



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 License # 2483

Dear Administrator:

This letter addresses Compliance Determination(s) 44196 (Completion Date 07/16/2024) and 38941 (Completion Date 04/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/16/2024 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:

RCW 70.129.110.3.a, RCW 70.129.110.3.c, RCW 70.129.110.5.c, RCW 70.129.110.5.d, RCW 70.129.110.6, RCW 70.129.110.3.d

The Department staff who did the on-site verification:

Carol Gijima, Community Complaint 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: The Rivers at Puyallup,
Independent Living & Assisted Living
License/Cert.#: 2483

Provider Type: Assisted Living Facility

Compliance Determination #: 38941

Intake ID: 95262

Investigator: Carol Gijima

Region/Unit #: RCS Region 3 / Unit D

Investigation Date(s): 01/10/2024 through 04/23/2024

Complainant Contact Date(s):

Allegation(s):

1. Improper discharge

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 2
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Collateral contacts Staff
Record Reviews:	Resident Characteristic Roster List of discharged residents Resident assessments and negotiated service agreements including the discharged records of the named resident Staff progress notes Medical records (lab reports, H & P summary) Incident log / reports Notice of transfer / discharge

Investigation Summary:

1. Per record review, interviews with resident's representative, collateral contacts, and staff, the facility failed to ensure a safe discharge for a resident. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/23/2024.

Conclusion / Action:

- ☒ 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 #: 2483	Compliance Determination # 38941
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted Living	Completion Date
Page 1 of 4	Licensee: PSL Associates, LLC	04/23/2024

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 01/10/2024 and 02/09/2024 of:

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

This document references the following complaint number(s): 95262, 115203

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

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Complaint 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

04/26/2024

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.

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

Statement of Deficiencies	License #: 2483	Compliance Determination # 38941
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted Living	Completion Date
Page 2 of 4	Licensee: PSL Associates, LLC	04/23/2024


Administrator (or Representative)

4/29/2024
Date

RCW 70.129.110 Disclosure, transfer, and discharge requirements.

- (3) Before a long-term care facility transfers or discharges a resident, the facility must:
- (a) First attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident;
 - (c) Record the reasons in the resident's record; and
 - (d) Include in the notice the items described in subsection (5) of this section.
- (5) The written notice specified in subsection (3) of this section must include the following:
- (c) The location to which the resident is transferred or discharged;
 - (d) The name, address, and telephone number of the state long-term care ombudsman;
- (6) A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure a resident had a safe discharge from the facility or sufficient time for discharge when the facility refused to take resident back from the hospital for 1 of 2 sampled residents (Residents 1). This failure resulted in Resident 1 staying in the hospital for an extended time while seeking alternative placement placing Resident 1 at risk for emotional distress.

Findings included...

Record review of ALF's documents showed that Resident 1 (R1) was admitted to the facility on [REDACTED] 2023 with diagnoses that included [REDACTED]

Record review of R1's progress notes showed that R1 had aggressive behaviors since March 2023. R1 was sent to the hospital on [REDACTED] 2023 for swelling in the face. Progress notes from [REDACTED] 2023 to 08/03/2023 were reviewed and there was no documentation on record to show that the facility had conversations with the family about moving to a different facility or alternate housing due to behaviors, prior to the discharge notice. The progress notes on 08/03/2023 stated that facility was not able to meet the resident's needs and would be issuing an eviction notice to be sent via email. The progress note did not address what R1's needs were that could not be met.

Review of hospital records on 01/29/2024 showed that R1 was sent to the emergency

department on [REDACTED] 2023 for facial swelling, and when he was medically cleared for discharge on [REDACTED] 2023 the facility refused to take him back. R1 stayed an additional 12 days in the emergency room awaiting alternate placement. He was discharged on [REDACTED] 2023 to an adult family home (AFH).

During an interview on 01/10/2024 at 12:31pm, Staff B, Regional Nurse stated it was their understanding that R1 was sent to the hospital for facial swelling and facility refused to take him back because they could not meet his needs. Staff stated that the facility had spoken to R1's representative about not being able to meet his aggressive behaviors and were looking for alternative placement.

During an interview on 01/10/2024 at 12:41pm, Staff A, Administrator stated that the discharge occurred before being assigned to building. Staff A stated that it was their understanding that prior conversations had been had with the family regarding behaviors and finding alternate housing. When asked why the facility didn't take R1 back after being medially cleared, Staff A stated that R1 needed a "higher level of care." Staff A was asked if the facility was not aware of R1's behaviors prior to admission, Staff A stated they were but did not think "it would be to this extent." Staff A was asked why R1 was issued a discharge notice since behaviors were not new since admission, according to progress notes reviewed. Staff A stated they could not answer to that as they were not in the building during R1's stay at facility.

During an interview on 01/16/2024 at 11:29am, R1's representative (RR1) stated that the facility sent him an eviction notice in the mail without a reason for the eviction except that the facility was not an "appropriate environment" for R1. RR1 stated that that R1 still had about 2 weeks left to move out, but the facility "told me I needed to find another facility or take him home." RR1 stated that R1 spent an additional "12 days in the hospital" while family looked for alternative placement, and R1's health deteriorated while he was in the hospital emergency room. RR1 stated that this event took a toll on R1 who "barely made 2 months at the adult family home" where he passed. RR1 stated that this was upsetting for everyone.

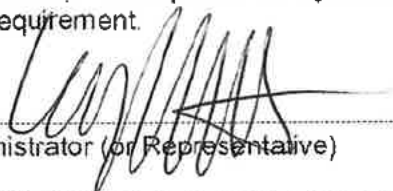
During an interview on 01/16/2024 at 11:59 am, Collateral Contact 1 (CC1) stated that the resident was ready to be sent back to the facility with some medication changes, but facility refused to take him back. CC1 stated that the facility stated that he had history of behaviors towards other residents and damage to property. When asked if R1 was having behaviors at the hospital, CC1 stated that he was not; that R1 was medical stable to discharge back to facility. CC1 stated that resident ended up staying 12 days in the hospital as he had nowhere to go.

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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) 6/7/2024.

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



Administrator (or Representative)

4/29/2024

Date

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