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

05/21/2025

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) 59660 (Completion Date 05/21/2025) and 56097 (Completion Date 03/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2025 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.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

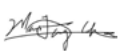
(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

(m) When services related to medications and treatments are provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

The Department staff who did the On Site verification:
Nikolas Jennings, Community Nurse Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
License/Cert.#: 1810
Compliance Determination #: 56097
Investigator: Nikolas Jennings
Investigation Date(s): 03/13/2025 through 03/24/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 166651
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1) Quality of care/treatment- Medications being delivered incorrectly
2) Resident/patient/client rights- HIPAA documents being left in other resident rooms.

Investigation Methods:

Sample:	Total residents: Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members Memory care director Executive director
Record Reviews:	Medical records Grievance log Facility policies Staff training records

Investigation Summary:
1) Quality of care/treatment- Medications being delivered incorrectly. Interview revealed staff have been "pre-pouring" medications and bringing up multiple cups at the same time. This is against facility policy. Staff are also failing to adequately document when a medication is not given per alert charting, which is also facility policy. Failed practice identified.

2) Resident/patient/client rights- HIPAA documents being left in other resident rooms. "Stamp book" was found in another residents room, however the book did not have any protected health information on it. Based off observation, interview, and record review there is insufficient evidence to substantiate failed practice.

Conclusion / Action:

- [x] 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 #: 56097
Investigator: Nikolas Jennings
Investigation Date(s): 03/13/2025 through 03/24/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 170860
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1) Quality of care/treatment- Medications being given incorrectly
2) Resident/patient/client rights- Medication technicians are not telling the resident which medications they are taking.
3) Nursing services- Medications are delivered late
4) Resident/patient/client neglect- Facility failed to obtain medication.

Investigation Methods:

Sample:	Total residents: Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members Memory care director Executive director
Record Reviews:	Medical records Grievance log Facility policies Staff training records

Investigation Summary:

1) Quality of care/treatment- Medications being delivered incorrectly. Interview revealed staff have been "pre-pouring" medications and bringing up multiple cups at the same time. This is against facility policy. Staff are also failing to adequately document when a medication is not given per alert charting, which is also facility

policy. Failed practice identified.

2) Resident/patient/client rights- Medication technicians are not telling the resident which medications they are taking. Interview with residents shows that they are often not told the medications they are taking. Interview with staff shows that the act of "pre-pouring" medications is taking place which likely leads to the medication technician being unaware of what medication specifically they are giving. This act is against their policy. Failed practice identified.

3) Nursing services- Medications are delivered late. Interview with affected residents showed that medications were generally within an acceptable timeframe, although occasionally they arrived late. Based off interview and record review, unable to substantiate failed practice.

4) Resident/patient/client neglect- Facility failed to obtain medication. Physicians order revealed that medication was ordered on 02/27 and the order was implemented on 03/06 on the medication administration record. The drug was not obtained from the pharmacy until 03/12. Failed practice identified.

Conclusion / Action:

- [x] 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 #: 56097
Investigator: Nikolas Jennings
Investigation Date(s): 03/13/2025 through 03/24/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 168671
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1) Quality of care/treatment- Medications being delivered incorrectly

Investigation Methods:

Sample:	Total residents: Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members Memory care director Executive director
Record Reviews:	Medical records Grievance log Facility policies Staff training records

Investigation Summary:
1) Quality of care/treatment- Medications being delivered incorrectly. Interview revealed staff have been "pre-pouring" medications and bringing up multiple cups at the same time. This is against facility policy. Staff are also failing to adequately document when a medication is not given per alert charting, which is also facility policy. Failed practice identified.

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 03/13/2025 of:

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

This document references the following complaint number(s): 168395, 166651, 167672, 168671, 170860

The following sample was selected for review during the unannounced on-site visit: 5 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse 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

04/01/2025
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)

4/30/25
Date

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

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 4 sampled staff (Staff B & D) had the required credentials prior to passing medication. This failure placed all residents at risk for medication errors.

Findings included...

WAC 246-840-930
Criteria for delegation.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

Record review of Washington State Department of Health credential verification letter for Staff B, Medication Technician, dated 03/21/2025 showed credential type "nursing assistant registration" with a credential status of "expired" as of 03/05/2025.

Record review on 03/21/2025 of Washington State Department of Health provider credential search showed no results for Staff D, Medication Technician.

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: 04/01/2025

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.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 4 sampled staff (Staff B & D) had the required credentials prior to passing medication. This failure placed all residents at risk for medication errors.

Findings included...

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Record review of Washington State Department of Health credential verification letter for Staff B, Medication Technician, dated 03/21/2025 showed credential type “nursing assistant registration” with a credential status of “expired” as of 03/05/2025.

Record review on 03/21/2025 of Washington State Department of Health provider credential search showed no results for Staff D, Medication Technician.

Record review of "Resident Service Plan" for Resident 3 (R3) dated 01/13/2025, under the section labeled medication, stated "Staff to provide medication management support ensuring medications are stored, administered and reordered as directed by physician."

Record review of the Medication Administration Record (MAR) for R3 dated 03/01/2025 - 03/31/2025 showed diclofenac sodium (an eye drop given to reduce eye swelling), was administered by Staff B on 03/05/2025, 03/06/2025, and 03/09/2025. Noted on the MAR as an "Order note" is that it was a "delegated task."

Record review of the MAR for R3 dated 03/01/2025 - 03/31/2025 showed prednisolone acetate (an eye drop given for a cataract procedure), was administered by Staff B on 03/05/2025, 03/09/2025, and 03/10/2025. Noted on the MAR as an "Order note" is that it was a "delegated task."

Record review of MAR for R3 dated 01/01/2025 - 01/31/2025, showed Staff D administered medications on 01/06/2025, 01/10/2025, 01/11/2025, 01/12/2025, and 01/13/2025.

Record review of MAR for R2 dated 02/01/2025 - 02/28/2025 showed Staff D administered medications on 02/07/2025, 02/08/2025, 02/09/2025, 02/14/2025, 02/15/2025, 02/16/2025, 02/20/2025, 02/21/2025, and 02/22/2025.

Record review of MAR for R3 dated 02/01/2025 - 02/28/2025 showed Staff D administered medications on 02/07/2025, 02/08/2025, 02/09/2025, 02/14/2025, 02/15/2025, 02/16/2025, 02/17/2025, 02/20/2025, 02/21/2025, and 02/22/2025.

In an interview on 03/13/2025 at 1:30PM with Staff E, Assistant Executive Director, Staff E acknowledged that Staff B had an expired credential.

In an interview on 03/19/2025 at 12:24PM with Staff C, Executive director, stated they were told that staff D was a med tech in another state, but should have verified that staff D was getting their HCA or NAR (Nursing assistant registration).

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) 5/6/2025 .

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

Administrator (or Representative) Date 4/30/25

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 4 sampled staff (Staff D) applied to the department to become a Home Care Aide Certification (HCA) within 14 days. This failure placed all residents at risk for unmet care needs due to an untrained employee.

Findings included...

WAC 246-980-030
Working while obtaining certification as a home care aide.
(1) A long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:
(a) Before providing care, the long-term care worker must complete the training required by RCW 74.39A.074 (1)(d)(i)(A) and (B).

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Administrator (or Representative) Date

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(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

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Findings included...

WAC 246-980-030
Working while obtaining certification as a home care aide.
(1) A long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:
(a) Before providing care, the long-term care worker must complete the training required by RCW 74.39A.074 (1)(d)(i)(A) and (B).

(b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.

Record review on 03/21/2025 of Washington State Department of Health provider credential search showed no results for Staff D, Medication Technician.

In an interview on 03/19/2025 at 12:24PM with Staff C, Executive director, stated they were told that Staff D was a med tech in another state, but should have verified that staff D was getting their HCA or NAR (Nursing assistant registration).

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Administrator (or Representative) Date 4/30/25

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that physicians orders were appropriately documented into the Medication Administration Record (MAR) for 1 of 5 sampled residents (Resident 3 [R3]). This failure caused medical complications including tachycardia (Increased heart rate) and placed the resident at risk for potential negative outcomes.

Findings included...

(b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.

Record review on 03/21/2025 of Washington State Department of Health provider credential search showed no results for Staff D, Medication Technician.

In an interview on 03/19/2025 at 12:24PM with Staff C, Executive director, stated they were told that Staff D was a med tech in another state, but should have verified that staff D was getting their HCA or NAR (Nursing assistant registration).

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Administrator (or Representative) Date

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Based on interview and record review, the facility failed to ensure that physicians orders were appropriately documented into the Medication Administration Record (MAR) for 1 of 5 sampled residents (Resident 3 [R3]). This failure caused medical complications including tachycardia (Increased heart rate) and placed the resident at risk for potential negative outcomes.

Findings included...

Record review of the fax sent to the facility from Collateral Contact 1 (CC1), Primary Care Provider, dated 02/27/2025, stated "I am writing to request to increase her (R3's) Metoprolol Succinate ER (A medication to treat high heart rate and blood pressure) 50mg BID (Twice daily) by mouth to Metoprolol Succinate ER 75mg BID by mouth." The order shows a signed date from the physician of 02/27/2025. The fax receipt on the top of the order shows a receipt at 02/27/2025 at 3:48PM. Also included on the order was a note at the bottom stating "MAR updated. 3/6/25 SK. Call/Fax for parameters."

Record review of the fax sent to facility from Collateral Contact 2 (CC2), Surgical Physician, dated 03/10/2025 stated, "Please be advised, we saw this patient in clinic today for surgical clearance. She had not received her metoprolol for the last 6 doses per documentation received from your facility. Her heart rate today was over 120. Her medication needs to be obtained from the pharmacy and restarted as soon as possible." The fax receipt at the top shows a receipt date of 03/10/2025 at 10:17AM.

Record review of the Medication Administration Record (MAR) for R3 dated 03/01/2025 - 03/31/2025 showed that Metoprolol Succinate 50mg twice daily had a stop date of 03/06/2025. It further showed that Metoprolol Succinate 75mg twice daily had an origination date of 03/06/2025. The review showed that Metoprolol 75mg was not given on 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025 for reason "medication not arrived."

In an interview on 03/19/2025 at 12:24PM with Staff C, Executive Director, when asked about the situation stated that regarding R3 they failed to effectively coordinate services with the provider.

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) 5/6/25 .

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

Administrator (or Representative) 4/30/25 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

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Record review of the Medication Administration Record (MAR) for R3 dated 03/01/2025 - 03/31/2025 showed that Metoprolol Succinate 50mg twice daily had a stop date of 03/06/2025. It further showed that Metoprolol Succinate 75mg twice daily had an origination date of 03/06/2025. The review showed that Metoprolol 75mg was not given on 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025, 03/12/2025 for reason "medication not arrived."

In an interview on 03/19/2025 at 12:24PM with Staff C, Executive Director, when asked about the situation stated that regarding R3 they failed to effectively coordinate services with the provider.

Plan/Attestation Statement

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

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

(m) When services related to medications and treatments are provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 4 sampled staff (Staff B) were giving medications in accordance with facility policy. The facility also failed to ensure that alert charting was being completed for 1 of 5 sampled residents (Resident 2 [R2]). These failures resulted in placing all residents at risk for medication related issues and reduced quality of life.

Findings included...

Record review of the facility policy labeled, "Preparing and Passing medications," undated, showed "Prepare vs Pre-pour: Preparation for a 'med pass' will take place in one of the following two manners: Preparing (WA [Washington]/CO [Colorado] ONLY): An event where medications are prepared for and passed to one resident at a time. Documentation of this med pass will occur after each resident."

Record review of facility policy labeled "Alert charting", undated, showed, "The MT[Medication Technician]/QMAP [Qualified Medication Administration Personnel] is responsible to make sure residents are placed on alert when appropriate and that at least one chart note entry, identified as related to 'alert charting,' is recorded each shift for each resident named on the current alert charting log."

Record review of facility policy labeled "Medication not available", undated, showed under the subsection labeled procedure "Place the resident on alert charting to observe for changes in condition related to the missed medication and indicate the expected delivery time."

Record review of MAR for R2 dated 03/01/2025 - 03/31/2025 showed that for Metoprolol (A medication that controls blood pressure and heart rate) was increased to the dosage of 75mg. This medication was to be given twice daily, and these missed doses occurred on 03/06/2025, 03/07/2025, 03/08/2025, 03/09/2025, 03/10/2025, 03/11/2025 and 03/12/2025. For each of those missed doses the MAR showed "Medication not arrived

Record review of progress notes for R2 dated 03/01/2025-03/15/2025 showed no alert charting related to missing medication.

In an interview on 03/13/2025 at 11:55AM with Resident 1 (R1), R1stated, "Most of the time, they are bringing multiple med cups as they make their rounds." Further stated

that "When they come in with a stack of cups like that, the room number is on the cup."

In an interview on 03/13/2025 at 12:59PM with Staff A, Memory Care Director, when asked if they had seen med techs pre-pouring medications, Staff A stated, "On AL [Assisted Living], yes. That staff member is still present and has been talked to several times. She is on our PM shift; she has been refusing to do many things that med techs are supposed to do. Not to single her out, we have been doing in-services. Just faxing occurrences, just doing paperwork she straight up refuses. Staff B is the med tech. She is on her final warning, so one more strike and she is out."

In an interview on 03/13/2025 at 1:53PM with Staff C, Executive Director, Staff C stated, "No pre-popping (Pre-pouring) medications. Popped meds go to that resident, put in the MAR (Medication administration record) then go to the next residents. I know other states allow for pre-popping but not WA."

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) 5/6/25 .

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

Administrator (or Representative) 4/30/25 Date

that "When they come in with a stack of cups like that, the room number is on the cup."

In an interview on 03/13/2025 at 12:59PM with Staff A, Memory Care Director, when asked if they had seen med techs pre-pouring medications, Staff A stated, "On AL [Assisted Living], yes. That staff member is still present and has been talked to several times. She is on our PM shift; she has been refusing to do many things that med techs are supposed to do. Not to single her out, we have been doing in-services. Just faxing occurrences, just doing paperwork she straight up refuses. Staff B is the med tech. She is on her final warning, so one more strike and she is out."

In an interview on 03/13/2025 at 1:53PM with Staff C, Executive Director, Staff C stated, "No pre-popping (Pre-pouring) medications. Popped meds go to that resident, put in the MAR (Medication administration record) then go to the next residents. I know other states allow for pre-popping but not WA."

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