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

04/16/2025

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

RE: Vineyard Park of Puyallup # 2553

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 57941 (Completion Date 04/16/2025) and 46496 (Completion Date 11/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/16/2025 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.**

**WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:**

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

The Department staff who did the On Site verification:

Carol Gijima, Community Compaint Investigator (NCI)

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:** Vineyard Park of Puyallup
**Provider Type:** Assisted Living Facility

**License/Cert.#:** 2553
**Intake ID:** 136953
**Compliance Determination #:** 46496
**Region/Unit #:** RCS Region 3 / Unit D
**Investigator:** Carol Gijima
**Investigation Date(s):** 08/30/2024 through 11/13/2024
**Complainant Contact Date(s):** 11/14/2024

**Allegation(s):**

1. Resident not receiving showers
2. Staff not managing oxygen
3. Light bulb in bathroom not fixed timely

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents:<br>Resident sample size: 4<br>Closed records sample size: |
| **Observations:** | General environment<br>Residents in their rooms<br>Staff-to-resident interactions<br>Resident behaviors |
| **Interviews:** | Residents<br>Resident representatives<br>Collateral contacts |
| **Record Reviews:** | Resident Characteristic Roster<br>List of Residents<br>Resident assessments and negotiated service agreements including the records of the named resident<br>Staff progress notes<br>Shower documentation |

**Investigation Summary:**

1. Per record review, interviews with resident's representative and staff, the facility failed to provide showers as agreed upon. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 11/13/2024.
2. Per record review, interviews with resident's representative and staff, there was not sufficient information to support failed practice.
3. Per record review, interviews with resident's representative and staff, there was not sufficient information to support failed practice.

**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 08/30/2024 and 11/01/2024 of:

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

This document references the following complaint number(s): 136953, 139086, 139339, 143336

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:

Carol Gijima, Community Compaint Investigator (NCI)

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-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 record review, the Assisted Living Facility (ALF) failed to provide services as agreed upon for 2 of 4 sample residents (Resident 1 &2). This failure resulted in Resident 1 & 2 not receiving showers.

Findings Included...

Resident 1 (R1)
Records reviewed showed that R1 admitted to ALF on [redacted]/2023 with diagnoses to include [redacted]. A negotiated service agreement with a last review date of 08/26/2024 showed that R1 was to receive 2 showers per week (Mondays and Fridays) with staff assistance. Shower records reviewed showed that R1 did not receive 2 showers for the following weeks in September; Week 1-7, 8-14 and 22-28.

During an interview on 08/28/2024 at 8:19am, R1's representative stated that R1 was supposed to have 2 showers a week with staff assisting her. RR1 stated that R1 had "gone 20 days without a shower". RR1 stated that they have had 3 different meetings regarding showers, and nothing had changed.

Resident 2 (R2)
Records reviewed showed that R2 admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. A negotiated service agreement with a review date of 11/25/2023 showed that R2 was to receive 2 showers per week with 1 person staff assistance due to "physical or cognitive limitation". Shower records reviewed showed that R2 did not receive any showers for the following weeks: July 21-27, July 28-August 3. There were no scheduled showers for entire month of August. R2 received 2 showers (as needed) for entire month of September (16th and 20th).

During an interview on 11/01/2024 at 11:10am, R2's Representative (RR2) stated that R2 was not able to initiate or complete showers on her own. RR2 stated that staff were

responsible for helping R2 with showers at least twice a week. RR2 sated that there have been times that R2's hair was greasy and looked unkempt. RR2 stated they have complained multiple times and the issue "gets better for a while" then goes back to not having showers.

During an interview on 08/30/2024 at 10:16am, Collateral Contact 1 (CC1) stated that residents received at least 2 showers per week. CC1 stated that if residents refused or were not given a shower, the medication technician would be notified. CC1 stated that the medication technician would document in progress notes if a resident did not receive their shower and notify the nurse.

During an interview on 08/30/2024 at 10:30am, Collateral Contact 2 (CC2) stated that when residents refused showers, staff would call family members to assist. CC2 stated that showers were documented in the "point of care" system. CC2 stated that the only reason a resident would not receive a shower was when they refused. CC2 stated that when residents refused, they would document the refusal on the computer and notify the medication technician.

During an interview on 08/30/2024 at 10:45am, Staff B, Director of Nursing Services stated that they were not aware of any shower complaints. Staff B stated that if residents refused their showers, it would be documented in the point of care system. Staff B stated that there was no reason a resident would not receive their shower as scheduled. When asked how one would now if a resident received their shower if it wasn't documented, Staff B stated, "if it's not documented, it didn't get done".

During an interview on 10/28/2024 at 1:25pm, Administrator was asked if Residents 1 and 2 had received their showers. Administrator stated that R2 had experienced some agitation , that they could not "see anything for showers" on the record. Administrator was asked about R2 not having any shower documentation for the entire month of August. Administrator stated that the wrong documentation may have been attached and would send the August showers. No documentation was received as of the last day of data collection. When asked why R2's September documentation only showed 2 as needed showers, Administrator stated that they would attempt to pull the record and send by the next day. No documentation was received as of the last day of data collection.



**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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:**

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

**This requirement was not met as evidenced by:**

Based on record review and interviews, the Assisted Living Facility (ALF) failed to ensure that negotiated service agreements were agreed upon and signed as required for 3 of 4 sample residents (Residents 2,3, & 4). This failure placed all 3 residents at risk for not receiving the care and services they needed.

Findings Included:

Resident 2 (R2)

Records reviewed showed that Resident 2 admitted to ALF on [redacted]/2022 with diagnoses to include [redacted]. A negotiated service agreement with a review date of 11/25/2023 was not signed.

During an interview on 11/01/2024 at 11:10am, R2's Representative (RR2) stated that R2 has memory loss and unable to agree or sign any of her documents. RR2 stated they were responsible for signing the negotiated service plan for R2. When asked if they signed R2's negotiated service agreement, RR2 stated they had not signed one.

Resident 3 (R3)

Records reviewed showed that R3 admitted to ALF on [redacted]/2024 with diagnoses to include [redacted]. A negotiated service agreement with a review date of 05/14/2024 was not signed.

During an interview on 11/01/2024 at 12:08pm, R3's representative (RR3) stated that the facility had done an assessment with R3 and that they had not signed anything. When asked if R3 was able to understand and sign the negotiated service agreement, RR3 stated that "her dementia can get in the way".

Resident 4 (R4)

Records reviewed showed that Resident admitted to ALF on [redacted]/2021 with diagnoses to include [redacted]. A negotiated service agreement dated 12/12/2023 that was not signed.

During an interview on 11/01/2024 at 12:20pm, Staff B, Director of Nursing Service stated that the resident, their representative and nurse delegator (if applicable) were responsible for signing negotiated service agreement upon move in and when there were changes made. When asked if there was any reason negotiated service agreements would not be signed, Staff B stated 'refusals". Staff B was asked why a resident, or their representative would refuse to sign the negotiated service agreement, Staff B stated that they had not experienced any refusals. Staff B was asked how the staff, resident and their representative would know what care should be provided to residents if service agreements were not signed. Staff B stated they 'wouldn't be able to defend that".

**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