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

Puyallup ALC LLC
Vineyard Park of Puyallup
1813 S Meridian St
Puyallup, WA 98371

RE: Vineyard Park of Puyallup License # 2553

Dear Administrator:

This letter addresses Compliance Determination(s) 65553 (Completion Date 09/12/2025) and 61426 (Completion Date 07/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2305, WAC 388-78A-2305-1, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466

The Department staff who did the on-site verification:
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Community 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

Statement of Deficiencies	License #: 2553	Compliance Determination # 61426
Plan of Correction	Vineyard Park of Puyallup	Completion Date
Page 1 of 5	Licensee: Puyallup ALC LLC	07/24/2025

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 06/23/2025 and 07/02/2025 of:
Vineyard Park of Puyallup
1813 S Meridian St
Puyallup, WA 98371

The following sample was selected for review during the unannounced on-site visit: 10 of 83 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-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 observations and interviews, the Assisted Living Facility (ALF) failed to serve food at a safe temperature in the Memory Care Unit and date marked/labeled food items in the kitchen cold storage refrigerators for 1 of 1 facility kitchen. This failure placed 83 of 83 residents at risk of potential harm for exposure to food-borne illnesses.

Findings included…

WAC 246-215-03610
Labeling—Food labels (FDA Food Code 3-602.11).
(1) food packaged in a food establishment must be labeled as specified in law, including chapters 69.04 and 15.130 RCW; 21 C.F.R. 101 - Food Labeling; and 9 C.F.R. 317 - Labeling, Marking Devices, and Containers.
(2) Label information must include:
(a) The common name of the food or, absent a common name, an adequately descriptive identity statement

WAC 246-215-03526
Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (FDA Food Code 3-501.17).
(1) Except when packaging food using a reduced oxygen packaging method as specified under WAC 246-215-03540, and except as specified in subsections (5) and (6) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than twenty-four hours must be clearly

marked to indicate the date or day by which the food must be consumed on the premises, sold, or discarded when held at a temperature of 41ºF (5ºC) or less for a maximum of seven days. The day of preparation must be counted as day one.
(2) Except as specified in subsections (5) through (7) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant must be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food must be consumed on the premises, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and:
(a) The day the original container is opened in the food establishment is counted as day one; and
(b) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.

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; or
(b) At 41°F (5°C) or less.

<Hot Foods>
An observation on 06/24/2025 at 11:40 AM of the Memory Care dining area showed chicken served at 127.3 degrees, mashed potatoes served at 125.6 degrees and corn served at 118.4 degrees.

In an interview on 06/24/2025 at 11:30 AM Staff H, Caregiver, said the food cart is typically not plugged in to the wall socket for food to be kept warm as plates sometimes are too hot to serve.

<Cold Foods>
An observation on 06/23/2025 at 11:10 AM of the facility’s refrigerator found an opened metal can of tomato sauce with one quarter of the contents remaining and saran wrap over the top. There was no label indicating when the item was opened, stored in the refrigerator and kept in a metal can.

An observation on 06/23/2025 at 11:10 AM of the facility’s refrigerator found an opened pitcher of orange liquid, exposed to the air, without saran wrap or a label indicating a description or a date of the liquid’s opening or date of expiration.

An observation on 06/23/2025 at 11:11 AM of the facility's refrigerator found an opened metal can of pudding containing half full chocolate pudding with saran wrap over the top. There was no label indicating when the item was opened, the date of expiration date or date it was stored in the refrigerator and kept in a metal can.

An observation on 06/23/2025 at 11:12 AM of the facility's refrigerator found a tray containing a meat substance with saran wrap covering. The label stated, "corned beef" and was dated 06/11/2025, indicating the meat substance was one week and six days old and remained in the refrigerator.

In an interview on 06/24/2024 at 11:30 AM Staff G, Chef, said they tell staff to store food with the date and label in food containers and toss out old food, but staff do not listen.

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, Vineyard Park of Puyallup 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 record review and interview the Assisted Living Facility (ALF) failed to ensure a Washington state name and date of birth background check was completed every two years for 1 of 6 sampled staff (Staff A). This failure placed 83 of 83 residents at risk of having care and services provided by staff with a potentially disqualifying crime.

Findings included…

Review of the personnel records for Staff A, Executive Director, showed that Staff A was hired on 03/01/2021. A Washington state name and date of birth background check was last completed on 05/15/2023 per the personnel file for Staff A. There was no record of the Washington state name and date of birth background check required every two years in the personal file for Staff A which was due on 05/15/2025.

On 06/26/2025 at 11:15 am during an interview, Staff A stated it was an oversight on her part that she needed to complete the Washington state name and date of birth background check that was due every two years for herself (Staff A) on 05/15/2025.

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, Vineyard Park of Puyallup 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

Puyallup ALC LLC
Vineyard Park of Puyallup
1813 S Meridian St
Puyallup, WA 98371

RE: Vineyard Park of Puyallup # 2553

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 07/24/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

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

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

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

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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

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

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

Record review of 1 of 6 staff sampled (Staff E) showed Staff
E was hired on 12/01/2022 and was tested for Tuberculosis (TB) on 12/08/2022. The TB test was completed five days beyond the
required three days after hire date. The deficiency was corrected prior to survey.

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

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

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

Enclosure