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

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 document references Compliance Determination 46781 (09/17/2024), which included complaint number(s) 138260.
The Department completed a complaint investigation of your Assisted Living Facility on 09/17/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Carol Gijima, Community Compaint Investigator (NCI)

Consultation:

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

Based on record review and interviews, the Assisted Living Facility (ALF) failed to ensure that staff had current credentials upon hire. During an interview on 09/17/2024 at 10:22am, Administrator stated that they were not aware of expired credentials and removed named staff from the schedule.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Rivers at Puyallup, Independent Living & Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2483

Intake ID: 138260

Region/Unit #: RCS Region 3 / Unit D

Compliance Determination #: 46781

Investigator: Carol Gijima

Investigation Date(s): 07/16/2024 through 09/17/2024

Complainant Contact Date(s):

Allegation(s):

1. Staff to resident incident

Investigation Methods:

Sample:	Total residents: Resident sample size: 1 Closed records sample size: 2
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representative Staff
Record Reviews:	Resident Characteristic Roster Staff records Staff progress notes Incident log / reports,

Investigation Summary:

1. Per record review, interviews with resident's representative, and staff, the facility failed to investigate allegations of resident abuse. The ALF is currently out of compliance for failure to investigate as documented in a Statement of Deficiencies dated 08/19/2024.
2. Additional deficiencies related to the original complaint were identified and consultation written for staff not having current credentials.

Conclusion / Action:

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