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

10/28/2024

PSL Associates, LLC
The Rivers at Puyallup, Independent Living & Assisted Living
611 S Main St Ste 400
Grapevine, TX 76051

RE: The Rivers at Puyallup, Independent Living & Assisted Living # 2483

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49396 (Completion Date 10/28/2024) and 46599 (Completion Date 09/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/28/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

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)442-3013.

Sincerely,

Manfay Chan, 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 #: 2483	Compliance Determination # 46599
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 1 of 3	Licensee: PSL Associates, LLC	09/11/2024

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 follow-up on 09/03/2024 and 09/03/2024 of:
The Rivers at Puyallup, Independent Living & Assisted Living
123 4th Ave NW
Puyallup, WA 98371

This document references the following SOD dated: 09/11/2024

The following sample was selected for review during the unannounced on-site visit: 2 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

09/18/2024
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.

Statement of Deficiencies	License #: 2483	Compliance Determination # 46599
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 2 of 3	Licensee: PSL Associates, LLC	09/11/2024

Administrator (or Representative) 10/1/24 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled staff (Staff A) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment. This failure placed 66 of 66 residents, staff, and visitors at risk for TB infection.

Findings included...

Staff A
Record review of the employee list printed 09/03/2024, showed Staff A, Care Partner, was hired by the ALF on 08/27/2024. Staff A's personnel file showed no TB test was completed upon hire within 3 days of employment.

In an interview on 09/03/2024 at 1:45 pm, Staff B, Memory Care Director stated that the ALF currently does not have a nurse employed in the ALF. Staff B reported that the ALF recently enrolled in a contract with Concentra, a local medical facility, to send their newly hired employees out to be TB tested. Staff B reported that the ALF was currently awaiting their contract number to send employees for testing.

In an interview on 09/03/2024 at 1:45 pm Staff B, stated Staff A, Care Partner, was hired on 08/27/2024, and the first day of Staff A's employment was on 08/29/2024 when they attended the facility's New Employee Orientation. Staff B reported that Staff A had been present in the facility orienting with other staff members and working on completing their online training. When asked if Staff B was TB tested yet, Staff B reported that to date, 09/03/2024, Staff A had not been TB tested.

This is an uncorrected deficiency previously cited on 06/24/2024.

Statement of Deficiencies	License #: 2483	Compliance Determination # 46599
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 3 of 3	Licensee: PSL Associates, LLC	09/11/2024

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, The Rivers at Puyallup, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/17/2024 .

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

Administrator (or Representative) — Date: 10/1/24

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 # 2493	Compliance Determination # 43079
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 1 of 5	Licensee: PSL Associates, LLC	07/09/2024

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 the unannounced on-site full inspection on 06/24/2024 and 06/28/2024 of:
The Rivers at Puyallup, Independent Living & Assisted Living
123 4th Ave NW
Puyallup, WA 98371

The following sample was selected for review during the unannounced on-site visit: 9 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Shirley Grew, LTC Surveyor
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: 07/15/2024

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.

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 the unannounced on-site full inspection on 06/24/2024 and 06/28/2024 of:

The Rivers at Puyallup, Independent Living & Assisted Living
123 4th Ave NW
Puyallup, WA 98371

The following sample was selected for review during the unannounced on-site visit: 9 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
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) 7/15/2024 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 reviews and interview, the Assisted Living Facility (ALF) failed to ensure that the negotiated service agreement (NSA) for 1 of 8 sampled residents (Resident 8 [R8]) was signed annually by the resident or their representative, and a representative of the assisted living facility. This failure placed the resident and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 8
Record review showed that R8 was admitted to the ALF on [redacted]/2020. Review of R8's NSA, dated 06/21/2024, showed no signatures from R8, R8's representative, and a facility representative, at time of NSA completion. R8's NSA showed resident and facility representative signatures on 06/26/2024, after the licensing team entered the building.

In an interview on 06/26/2024 at 10:15 AM, Staff G, Health & Wellness Director, said that all NSAs were behind schedule and/or not signed when she was hired, and she has been catching up and getting the files current and completed.

This is a recurring deficiency previously cited on 02/23/2024 for WAC 388-78A-2150(1)(2).

Plan/Attestation Statement

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 reviews and interview, the Assisted Living Facility (ALF) failed to ensure that the negotiated service agreement (NSA) for 1 of 9 sampled residents (Resident 8 [R8]) was signed annually by the resident or their representative, and a representative of the assisted living facility. This failure placed the resident and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included…

Resident 8
Record review showed that R8 was admitted to the ALF on [redacted]/2020. Review of R8's NSA, dated 05/21/2024, showed no signatures from R8, R8's representative, and a facility representative, at time of NSA completion. R8's NSA showed resident and facility representative signatures on 06/25/2024, after the licensing team entered the building.

In an interview on 06/28/2024 at 10:15 AM, Staff G, Health & Wellness Director, said that all NSAs were behind schedule and/or not signed when she was hired, and she has been catching up and getting the files current and completed.

This is a recurring deficiency previously cited on 02/23/2024 for WAC 388-78A-2150(1)(2).

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, The Rivers at Puyallup, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 8/23/2024.

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

Administrator (or Representative) — Date: 7/15/2024

WAC 388-78A-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:

(1) Maintained on-site in a confidential and secure manner;

(2) Used for employment purposes only;

(3) Not disclosed to anyone except to the individual, authorized state and federal employees, the Washington state patrol auditor, persons or health care facilities authorized by chapter 43.43 RCW, and

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to retain and make available for review a department national fingerprint background check (BGC) and Washington State date of birth background check was completed for 1 of 6 sampled staff (Staff E). This failure placed residents at risk of having care and services provided by staff with a disqualifying crime

Findings included...

Review of personnel records revealed Staff E, Medication Technician, was hired on 09/12/2017. A department name and date of birth background check was unable to be located in the personnel file, and there was no record of the final fingerprint background check provided or in the file.

On 06/27/2024 at 4:00 PM during an interview, Staff A, Regional Executive Director, stated Staff E was an employee from the previous owner of the building and did have a national fingerprint background check (BGC) and Washington State date of birth background check completed, but when the old owner relinquished the building over to

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, The Rivers at Puyallup, Independent Living & Assisted Living 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-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:

(1) Maintained on-site in a confidential and secure manner;

(2) Used for employment purposes only;

(3) Not disclosed to anyone except to the individual, authorized state and federal employees, the Washington state patrol auditor, persons or health care facilities authorized by chapter 43.43 RCW; and

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to retain and make available for review a department national fingerprint background check (BGC) and Washington State date of birth background check was completed for 1 of 6 sampled staff (Staff E). This failure placed residents at risk of having care and services provided by staff with a disqualifying crime.

Findings included…

Review of personnel records revealed Staff E, Medication Technician, was hired on 09/12/2017. A department name and date of birth background check was unable to be located in the personnel file, and there was no record of the final fingerprint background check provided or in the file.

On 06/27/2024 at 4:00 PM during an interview, Staff A, Regional Executive Director, stated Staff E was an employee from the previous owner of the building and did have a national fingerprint background check (BGC) and Washington State date of birth background check completed, but when the old owner relinquished the building over to

the new owner of the building, they took their employee personnel files with them and the current management is unable to access these records. Staff A confirmed that she did attempt to do a check on Staff E's previous background check information and the information only goes back to year 2018 and Staff E was hired in 2017.

On 06/28/2024 at 10:15 AM during an interview, Staff H, Business Operations Director, stated that she attempted to do a check on Staff E's background check information and the information only goes back to years 2018 and Staff E was hired in 2017.

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, The Rivers at Puyallup, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 8/23/2024

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

Administrator (or Representative) — Date 7/15/2024

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2488, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 3 of 4 sampled new staff members (Staff B, C and D) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all residents, staff, and visitors at risk of TB infection.

Findings included...

Record review of the facility's document, "Rivers Associates," undated, showed Staff B, Care Partner, was hired on 07/18/2023. Review of Staff B's personnel records failed to show results from a TB test done within three days of employment.

the new owner of the building, they took their employee personnel files with them and the current management is unable to access these records. Staff A confirmed that she did attempt to do a check on Staff E's previous background check information and the information only goes back to year 2018 and Staff E was hired in 2017.

On 06/28/2024 at 10:15 AM during an interview, Staff H, Business Operations Director, stated that she attempted to do a check on Staff E's background check information and the information only goes back to years 2018 and Staff E was hired in 2017.

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, The Rivers at Puyallup, Independent Living & Assisted Living 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 3 of 4 sampled new staff members (Staff B, C and D) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all residents, staff, and visitors at risk of TB infection.

Findings included…

Record review of the facility's document, "Rivers Associates," undated, showed Staff B, Care Partner, was hired on 07/18/2023. Review of Staff B's personnel records failed to show results from a TB test done within three days of employment.

Statement of Deficiencies	License #: 2483	Compliance Determination #:43079
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 5 of 5	Licensee: PSL Associates, LLC	07/03/2024

Record review of the facility's document, "Rivers Associates," undated, showed Staff C, Med Aide, was hired on 07/31/2023. Review of Staff C's personnel records failed to show results from a TB test done within three days of employment.

Record review of the facility's document, "Rivers Associates," undated, showed Staff D, Dining Service Director, was hired on 11/20/2022. Review of Staff D's personnel records failed to show results from a TB test done within three days of employment.

During an interview on 06/26/2024 at 3:00 PM, Staff G, Health & Wellness Director, acknowledged the ALF had not done TB testing for Staff B, C, and D within three days of employment. Staff G said that after she was hired at the ALF, she focused on getting the TB testing completed and that the ALF was now caught up.

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, The Rivers at Puyallup, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 8/23/2024

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

Administrator (or Representative) — Date: 7/15/2024

Record review of the facility's document, "Rivers Associates," undated, showed Staff C, Med Aide, was hired on 07/31/2023. Review of Staff C's personnel records failed to show results from a TB test done within three days of employment.

Record review of the facility's document, "Rivers Associates," undated, showed Staff D, Dining Service Director, was hired on 11/20/2022. Review of Staff D's personnel records failed to show results from a TB test done within three days of employment.

During an interview on 06/26/2024 at 3:00 PM, Staff G, Health & Wellness Director, acknowledged the ALF had not done TB testing for Staff B, C, and D within three days of employment. Staff G said that after she was hired at the ALF, she focused on getting the TB testing completed and that the ALF was now caught up.

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, The Rivers at Puyallup, Independent Living & Assisted Living 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

August 23rd, 2024

Shirley Grey, LTC Surveyor; Melisa Moran, Assisted Living Facility Nursing Consultant
Residential Care Services
Region 3, Unit D
PO Box 99250
Lakewood, WA

Plan of Correction

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.

A member of the Heath & Wellness Department or representative will review service plan and assessment at time of move-in, 30-days, annual and/or change in condition in accordance to regulatory guidelines. At time of review, signature will be obtained and kept as part of the residents permanent record.

WAC 388-78A-2471: Background check, Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization form, background check results related information are:

(1) Maintained on-site in a confidential secure manner
(2) Used for employment purposes only
(3) Not disclosed to anyone except to the individual authorized state and federal employees the Washington state patrol auditor, persons or health care facilities authorized by chapter 43.43 RCW, and
(4) Retained and available for department review during the individual's employment or association with a facility and/or at least two years after termination of the employment or association.

The Business Office will process background checks through the BCCU at the time of hire and every 2 years per requirement. All completed background checks will be accessible through the BCCU portal where they can be accessed by community members. If a change in ownership were to occur, printed copies will be maintained in a printed format.

WAC 388-78A-2480: Tuberculosis Testing Required

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.
(2) For purposes of WAC 388-78A-2481- 388-78A-2488, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

Facility has contracted with Concentra and will send all new employees for TB screening by quantiferon gold test.

Statement of Deficiencies Completion date: 7/9/2024

Plan of Correction compliance date: 8/23/2024

Lici Paquette

Executive Director