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) 45426 (Completion Date 08/09/2024) and 40738 (Completion Date 05/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/09/2024 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-2150-1

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, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Deer Ridge Memory Care Community
License/Cert.#: 2578
Compliance Determination #: 40738
Investigator: Carol Gijima
Investigation Date(s): 02/22/2024 through 05/20/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 114602
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1. Resident records not received timely
2. Care plans not signed
3. Resident not receiving personal care
4. Facility pipe burst
5. Resident representative not notified of increase in charges.

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representative Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff progress notes Other correspondence

Investigation Summary:

1. Per record review, interviews resident's representative and staff, the facility failed to provide resident records timely. Facility failed practice identified. Consultation written 05/20/2024.
2. Per record review, interviews resident's representative and staff, the facility failed to ensure that negotiated service plans were agreed upon and signed by resident representatives. Facility failed practice identified. See Statement of Deficiency dated 05/20/2024.
3. Complaint already investigated and facility is currently out of compliance. See Statement of Deficiency dated 02/06/2024. No additional citations written.
4. Complaint already investigated and completed on 03/2/2024. Facility took

appropriate action when pipes burst. No residents sustained injuries. No failed practice identified.
5. Per record review, interviews resident's representative and staff, the facility failed to provide the resident's representative notice of an increase in service charges. Facility failed practice identified. Facility reimbursed resident. Consultation written 05/20/2024.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2578	Compliance Determination # 40736
Plan of Correction	Deer Ridge Memory Care Community	Completion Date
Page 1 of 3	Licensee: Puyallup Memory Care LLC	05/20/2024

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 02/22/2024 and 02/22/2024 of:

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

This document references the following complaint number(s): 114602

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:

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 — 05/21/2024 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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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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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-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;

This requirement was not met as evidenced by:

Based on records review and interviews, the Assisted Living Facility (ALF) failed to ensure that residents' negotiated service agreements (NSA) were agreed to and signed by resident representatives for 3 of 3 sample residents (Residents 1, 2, & 3). This failure placed residents at risk for not receiving appropriate care in a timely manner.

Findings included…

Record review on 02/22/2024, 05/03/2024 and 05/15/2024 of residents' records showed the following:

Resident 1
Resident 1 (R1) was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. Review of the NSA dated 05/10/2023 did not have R1's representative's agreement to care and services or a signature.

Resident 2
Resident 2 (R2) was admitted to the ALF on [redacted]/2022 with diagnoses to include [redacted]. There was no initial service agreement to review. A NSA dated 05/11/2023 did not have R2's representative's agreement to care and services or a signature.

Resident 3
Resident 3 (R3) was admitted to the ALF on [redacted]/2021 with diagnoses to include [redacted]. A NSA dated 05/11/2023 did not have R3's representative's agreement to care and services or their signature.

During an interview on 04/29/2024 at 1:36pm, R3's representative (RR3) stated they were not sure what services R3 was supposed to receive at the ALF. RR3 stated that when R3 had the wrist and finger fracture, the facility stated they found her on the floor and that "no one ever sees her" but the ALF was supposed to be helping her with care. RR3 stated he was responsible for signing R3's service plan but doesn't remember signing any.

During an interview on 05/03/2024 at 1:22pm, R2's representative (RR2) stated that she did not sign the NSA when R2 first moved in or the year after. RR2 stated that there have been several care issues with ALF not providing care for R2 and not having a care conference.

During an interview on 05/15/2024 at 2:18pm, R1's representative (RR4) was asked if they had signed a negotiated service plan upon R1's admission and yearly after. RR4 stated that they did not remember signing those care plans. RR4 stated that they were not sure what was being done for the safety of the resident regarding fall prevention. RR4 stated that the family rearranged the R1's room to try and reduce falls.

During an interview on 02/22/2024 at 10:26am, Staff B, Director of Residential Services stated that care plans were completed and signed within 30 days of resident admission, quarterly, annually, and when there was a change in condition. When asked why care plans would not be signed by resident representatives, Staff B stated that he was responsible for care plans and that they should be signed. Staff B stated that there was no reason for care plans to not be signed as they go over them with families during a care conference. Staff B was asked why some care plans were not signed; Staff B stated that sometimes care plans were agreed to verbally.

During an interview on 02/22/2024 at 11:09am, Staff A, Administrator stated that care plans were completed within 30 days of admission, 90 days, annually and whenever there was a change in condition. Administrator stated care plans were signed at care conferences. When asked if there was a reason for care plans to not be signed, Administrator stated that sometimes families did not sign. Administrator stated that if it doesn't happen, they try to communicate with families.

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

05/21/2024

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 complaint investigation of your Assisted Living Facility on 05/20/2024 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services

Region 3, Unit D
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-2430 Resident review of records.

(2) The assisted living facility must provide to the resident or the resident's representative, photocopies of the records or any portions of the records pertaining to the resident, within two working days of the resident's or resident's representative's request for the records.

(a) For the purposes of this section, "working days" means Monday through Friday, except for legal holidays.

(b) The assisted living facility may charge the resident or the resident's representative a fee not to exceed twenty-five cents per page for the cost of photocopying the resident's record.

The Assisted Living Facility failed to provide a resident’s representative copies of resident records timely. Records were provided to resident representative after a few weeks and in the months following the request. No harm to resident was noted.

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

The Assisted Living Facility failed to notify the resident’s representative in advance of an increase in service charges. The facility reimbursed the resident’s account.

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:

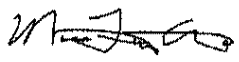
- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,



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

Enclosure

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

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PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,

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

Enclosure