 2024, showed an order to check R1's blood sugar four times a day before meals. Staff C, Medication Aide checked R1's blood sugar one time on 10/21/2024, Staff D, Medication Aide, checked R1' blood sugar one time on 10/20/2024 and Staff E, Medication Aide checked R1's blood sugar two times on 10/20/2024.

Review of R1's MAR for the month of October 2024 showed an order for insulin to be administered every morning. Staff C administered insulin one time on 10/21/2024 and Staff E administered insulin one-time on 10/20/2024.

Review of the Nurse Delegation: Nursing Visit form dated 09/13/2024 failed to show Staff C, D and E were delegated to check R1's blood sugar or administer insulin.

R2
Review of R2's MAR for October 2024, showed an order to check R2's blood sugar daily prior to eating. Staff E checked R2's blood sugar one time on 10/20/2024 and Staff C checked R2's blood sugar one-time on 10/21/2024.

Review of the Nurse Delegation: Nursing Visit form dated 09/13/2024 failed to show Staff C and E were delegated to check R2s blood sugar.

During an interview on 10/21/2024 at 11:30 AM and on 10/29/2024 at 12:00 PM, Staff B, Delegating RN said Staff C, D and E were not delegated to check blood sugar or administer insulin.

This is an uncorrected deficiency previously cited on 09/05/2024.

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) 12·10·24 .

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

Administrator (or Representative) 12·02·24 Date

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
License/Cert.#: 1810
Compliance Determination #: 45811
Investigator: Kathy Heinz
Investigation Date(s): 08/16/2024 through 09/05/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 141409
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
Allegations made regarding: 1. management of medications 2. adult incontinence garments not available 3. sat in chair and soiled the chair/ care not being provided and 4. an over the counter product to protect skin not being used.

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Delegating Nurse
Record Reviews:	Personnel files care plans

Investigation Summary:
1. Based interview and record review, failed practice was identified and a citation was written under 388-78A-2320 for failing to delegate staff to administer medications.
2. Adult incontinent garments were observed in IR's room. There was not enough evidence to support the allegation adult incontinence garments were not available.
3. Chairs in IR's room were observed to be clean and free from odors. There was not enough evidence to support the allegation care was not provided.
4. IR denied needing an over the counter product to protect the skin.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
License/Cert.#: 1810
Compliance Determination #: 45811
Investigator: Kathy Heinz
Investigation Date(s): 08/16/2024 through 09/05/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 142797
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
Allegation made regarding: 1. management of medications 2. adult incontinence garments not available 3. sat in chair and soiled the chair/ care not being provided and 4. an over the counter product to protect skin not being used.

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff
Record Reviews:	Personnel files Medication records care plans hospital records FAX nurse delegation paperwork

Investigation Summary:
1. Based interview and record review, failed practice was identified and a citation was written under 388-78A-2320 for failing to delegate staff to administer medications for residents needing nurse delegation.
2. A supply of incontinence products was observed in the room.
3. There was not enough evidence to support or the allegation IR did not receive care or sat in the chair for an extended period of time and soiled the chair.
4. During an interview, IR did not know if she required the use of an over the

counter product on her skin during incontinence care. The MAR failed to show an over the counter product was being used.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 complaint investigation on 08/16/2024 and 09/04/2024 of:

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

This document references the following complaint number(s): 141409, 142797

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 2 of 9 staff (Staff B and C) were delegated by a Registered Nurse (RN) Delegator to perform blood sugar checks and administer insulin for 1 of 3 residents (Resident 1 [R1]), who received nurse delegation services. This failure resulted in staff performing tasks they were not delegated to do, placing residents at risk for medical decline.

Findings included...

WAC 246-840-920(14)
"Registered nurse delegation" means the registered nurse transfers the performance of selected nursing tasks to competent nursing assistants or home care aides in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the patient.

Review of R1's Medication Administration Record (MAR) for the month of July 2024 showed an order to check R1's blood sugar four times a day before meals. Staff B (Medication Aide) checked R1's blood sugar three times and Staff C (Assisted Living Director) checked four times.

Review of R1's Medication Administration Record (MAR) for the month of August 2024 showed an order to check R1's blood sugar four times a day before meals. Staff B checked R1's blood sugar nine times. The August MAR showed an order for insulin to be administered at noon. Staff B administered insulin one time.

Review of the Nurse Delegation: Nursing Visit form dated 07/19/2024 failed to show Staff B and C were delegated to check R1's blood sugar or administer insulin.

During an interview on 08/19/2024 at 1:00 PM, Staff A (Assisted Living, RN) said Staff B and C were not delegated to check blood sugar or administer insulin.

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