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

08/21/2025

Puyallup Memory Care LLC
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

RE: Deer Ridge Memory Care Community # 2578

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64494 (Completion Date 08/21/2025) and 62145 (Completion Date 07/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

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)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health 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 07/07/2025 of:

Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following SOD dated: 07/07/2025

The following sample was selected for review during the unannounced on-site visit: 0 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

Statement of Deficiencies	License #: 2578	Compliance Determination # 62145
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 2 of 3	Licensee: Puyallup Memory Care LLC	07/07/2025

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: 07/14/2025

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.

Tara Miller — Administrator (or Representative) — Date: 07/23/2025

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

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(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff B, C, D, and E) completed 12 hours of continuing education (CE) hours as required. This failure to ensure staff were current with continuing education requirements placed all 46 of 46 residents at risk from receiving care from an unqualified caregiver.

Findings included...

Review of the personnel file for Staff B, Caregiver, showed they were hired on

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: 07/14/2025

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

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Findings included...

Review of the personnel file for Staff B, Caregiver, showed they were hired on

Statement of Deficiencies	License #: 2578	Compliance Determination # 62145
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 3 of 3	Licensee: Puyallup Memory Care LLC	07/07/2025

02/19/2025 and they held a current nursing assistant license (NAC). The file failed to contain documentation that Staff B had completed 12 hours of CE classes by their birth date (10/10/2024) as required.

Review of the personnel file for Staff C, Caregiver, showed they were hired on 10/18/2022 and they held a current NAC. The file failed to contain documentation for Staff C had completed the 12 hours of CE classes by their birth date (12/15/2024) as required.

Review of the personnel file for Staff D, Caregiver, showed they were hired on 10/21/2022. The file failed to contain documentation for Staff D had completed the 12 hours of CE classes by their birth date (05/22/2025) as required.

Review of the personnel file for Staff E, Medication Technician, showed they were hired on 04/27/2023 and they held a current NAC. The file failed to contain documentation for Staff E had completed the 12 hours of CE classes by their birth date (06/16/2025) as required.

During an interview on 07/07/2025 at 11:30 AM, Staff A, Business Office Manager, said the ALF did not have documentation of the CE hours.

This is an uncorrected deficiency previously cited on 03/17/2025.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 08.18.2025 .

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

Tara Miller — Administrator (or Representative)

07.23.25 — Date

02/19/2025 and they held a current nursing assistant license (NAC). The file failed to contain documentation that Staff B had completed 12 hours of CE classes by their birth date (10/10/2024) as required.

Review of the personnel file for Staff C, Caregiver, showed they were hired on 10/18/2022 and they held a current NAC. The file failed to contain documentation for Staff C had completed the 12 hours of CE classes by their birth date (12/15/2024) as required.

Review of the personnel file for Staff D, Caregiver, showed they were hired on 10/21/2022. The file failed to contain documentation for Staff D had completed the 12 hours of CE classes by their birth date (05/22/2025) as required.

Review of the personnel file for Staff E, Medication Technician, showed they were hired on 04/27/2023 and they held a current NAC. The file failed to contain documentation for Staff E had completed the 12 hours of CE classes by their birth date (06/16/2025) as required.

During an interview on 07/07/2025 at 11:30 AM, Staff A, Business Office Manager, said the ALF did not have documentation of the CE hours.

This is an uncorrected deficiency previously cited on 03/17/2025.

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, Deer Ridge Memory Care 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

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 #: 2578	Compliance Determination # 56212
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 1 of 5	Licensee: Puyallup Memory Care LLC	03/17/2025

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 03/12/2025, 03/13/2025 and 03/14/2025 of:
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Cory Myers, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 2578	Compliance Determination # 56212
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 2 of 5	Licensee: Puyallup Memory Care LLC	03/17/2025

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: 03/19/2025

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: 3/21/25

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff E), obtained homecare aide certification within 200 days of hire. This failure may have resulted in all 46 of 46 residents receiving care from an unqualified staff.

Findings included...

Review of the personnel file for Staff E, Caregiver, showed they were hired on 06/24/2022. The personnel file failed to contain documentation that Staff E had completed long term care worker training and certification.

During an interview on 03/13/2025 at 2:00 PM, Staff F, Business Office Manager, said Staff E was a Registered Nursing Assistant (NAR) with the Department of Health (DOH). Review of the DOH website at the same time, failed to show Staff E had had obtained certification as a long-term care worker.

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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Statement of Deficiencies	License #: 2578	Compliance Determination # 56212
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 3 of 5	Licensee: Puyallup Memory Care LLC	03/17/2025

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 4/30/25 .

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

Administrator (or Representative) 3.21-25 Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled staff (Staff C and D), completed facility orientation training. Failure to complete facility orientation, may result in staff not knowing how to respond and communicate during emergencies specific to the ALF, placing all 46 of 46 residents at risk of harm.

Findings included...

Review of the personnel file for Staff C, Caregiver, showed they were hired on 02/19/2025. Their file failed to contain documentation they had completed facility orientation.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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Findings included...

Review of the personnel file for Staff C, Caregiver, showed they were hired on 02/19/2025. Their file failed to contain documentation they had completed facility orientation.

Review of the personnel file for Staff D, Caregiver, showed they were hired on 04/18/2024. Their file failed to contain documentation they had completed facility orientation.

During an interview on 03/14/2025 at 12:00 PM, Staff A, Executive Director, said Staff C and D had not completed facility orientation.

Plan/Attestation Statement

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Administrator (or Representative) [signature] Date 3/21/25

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(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 3 sampled staff (Staff C and F) had completed 12 hours of continuing education (CE) hours as required. Failure to ensure staff were current with continuing education requirements, placed all 46 of 46 residents at risk from receiving care from an

Review of the personnel file for Staff D, Caregiver, showed they were hired on 04/18/2024. Their file failed to contain documentation they had completed facility orientation.

During an interview on 03/14/2025 at 12:00 PM, Staff A, Executive Director, said Staff C and D had not completed facility orientation.

Plan/Attestation Statement

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Administrator (or Representative) Date

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Statement of Deficiencies	License #: 2578	Compliance Determination # 56212
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 5 of 5	Licensee: Puyallup Memory Care LLC	03/17/2025

unqualified caregiver.

Findings included...

Review of the personnel file for Staff C, Caregiver, showed they were hired on 02/19/2025 and they held a current nursing assistant license (NAC). The file failed to contain documentation that Staff C had completed 12 hours of CE classes by their birth month (October 2024) as required.

Review of the personnel file for Staff F, Caregiver, showed they were hired on 10/21/2022 and they held a current NAC. The file failed to contain documentation staff C had completed 12 hours of CE classes by their birth month (December 2024) as required.

During an interview on 03/13/2025 at 2:00 PM , Staff F, Business Office Manager, said the ALF did not have documentation of the CE hours.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 4/30/25 .

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

Administrator (or Representative) 3-21-25 Date

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

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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 Memory Care LLC
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

RE: Deer Ridge Memory Care Community # 2578

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/17/2025 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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

The Assisted Living facility (ALF) failed to ensure two caregivers had a valid Cardiopulmonary/ First-Aid (CPR/FA) card. The ALF enrolled the staff in a CPR/FA course. This deficiency was corrected on-site at the time of the visit.

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

The Assisted Living Facility (ALF) failed to ensure a staff was screened for Tuberculosis (TB), an infectious bacterial disease, within three days of hire. Staff C had a documented negative result from a previous skin test. The ALF administered a second TB test. This deficiency was corrected on-site at the time of the visit.

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