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

12/03/2024

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) 51044 (Completion Date 12/03/2024) and 42127 (Completion Date 08/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/03/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2450 Staff.

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers

employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

RCW 70.129.060 Grievances. A resident has the right to:

(1) Voice grievances. Such grievances include those with respect to treatment that has been furnished as well as that which has not been furnished; and

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

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: The Rivers at Puyallup, Independent Living & Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2483

Intake ID: 128405

Region/Unit #: RCS Region 3 / Unit D

Compliance Determination #: 42127

Investigator: Carol Gijima

Investigation Date(s): 06/03/2024 through 08/19/2024

Complainant Contact Date(s): 08/09/2024

Allegation(s):

1. Resident not getting cleaned and not receiving showers,
2. Unit is short staffed

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Shower and care documents

Investigation Summary:

1. Per record review, interviews with resident's representatives and staff, the facility failed to provide residents showers and personal hygiene. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.
2. Per record review, interviews with resident's representatives and staff, the facility did not provide sufficient staff to render resident care services. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.

Conclusion / Action:

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

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: 130509

Region/Unit #: RCS Region 3 / Unit D

Compliance Determination #: 42127

Investigator: Carol Gijima

Investigation Date(s): 06/03/2024 through 08/19/2024

Complainant Contact Date(s): 08/09/2024

Allegation(s):

1. Residents not receiving adequate care
2. Facility has inadequate staffing. AP are quitting and getting hurt.
3. Resident was dropped by staff

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Shower and care documents

Investigation Summary:

1. Per record review, interviews with resident's representatives and staff, the facility failed to provide residents showers and personal hygiene. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.
2. Per record review, interviews with resident's representatives and staff, the facility did not provide sufficient staff to render resident care services. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.
3. Per record review, interviews with resident's representative and staff, there was

not sufficient information to support failed practice.

Conclusion / Action:

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

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: 127833

Region/Unit #: RCS Region 3 / Unit D

Compliance Determination #: 42127

Investigator: Carol Gijima

Investigation Date(s): 06/03/2024 through 08/19/2024

Complainant Contact Date(s):

Allegation(s):

1. Resident dropped by staff
2. Not enough staff

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Shower and care documents

Investigation Summary:

1. Per record review, interviews with resident's representative and staff, there was not sufficient information to support failed practice.
2. Per record review, interviews with resident's representatives and staff, the facility did not provide sufficient staff to render resident care services. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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: 138698

Region/Unit #: RCS Region 3 / Unit D

Compliance Determination #: 42127

Investigator: Carol Gijima

Investigation Date(s): 06/03/2024 through 08/19/2024

Complainant Contact Date(s):

Allegation(s):

1. Resident did not receive showers
2. Memory care is short staffed
3. Lost resident's hearing aids

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Shower and care documents

Investigation Summary:

1. Per record review, interviews with resident's representatives and staff, the facility failed to provide residents showers and personal hygiene. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.
2. Per record review, interviews with resident's representatives and staff, the facility did not provide sufficient staff to render resident care services. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.
3. Per record review, interviews with resident's representatives and staff, the

facility did not provide sufficient staff to render resident care services. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 08/08/2024.

Conclusion / Action:

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

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 #: 2463	Compliance Determination # 42127
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 1 of 17	Licensee: PSL Associates, LLC	08/19/2024

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 06/03/2024 and 07/16/2024 of:

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

This document references the following complaint number(s): 128405, 130509, 131956, 127833, 138698

The following sample was selected for review during the unannounced on-site visit: 4 of 60 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.

08/29/2024

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)

9/3/2024
Date

WAC 388-78A-2450 Staff.

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to provide sufficient staff to provide resident care for 4 of 5 residents (Residents 1, 2, 3, and 4). The facility also failed to ensure that staff were adequately trained to use a Hoyer lift (a mechanical device that helps caregivers safely move patients from one place to another) prior to assigning tasks. These failures resulted in harm when Resident 3 fell from a Hoyer lift, resulted in Residents 1, 2, 3, and 4 not receiving daily personal hygiene, and placed all residents at risk for unmet care needs and diminished quality of life.

Findings included...

There was no documentation on file to review employee training on how to safely use a Hoyer lift.

Resident 1 (R1)
Review of R1's face sheet, undated, showed R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted].

Review of R1's shower and care records from January 2024 - May 2024 showed that R1 did not receive showers or oral care as scheduled. R1 was documented to have not received 11 of 22 scheduled showers from January 2024 - May 2024. For oral care, R1 did not receive oral care 11 of 62 times in January, 9 of 58 times in February, 15 of 62 times in March, 36 of 60 times in April, and 29 of 62 times in May.

Resident 2 (R2)
Review of R2's face sheet, undated, showed R2 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted] and [redacted].

Review of R2's shower and care records from January 2024 - May 2024 showed that R2 did not receive showers or oral care as scheduled. R2 did not receive 6 of 9 showers in March, 8 of 8 showers in April, and 4 of 9 showers in May. R2 did not receive oral care 18 of 62 times in March, 39 of 60 times in April, and 30 of 62 times in May.

Resident 3 (R3)

Review of R3's face sheet, undated, showed R3 was admitted to the ALF on [redacted]2023 with diagnosis to include [redacted] and [redacted].

Review of R3's shower and care records from January 2024 - May 2024 showed that R3 did not receive showers or oral care as scheduled. R3 did not receive 3 of 7 showers in January, 3 of 8 showers in February, 3 of 9 showers in March, 4 of 8 showers in April, and 7 of 9 showers in May. R3 did not receive oral care 10 of 31 times in January, 11 of 29 times in February, 8 of 31 times in March, 13 of 30 times in April and 13 of 31 times in May.

Review of R3's resident progress note, dated 03/23/2024, showed that R3 fell off the Hoyer lift during a transfer by a caregiver due to being transferred without a second care staff.

Resident 4 (R4)
Review of R4's face sheet, undated, showed R4 was admitted to the ALF on [redacted]/2023.

Review of R4's function evaluation, dated 04/17/2024, showed R4 had diagnoses to include [redacted]

Review of R4's shower and care records from January 2024 - May 2024 showed that R4 did not receive showers or oral care as scheduled. R4 did not receive 2 of 4 showers in January, 2 of 5 showers in March, 2 of 4 showers in April, and 2 of 4 showers in May. R4 did not receive oral care 11 of 62 times in January, 9 of 29 times in February, 15 of 62 times in March, 36 of 60 times in April, and 29 of 62 times in May.

During an interview on 05/31/2024 at 3:12pm, Collateral Contact (CC1) stated that staff were getting injured because they were short staffed and were requiring physical therapy. CC1 stated that R3 "was dropped because there was no help" to transfer the resident so staff had to do it by themselves. CC1 stated that staff "was the only

caregiver on the floor."

During an interview on 06/03/2024 at 10:40am, Anonymous staff (ASC) stated that they had 1 caregiver and 1 medication technician (Med tech) and that it was not enough to provide all resident care services. ASC stated that they had six residents who required two-person assist and a Hoyer lift. When asked how they managed to provide two-person assist and care for the other residents timely, ASC stated that they were told that the "med tech has to help." ASC stated that no one would be on the floor to help or watch other residents. When asked if they had been trained on how to use a Hoyer lift, ASC stated that they were not. ASC stated that they heard about the Hoyer incident with R3, that the staff had left R3 to go get someone to help. When asked if the med tech was not available to help with the transfer, Staff ASC stated that they were told that the med tech was busy and couldn't help.

During an interview on 06/03/2024 at 10:55am, Anonymous staff (ASD) stated that they had 1 caregiver and 1 med tech on the floor. ASD stated that was "not enough" to care for the residents as some were 2-person assist. ASD stated that some residents did not get up on time because they had to wait on the medication technician to finish passing medications before they could assist. When asked how they ensured safety for the other residents in common areas when two staff were in a room providing care, ASD stated "we don't, residents are out here by themselves...leaving no one on the floor." ASD was asked about the circumstances surrounding R3 and the Hoyer lift. ASD stated they didn't not work the day of the incident. ASD stated that their understanding was that the staff had attempted to transfer R3 on their own because there was no one to assist them. When asked if staff had received training on safe and proper use of a Hoyer lift, ASD stated that they didn't receive any training.

During an interview on 06/03/2024 at 12:18pm, Staff B, Health and wellness director, stated that they had one caregiver and one med tech on the unit. When asked how staff would get assistance with two-person care, Staff B stated that they were supposed to "call assisted living if they need help." Staff B stated that staff got R3 "into the Hoyer by herself". When asked if the reason for getting R3 by herself was because of lack of staff to assist, Staff B stated it was because staff didn't follow policy. Staff was asked if staff had been trained on how to use a Hoyer lift prior to the incident where R3 was dropped, Staff B stated that they were not.

In an interview on 07/30/2024 at 2:58pm, Staff B was asked if there was enough staff to provide care for residents, Staff B stated that there was not enough staff to provide care in the memory care unit.

During an interview on 07/11/2024 at 2:56pm, Anonymous staff (ASE) stated that they had one caregiver and one med tech per shift. When asked if staffing was enough to provide all resident care. ASE stated "no, we were short staffed... one caregiver couldn't do it." ASE stated that when they complained, they were told they "needed to call assisted living for help." When asked if they had been trained on how to properly operate a Hoyer lift, ASE stated that they received no training. ASE stated that when residents were incontinent, "there's no one to change them". ASE stated that some

residents who had wounds were not repositioned as they should because "there's only one person...we didn't have staff."

During an interview on 07/11/2024 at 3:22pm, Anonymous staff (ASF) stated that they resigned from the facility because they were "understaffed." ASF stated that they did not have enough staff to get all "16 or so residents taken care of." When asked if they had been trained on how to use a Hoyer lift. ASF stated that they had not received training and hadn't worked at facility too long because of staffing issues.

During an interview on 07/18/2024 at 10:53am, Anonymous staff (ASG) stated that they were not employed by the facility too long because of being understaffed, they only had one caregiver and one med tech. ASG stated that residents would not be put to bed because they didn't have enough staff. When asked how staff ensured resident safety when both staff were in a two-person resident room providing care, ASG stated that "residents would just have to be unsupervised." ASG stated that if they heard a commotion, they would step out. When asked if they had been trained on how to use a Hoyer lift, ASG stated that they were not.

During an interview on 07/18/2024 at 10:53am, Anonymous staff (ASH) stated that they quit because of understaffing at the facility. Staff stated they were told to get residents ready all by themselves and "couldn't get anyone to help with Hoyer's." (ASH) stated they had one caregiver and one med tech for memory care residents. ASH stated that they were told they had to call the assisted living unit for assistance, but no one ever came "they say they would be on their way." ASH stated she "kinda had to" get R3 up because there was no one to help her. When asked if staff had received training on how to safely and properly use a Hoyer lift, ASH stated "no."

During an interview on 04/23/2024 at 2pm, Resident 1's Representative (RR1) stated that R1 was not receiving the care she needed. RR1 stated that R1's "underpants don't get pulled all the way up, pants are put on backwards, feces all over the place," and that R1 did not get set up in her wheelchair. RR1 stated that R1 cannot do anything for herself and believes that they are short staffed. RR1 stated that the facility has "two staff for 17 residents and that same two staff were responsible for feeding and watching the other residents.... things were are not getting done." RR1 stated that he had complained to management on numerous occasions and there had been no changes.

During an interview on 06/17/2024 at 1:45pm, Resident 3's Representative (RR3) stated that he was informed that R3 had been dropped from the Hoyer lift by a staff member. When asked if RR3 was aware of the circumstances, RR3 stated he was not aware and had not been given much detail, only that the staff had been fired.

During an interview on 07/11/2024 at 4:43pm, Resident 2's Representative (RR2) stated that call lights were not answered timely and there were no available staff to assist when R2 needed help. RR2 stated that when they visited, they had to clean the resident and her room as the toilet and bathroom were "filthy.". RR2 stated that there were six or more residents that were sitting in common area with no supervision, and no staff

Statement of Deficiencies	License #: 2483	Compliance Determination # 42127
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was in sight. RR2 stated that they witnessed a female resident going into the refrigerator to get food by herself and then proceeded to make coffee on her own. RR2 stated that residents would be screaming in the common areas with no staff in attendance. RR2 stated that there was no supervision of residents and that she expressed concern about residents' safety when there was no staff in attendance.

During an interview on 07/31/2024 at 1:59pm, Staff A, Interim Administrator, stated that the facility did not have staffing issues. Staff A stated that one caregiver and one med tech were sufficient to provide care for 18 - 19 residents. Staff A stated that if residents didn't receive care, it would be a staff member not completing their tasks and not because of insufficient staffing.

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) 10/31/2024.

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

Administrator (or Representative) 9/3/2024 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure that residents received showers and oral care as agreed upon in the negotiated service agreement for 4 of 4 sampled residents (Residents 1, 2, 3, & 4). This failure resulted in Residents 1 ,2, 3, & 4 not receiving care as outlined on the care plan and placed them at risk for skin breakdown and poor quality of life.

Findings included...

The ALF did not have negotiated service agreements on file to review for all residents.

Record review of resident records showed the following.

Resident 1 (R1)
Review of R1's face sheet, undated, showed R1 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted].

Review of R1's assessment, dated 03/09/2023, showed that R1 was to receive one shower per week. There was no negotiated service agreement to review. There was no documentation in the progress notes to show that R1 refused care or showers.

Review of R1's care and service records showed the following:

January 2024
R1 did not receive showers for weeks January 1 - 6 and 7 - 13.
R1 did not receive oral care on the following days and times.
Morning care- 2 ,3, 4, 5, 11, 12, 20, 21, 25. Evening care - 12, 25

February 2024
R1 did not receive oral care on the following days and times:
Morning care - 17, 23. Evening care - 3, 4, 11, 12, 17, 21, 24.

March 2024
R1 did not receive showers for weeks March 17 - 23, 31-April 6.
R1 did not receive oral care on the following days and times:
Morning care - 18, 19, 24, 27. Evening care- 5, 9, 19, 20, 21, 24, 27, 28, 29, 30,31.

April 2024
R1 did not receive showers per week for weeks April 7 - 13, 14 - 20, 21 - 27, 28 - May 4.
R1 did not receive oral care on the following days and times:
Morning care - 1, 2, 7, 17, 19, 23, 24, 28, 29. Evening care- 2 through the 7, 9 through 21, 23 through 30.

May 2024
R1 did not receive a shower for weeks May 5 - 11 and 26 - June1.
R1 did not receive oral care on the following days and times:
Morning care - 5, 8 ,9, 15, 16, 22, 24 through 29. Evening care - 1 through 5, 7 through 11, 13 through 17, 30.

Resident 2
Review of R2's face sheet, undated, showed R2 was admitted to the ALF on [redacted]/2023 with diagnoses to include [redacted].

[redacted]).

Review of R2's assessment, dated 02/15/2023 showed that R2 was to receive one shower a week and needed staff assistance set up for oral care in the morning and evening. The Resident Scheduled task report showed that R2 was scheduled for two showers a week (Sunday and Wednesday). There was no documentation in the progress notes to show that R2 refused care or showers.

Review of R2's care and service records showed the following:

January 2024
R2 did not receive showers for weeks January 1 - 6 and 7 - 13.
R2 did not receive two showers per week for weeks January 21 - 26, and 28- Feb 3.
R2 did not receive oral care on the following days: morning care on the 17, and evening care on the 24.

February 2024
R2 did not receive two showers per week for weeks February 4- 10, 18 - 24, 25 - March 2.
R2 did not receive oral care on the following days: morning care on the 19, 24, 27, and evening care on 14.

March 2024
R2 did not receive showers for weeks March 17 - 23, 24 - 30, 31-April 5.
R2 did not receive morning oral care on the following days 19, 24, 27, and evening on 17, 19, 20, 21, 24, 27, 28, 29, 30, 31.

April 2024
R2 did not receive showers the whole month of April.
R2 did not receive morning oral care on the following days 1 ,2, 7, 8, 7 ,8, 9, 17, 18,19,23, 24, 28, 29, and evening on 2 through 7, 8 thorough 21, 23 through 30.

May 2024
R2 did not receive showers for weeks May1 - 4, 5 - 11. R2 did not receive two showers week of 12-18.
R2 did not receive morning oral care on the following days 2, 5, 8, 9, 15, 16, 22, 24 through 29, and evening on 1 through 5, 7 through 11, 13 through 17, 29, 30.

Resident 3 (R3)
Review of R3's face sheet, undated, showed R3 was admitted to the ALF on [redacted]/2023 with diagnosis to include [redacted] and [redacted].

Review of R3's assessment, dated 12/26/2023, showed that R3 was to receive one shower a week. The Resident Monthly assignment report showed that R3 was scheduled for two showers a week since January 2024 (beginning of review period). Review of R3's assessment, dated 02/10/2024, showed that R3 was to receive two showers per week, and staff were to assist with oral care and stand by cueing assistance. There was no documentation in the progress notes to show that R3 refused care or showers. Review of R3's care and service records showed the following:

January 2024
R3 did not receive showers for weeks January 1 - 6 and 7 - 13.
R3 did not receive two showers per week for weeks January 21 - 26, and 28 - Feb 3.
R3 did not receive morning oral care on the following days 2 ,3, 4, 5, 11, 12, 20, 21, 25,30.

February 2024
R3 did not receive two showers per week for weeks February 4 - 10, 18 - 24, 25 - March 2.
R3 did not receive morning oral care on the following days 1, 2, 7, 15, 16, 17, 20, 21, 22, 23, 28.

March 2024
R3 did not receive showers for weeks March 24 - 30.
R3 did not receive two showers per week for week March 10 - 16
R3 did not receive morning oral care on the following days 7, 8, 12, 14, 18, 19, 24, 27.

April 2024
R3 did not receive two showers per week for weeks April 7 - 13, 14 - 20, 21 - 27, 28 - May 4.
R3 did not receive morning oral care on the following days 1, 2, 7, 8, 9, 17, 18, 19, 23, 24, 26, 28, 29.

May 2024
R3 did not receive showers for weeks May 5 - 11, 26 - 30.
R3 did not receive two showers per week for weeks May 12 - 18, 19 - 25
R3 did not receive morning oral care on the following days 2, 5, 8, 9, 15, 16, 22, 24 through 29.

Resident 4 (R4)
Review of R4's face sheet, undated, showed R4 was admitted to the ALF on [redacted]/2023.

Review of R4's Function Evaluation, dated 04/17/2024, showed R4 had diagnoses to include [redacted].

Review of R4's assessment, dated 07/03/2023, showed that R4 was to receive one

shower per week, and needed staff assistance with oral care. There was no documentation in the progress notes to show that R4 refused care or showers. Records reviewed showed the following.

January 2024
R4 did not receive showers for weeks January 1 - 6, 7 - 13, 21 - 27.
R4 did not receive two showers per week for weeks January 21 - 26, and 28 - Feb 3.

March 2024
R4 did not receive showers for weeks March 10 - 16, 24 - 30.

April 2024
R4 did not receive showers for weeks April7 - 13, and April 28 - May4.

May 2024
R4 did not receive showers for the week of May 5 - 11.

During an interview on 04/23/2024 at 2:00pm, Resident 1's Representative (RR1) stated that R1 was not getting cleaned and not getting her showers. RR1 stated that his son went to check on R1 and found out that her toothbrush had not been moved from where they had placed it a few days prior. In a separate interview on 06/03/2024 at 11:30am, RR1 stated that staff were still not cleaning R1's teeth, helping feed her or giving her showers as they should.

During an interview on 06/03/2024 at 10:40am, Anonymous Staff (ASC) was asked what kind of care the residents were supposed to receive during a shift. ASC stated that they were supposed to receive showers when scheduled. that they should get help "brushing teeth, denture, washing face and hair." When asked if all residents received that care daily, ASC stated that the residents were "heavy care.... difficult to complete everything" for one staff.

During an interview on 06/03/2024 at 10:55am, Anonymous Staff (ASD) stated that they didn't have enough staff and resident showers were not given. When asked about oral care, ASD stated that caregivers were responsible for daily personal hygiene.

During an interview on 06/03/2024 at 12:18pm, Staff B, Health and wellness director, was asked what kind of grooming services residents received. Staff B stated there was nothing specific and if any, it would be in the care plan. When asked if oral care would be documented, Staff B stated, "I don't think so" that care was provided according to resident's care plan. When asked how they would know if care was given according to care plan, Staff B stated, "if not documented in mobile app, the care plan should have directions." Staff B stated that there was no reason residents should not receive care or showers unless they refused. Staff B stated if residents refused, it should be documented.

During an interview on 07/11/2024 at 2:56pm, Anonymous Staff (ASE) stated that most residents were supposed to get showers twice a week. When asked if there was any reason a resident didn't get their shower, ASE stated that residents didn't get showers because they didn't have enough staff to get people up, shower them and get them ready for the day with only one caregiver on the floor.

During an interview on 07/18/2024 at 10:53am, Anonymous Staff (ASH) stated that they were not able to get resident showers done because there was no staff to watch the other residents. When asked if residents received oral and personal care, ASH stated that they did not have enough time to complete all tasks with one caregiver for 16 or 17 residents.

During an interview on 07/18/2024 at 3:46pm, Anonymous Staff (ASG) stated that residents did not receive their showers due to short staffing. Staff stated that R1 "looked unkept whenever I returned to work." Staff stated that when she asked why R1 was not showered, staff would say that she was aggressive and refused showers. When asked if R1 refused showers often, ASG stated that they were not aware of R1 refusing showers.
During an interview on 07/11/2024 at 4:43pm, Resident 2's Representative (RR2) stated that R2's showers were supposed to be twice a week but was informed that they changed them to "as needed". RR2 stated that R2 did not receive showers as R2 was unkept and hair was greasy when they visited. RR2 stated that whenever they asked staff about showers, they stated that R2 refused. RR2 stated that when she asked R2 about not receiving showers, she would state that staff did not offer a shower.

During an interview on 07/30/2024 at 1:16pm, Staff I, Memory Care Director, stated that residents were given care according to their care plan. Staff I stated that there was no reason residents should not receive care unless if they refused. Staff I stated refusals should be documented. When asked for signed negotiated service plans for residents, Staff I stated that the "Functional Evaluation" assessments provided were the care plans. When asked if showers and care would be considered as given if it wasn't documented, Staff I stated that they wouldn't know.

This is a recurring deficiency previously cited on 10/10/2023.

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) 10/3/2024 .

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

Statement of Deficiencies	License #: 2483	Compliance Determination # 42127
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
Page 12 of 17	Licensee: PSL Associates, LLC	08/19/2024

Administrator (or Representative) 9/3/2024 Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to complete a background check for 1 of 9 sampled staff (Staff H), prior to working with vulnerable residents. This failure placed all 68 residents in the facility at risk for abuse and neglect from staff with potential disqualifying crimes.

Findings included...

Review of employee records showed that Staff H, Caregiver was hired on 01/27/2023 as a caregiver. There was no background check on file to review.

During an interview on 07/30/2024 at 2:58pm, Staff B, Health and wellness director, stated that the business office was responsible for completing staff background checks prior to staff starting work.

During an interview on 07/31/2024 at 10:11am, Staff L, Business office manager, stated that the business office manager was responsible for obtaining backgrounds and credentials for staff prior to working with residents. Staff L stated that if the background check wasn't received on time, staff would work under supervision. When asked if Staff H had their background conducted before working with vulnerable residents, Staff L stated they couldn't locate a copy. Staff L stated that they would need to reach out to the previous business office manager. When asked if the facility didn't keep a physical copy on hand to ensure access to record, Staff L stated she couldn't speak to prior management's process.

During an interview on 07/31/2024 at 1:59pm, Staff A, Interim Administrator, stated that another sister facility conducted the background checks for the ALF. Staff A stated that the sister facility did not have background records. When asked if a background check was done before staff started working with residents. Staff A stated, "I don't have an answer."

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) 10/3/2024.

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

Administrator (or Representative) 9/3/2024 Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to complete a character and competency background review for 1 of 9 sampled staff (Staff K). This failure placed all residents in the facility at risk for receiving services from staff with potentially unsuitable character to work with vulnerable adults.

Findings included ..

Review of employee records showed that Staff K, Caregiver, was employed on 04/29/2024 as a caregiver and her background check had a criminal conviction that required a Character, Competency, and Suitability review. There was no Character, Competence and Suitability form on file to review.

During an interview on 07/31/2024 at 10:11am, Staff L, Business office Manager, stated that background checks and credentials were conducted before the staff worked with residents. Staff L stated that they or the Administrator was responsible for interviewing staff for any non-disqualifying information on the background and completing the character, competence review. When asked if Staff K had a character, competency and suitability review that was signed, Staff L stated she had not been an employee at the time staff was hired.

During an Interview on 07/31/2024 at 1:59pm, Staff A, Interim Administrator, stated that another sister facility did not have the records for the background review. Staff A stated that current management was new.

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) 10/31/2024 .

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

Administrator (or Representative) 9/3/2024 Date

RCW 70.129.060 Grievances. A resident has the right to:

(1) Voice grievances. Such grievances include those with respect to treatment that has been furnished as well as that which has not been furnished; and

(2) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to ensure prompt resolution to a grievance when a resident lost their hearing aids for 1 of 4 sampled residents (Resident 2 {R2}). This failure placed Resident 2 at risk for decreased quality of life, falls, and altered social relationships and communication.

Findings included...

Review of the facility's "Grievance" policy, dated 03/01/2022, stated that the facility "will maintain a log of grievances/complaints" with the date and time of when the complaint was received, a description of the issue and the resolution.

Review of the facility grievance log did not show R2's hearing aids complaint. There was no documentation to show resolution to the complaint.

During an interview on 07/11/2024 at 4:43pm, R2's Representative (RR2) stated that R2 went to the hospital, and RR2 "immediately noticed" that R2 did not have her hearing

aids. RR2 stated that when they visited R2 at the facility the afternoon of 06/21/2024, R2 had the hearing aids on. RR2 stated that when they returned later that evening, R2 did not have the hearing aids on. RR2 stated that they asked staff who informed them that they would look for the hearing aids. RR2 stated that she never received a call stating that they found the hearing aids.

During an interview on 08/01/2024 at 10:33am R2's Representative (RR4) stated that he notified Staff A, Interim Administrator, about the missing hearing aids. RR4 stated that Staff A stated that he would not reimburse the missing hearing aids. RR4 stated that he reminded Staff A that the facility was responsible for ensuring that resident had the hearing aids on in the morning and off at bedtime, and Staff A stated that they "can't prove that she didn't have them when she left the facility."

During an interview on 08/01/2024 at 9:28am Staff I, Memory Care Director stated that staff assisted R2 daily with hearing aid placement in the morning and removing and storage at bedtime. Staff I stated that staff were to keep the hearing aids in the med room at night. When asked if they were aware of R2s missing hearing aids, Staff I stated that they were. Staff I stated that staff went to get the hearing aids at night and R2 didn't have them. Staff I stated that they "looked and couldn't find them." When asked what happened to the hearing aids, Staff I stated that they did not know. Staff I stated that R2's family had a conversation with the Administrator about the missing hearing aids but didn't know what the outcome was

During an interview on 08/01/2024 at 10:00am, Staff A stated that R2's family had spoken to them about the missing hearing aids. Staff A was asked if R2 had the hearing aids on prior to going to the hospital, Staff A stated that they did not know. Staff A was asked if R2 lost the hearing aids while at facility, Staff A responded by asking, "How do we know she didn't lose them at the hospital?" When asked if they would reimburse the resident for the missing hearing aids, Staff A stated, "maybe the hospital should reimburse" the resident. When asked a second time if the facility would reimburse the resident, Administrator stated, "no, there's no proof we lost them."

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) 10/3/2024 .

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

Administrator (or Representative) — Date 9/03/2024

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to investigate when a resident's hearing aids went missing for 1 of 4 sampled residents (Resident 2 [R2]). This failure resulted in Resident 2 not knowing what happened to their missing hearing aids which placed the resident at risk for decreased quality of life.

Findings included...

Record review of the ALF's Grievance Policy, dated 03/2022, stated that "upon receipt of grievance or concern the administrative team.... will provide a timely report of ...misappropriation of resident property.... initiate the appropriate notification and investigative process..."

There was no investigation on file to review for R2's missing hearing aids.

During an interview on 07/11/2024 at 4:43pm, R2's Representative (RR2) stated that R2 went to the hospital, and RR2 "immediately noticed" that R2 did not have her hearing aids. RR2 stated that when they visited R2 at the facility the afternoon of 06/21/2024, R2 had the hearing aids on. RR2 stated that when they returned later that evening, R2 did not have the hearing aids on. RR2 stated that they asked staff who informed them that they would look for the hearing aids. RR2 stated that she never received a call stating that they found the hearing aids.

During an interview on 08/01/2024 at 10:33am R2's Representative (RR4) stated that he notified Staff A, Interim Administrator, about the missing hearing aids. RR4 stated that Staff A stated that he would not reimburse the missing hearing aids. RR4 stated that he reminded Staff A that the facility was responsible for ensuring that resident had the hearing aids on in the morning and off at bedtime, and Staff A stated that they "can't prove that she didn't have them when she left the facility."

During an interview on 08/01/2024 at 10:00am, Staff A stated that R2's family had spoken to them about the missing hearing aids. Staff A was asked if R2 had the hearing aids on prior to going to the hospital, Staff A stated that they did not know. Staff A was asked if R2 lost the hearing aids while at facility, Staff A responded by asking "How do

we know she didn't lose them at the hospital?" When asked if they would reimburse the resident for the missing hearing aids, Staff A stated, "maybe the hospital should reimburse" the resident. When asked a second time if the facility would reimburse the resident, Administrator stated "no, there's no proof we lost them".

During an interview on 08/08/2024 at 3:30pm, Staff A, was asked how the facility prevented personal items of residents with cognitive impairments from being lost. Staff A stated that care staff would have a better answer. When asked if there was an investigation as to what happened to the hearing aids, Staff A stated, "I thought there was."

During an interview on 08/08/2024 at 3:36pm, Staff I, Memory Care Director was asked how the facility prevented personal items of residents with cognitive impairments from being lost. Staff I stated, "there was no way to prevent loss especially with dementia." Staff I stated that R2 would misplace her hearing aids. When asked who was responsible for investigations, Staff I stated that Staff B, Health and Wellness Director was.

This is a recurring deficiency previously cited on 12/01/2023 and 07/26/2023.

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) 10/31/2024.

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

Administrator (or Representative) 9/31/2024 Date