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 License # 2578

Dear Administrator:

This letter addresses Compliance Determination(s) 31473 (Completion Date 10/23/2023) and 29662 (Completion Date 09/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/23/2023 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-2040-1

The Department staff who did the off-site verification:
Carol Gijima, Community Compaint Investigator (NCI)

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: Deer Ridge Memory Care Community
License/Cert.#: 2578
Compliance Determination #: 29662
Investigator: Carol Gijima
Investigation Date(s): 09/18/2023 through 09/20/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 93048
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1) Facility failed fire and life safety inspection.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Staff
Record Reviews:	Characteristic roaster Fire and life safety inspection reports

Investigation Summary:
1. Per record and interviews with staff, the facility failed to maintain the required fire and life safety requirements. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 09/20/2023

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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Statement of Deficiencies	License #: 2578	Compliance Determination # 29662
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 1 of 3	Licensee: Puyallup Memory Care LLC	09/20/2023

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 09/18/2023 and 09/18/2023 of:

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

This document references the following complaint number(s): 93048

The following sample was selected for review during the unannounced on-site visit: 0 of 44 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

09/20/2023
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.

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Statement of Deficiencies	License #: 2578	Compliance Determination #28562
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 2 of 3	Licensee: Puyallup Memory Care LLC	09/20/2023

Administrator (or Representative) 9/22/23 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living facility (ALF) failed to maintain compliance of fire and safety codes as required. This failure placed all 44 residents at risk for not receiving timely assistance in case of an emergency.

Findings Included...

Record review of department records showed that the facility failed their annual fire and life safety inspection on 05/18/2023. Records showed that the facility failed a second follow up inspection on 06/02/2023.

During an interview on 09/18/2023 at 1pm, Staff A, Administrator stated that fire drills were supposed to be conducted at least once a month on every shift.

During an interview on 09/20/2023 at 2:10pm, Staff B, Physical Plant Director stated that he could not speak to previous staff who were responsible for the facility's fire and life safety maintenance. Staff B stated the facility was not able to show documentation that requirement was completed as required.

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) 9/22/23 .

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

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living facility (ALF) failed to maintain compliance of fire and safety codes as required. This failure placed all 44 residents at risk for not receiving timely assistance in case of an emergency.

Findings Included…

Record review of department records showed that the facility failed their annual fire and life safety inspection on 05/16/2023. Records showed that the facility failed a second follow up inspection on 08/02/2023.

During an interview on 09/18/2023 at 1pm, Staff A, Administrator stated that fire drills were supposed to be conducted at least once a month on every shift.

During an interview on 09/20/2023 at 2:10pm, Staff B, Physical Plant Director stated that he could not speak to previous staff who were responsible for the facility's fire and life safety maintenance. Staff B stated the facility was not able to show documentation that requirement was completed as required.

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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2578	Compliance Determination #23652
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 3 of 3	Licensee: Puyallup Memory Care LLC	09/20/2023

Administrator (or Representative)

9/22/23
Date

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