



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

01/15/2025

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) 53158 (Completion Date 01/15/2025) and 45063 (Completion Date 11/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/15/2025 and found no deficiencies.

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

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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

Provider Type: Assisted Living Facility

License/Cert.#: 2483

Intake ID: 148614

Compliance Determination #: 45063

Region/Unit #: RCS Region 3 / Unit D

Investigator: Carol Gijima

Investigation Date(s): 10/21/2024 through 11/14/2024

Complainant Contact Date(s):

Allegation(s):

1. Misappropriation of resident's property

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident behaviors
Interviews:	Residents Staff
Record Reviews:	Resident Characteristic Roster List of Residents Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Facility P & P-Narcotics and Controlled medication, Medication Administration

Investigation Summary:

1. Per record review an interviews of staff, the facility failed to ensure that staff were properly trained to manage and account for controlled medications. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 11/14/2024.

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 # 45063
Plan of Correction The Rivers at Puyallup, Independent Living & Assisted Completion Date
Page 1 of 4 Licensee: PSL Associates, LLC 11/14/2024

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 10/21/2024 and 10/21/2024 of:

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

This document references the following complaint number(s): 148614

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 0 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.

Joely Spelt

Residential Care Services

11/19/2024

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 # 45063
Plan of Correction	The Rivers at Puyallup, Independent Living & Assisted	Completion Date
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Administrator (or Representative)


Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure staff were properly trained to perform their job responsibilities for 11 of 11 sampled staff (Staff C, D, E, F, G, H, I, J, K, L and M). This failure resulted in medication errors and improper narcotic count for two of two sampled Residents (Resident 1 [R1] and Resident 2[R2]) and placed all 76 residents at risk for not receiving medications as ordered.

Findings Included:

Record review of Staff C, D, E, F, G, H, I, J, K, L and M records, showed that staff did not receive training or orientation related to their job responsibilities. There was no training documentation provided.

Record review of the ALF's incident reports showed that on 09/25/2024, R1 1 had missing Lorazepam (a controlled anti-anxiety medication), and medication technicians interviewed stated the count was correct. On 08/21/2024, R2's Hydrocodone 5/325mg (a controlled pain medication) was not properly logged into the narcotic book or stored properly in a locked drawer. It was replaced by Tylenol. The investigation further showed that medication technicians were not counting the narcotics properly resulting in an improper count of R 1's Lorazepam. Investigation showed that multiple medication technicians were not counting narcotics at shift change and others were not accounting for narcotics properly.

During an interview on 10/21/2024 at 1:30pm Staff B, Memory Care Director was asked what the process was for training employees on their specific job duties. Staff B stated that employees were partnered with seasoned employees for a few days. Staff B stated that they would complete and sign off a check list when training was completed. Staff B stated that seasoned employees had no training on file. When asked if medication technicians were trained to pass medications and count narcotics, Staff B stated that they should be able to. In a separate interview on 10/23/2024 at 5:11pm, Staff B stated that the facility did not have training documentation for medication technicians. Staff B stated that the facility had been using the licensed nurse checklist "so everything is N/A (not applicable)".

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During an interview on 10/21/2024 at 1:50pm Staff C, Resident Care Coordinator was asked what the process was for ensuring that staff were trained to perform their job duties. Staff C stated that staff had on the job training, that staff shadowed other staff. Staff C stated that there was a check off list that staff signed to acknowledge that they received training.

During an interview on 10/28/2024 at 1:57pm, Collateral Contact 1 (CC1) stated that they had not been trained on counting narcotics. CC1 stated that they received a written verbal warning when some narcotics went missing, yet they had never been trained on how to count them properly. When asked if they were trained and signed off by another employee, CC1 stated that they had "never seen one [check off list]."

During an interview on 10/28/2024 at 2:08pm, Collateral Contact 2 (CC2) was asked how they were trained to perform their duties. CC2 stated that "I think personally I give depending on the MAR (medication administration record), and doctors' orders". When asked how they account for narcotics and controlled medications, CC2 stated, "I think the same process".

During an interview on 10/28/2024 at 2:22pm, Collateral Contact 3 (CC3) was asked what the process was for receiving training before working as a medication technician. CC3 stated that they use the 5 medication rights, check on the order and check the medication. When asked if they signed off tasks as they were trained, CC3 stated "no, we didn't sign any documents". CC3 was asked how one would know if they knew how to perform their duties correctly, CC3 stated that maybe the new resident care coordinator has a checklist.

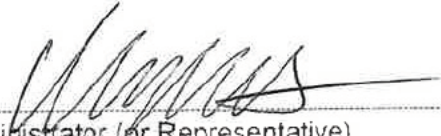
During an interview on 11/14/2024 at 3pm, Staff A, Administrator stated that employees were partnered with another employee for training on specific job duties and responsibilities before working independently. Administrator stated that there should be documentation of employees' on-the-job training. Administrator was asked how one would know if staff were trained on how to perform their duties considering the medication errors, incorrectly counting narcotics, and failure to account for narcotics. Administrator stated that they believed there should be a check-off list.

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) 12/29/2024

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

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Administrator (or Representative)

Date