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

09/19/2025

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) 65140 (Completion Date 09/19/2025) and 61433 (Completion Date 07/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

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,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
License/Cert.#: 1810
Compliance Determination #: 61433
Investigator: Nikolas Jennings
Investigation Date(s): 06/24/2025 through 07/07/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 181406
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1) Infection control- Covid outbreak in the building.
2) Misappropriation of property- medication book missing,
3) Quality of care/treatment- care plan not being followed.

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff
Record Reviews:	Medical records State reporting log Incident investigation Facility policies

Investigation Summary:

1) Infection control- Covid outbreak in the building. Facility completed line list after appropriately notifying the local health jurisdiction. All staff who contracted covid were appropriately N95 fit tested in an appropriate time frame. Staff attempted to notify CRU however used the wrong phone number to do so. No failed practice identified.

2) Misappropriation of property- medication book missing, On site inspection medication book was visualized. Review of resident records does not show

evidence of book being misplaced at any time. No failed practice identified.

3) Quality of care/treatment- care plan not being followed. Care plan states that resident is to stamp medication book when they receive their medication to act as a secondary check for receipt. Record review of medication book shows multiple dates where stamp was not done correctly. Failed practice identified.

Conclusion / Action:

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

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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 06/24/2025 of:

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

This document references the following complaint number(s): 181406, 181120

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 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 — 07/09/2025 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) — 7/15 2025 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and records review, the facility failed to ensure that 1 of 3 residents (Resident 1 [R1]) was receiving the care and services agreed upon in their negotiated service agreement. This failure resulted in Resident 1 being placed at risk for not receiving care that they had agreed to.

Findings included...

Record review of the Negotiated Service Agreement (NSA) for R1, dated 11/26/2024, under the section labeled "Medications" stated, "In addition, med techs have a stamp book for R1 to be kept in the med cart with her medication. R1 will give med techs a stamp twice daily after receiving her medication."

Record review of the "Stamp Book" dated June 2025 showed for the dates 06/01/2025 and 06/02/2025 on the sections marked AM and PM the handwritten word "Done." All other dates showed a stamp in those sections.

In an interview on 07/07/2025 at 9:21AM with Staff A, Executive Director, stated that the care plan that was dated 11/26/2024 was the care plan that was in effect 06/01/2025 and 06/02/2025.

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

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Record review of the “Stamp Book” dated June 2025 showed for the dates 06/01/2025 and 06/02/2025 on the sections marked AM and PM the handwritten word “Done.” All other dates showed a stamp in those sections.

In an interview on 07/07/2025 at 9:21AM with Staff A, Executive Director, stated that the care plan that was dated 11/26/2024 was the care plan that was in effect 06/01/2025 and 06/02/2025.

In an interview on 06/27/2025 at 12:48PM with Staff A, when asked about what happened on 06/01/2025 and 06/02/2025, Staff A stated, "We didn't follow our own process."

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) 7/19/2025 .

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

Administrator (or Representative) Date 7/15/2025

In an interview on 06/27/2025 at 12:48PM with Staff A, when asked about what happened on 06/01/2025 and 06/02/2025, Staff A stated, “We didn’t follow our own process.”

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