STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Puyallup Valley Enhanced Residential Care Inc

Puyallup Valley Enhanced Residential Care Inc
723 2nd St NW
Puyallup, WA 98371

RE: Puyallup Valley Enhanced Residential Care Inc License # 2490

Dear Administrator:

This letter addresses Compliance Determination(s) 83341 (Completion Date 09/04/2026) and 80362 (Completion Date 07/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/04/2026 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:
WAC 388-78A-2371-1

The Department staff who did the on-site verification:
Cory Myers, NCI ALF Licensor
Alena Gimlin, Assisted Living Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health 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: Puyallup Valley Enhanced Residential Care Inc
License/Cert.#: 2490
Compliance Determination #: 80362
Investigator: Cory Myers
Investigation Date(s): 07/14/2026 through 07/21/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 232411
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
Verbal abuse: report received that the facility chef was mean, rude and yelled at residents.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 7 Closed records sample size: 0
Observations:	Staff to resident interactions
Interviews:	Identified residents
Record Reviews:	Progress notes Facility policies Grievance log

Investigation Summary:
Based on record review, resident interviews, and staff interviews, the facility failed to initiate an investigation regarding allegations of verbal abuse of residents by staff. Failed practice identified and citation was issued as part of the full survey completed on 07/21/2026.

Conclusion / Action:

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

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HOME AND COMMUNITY LIVING ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License # 2490	Compliance Determination # 80362
Plan of Correction	Puyallup Valley Enhanced Residential Care Inc	Completion Date
Page 1 of 4	Licensee: Puyallup Valley Enhanced Residential Care Inc	07/21/2026

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 and complaint investigation on 07/14/2026 and 07/15/2026 of:
Puyallup Valley Enhanced Residential Care Inc
723 2nd St NW
Puyallup, WA 98371

This document references the following complaint numbers: 232411.

The following sample was selected for review during the unannounced on-site visit: 7 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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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.

Laurie Anderson
Residential Care Services

07/23/2026
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.

Annette M. Galindo
Administrator (or Representative)

7/24/2026
Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to investigate and document investigative actions and findings for 2 of 7 sample residents (Resident 3 and Resident 4) who reported allegations of abuse by staff. This failure placed all 51 residents at potential risk of abuse.

Findings included...

Review of facility policy titled, "Resident's Grievance," dated 06/11/2026, showed that the facility treats each resident with the dignity and respect that they deserve. If a resident had a complaint or concern, the resident could voice that concern without fear of retaliation from staff members or other residents. Residents can report any complaint to the Administrator, and they will act on the concern immediately.

RESIDENT 3
Record review of the facility progress notes, dated 05/14/2026, showed that Resident 3 reported to Staff B, Activity Director, that Staff C, Cook, was mean, rude, screamed and yelled all the time. The notes showed that Resident 3 was not going to the dining room if Staff C were there.

During an interview on 07/15/2026 at 10:57 AM, Resident 3 reported that Staff C was

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mean to them. Resident 3 stated that Staff C told Resident 3 that they would not get lunch unless they took their as needed (PRN) medications. Resident 3 reported that they did not go into the dining room when Staff C was the cook because they did not want to get yelled at. Resident 3 stated that they reported this to Staff A, Administrator.

During an interview on 07/15/2026 at 11:55 AM, when Staff C was asked if the residents were required to take their PRN's before they received a meal, Staff C stated that many residents received medications before lunch. Staff C stated that medication management was out of their scope of practice and they were not involved in the process.

During an interview on 07/15/2026 at 12:21 PM, Staff B reported that they did not do anything with the information reported by Resident 3 on 05/14/2026. Staff B stated that they did not know if the allegations were true. Staff B stated that they thought allegations needed to be true to report it.

RESIDENT 4
During an interview on 07/15/2026 at 11:25 AM, Resident 4 reported that Staff C cussed and yelled at them. Resident 4 stated that Staff C told them if they do not like the food, they can eat somewhere else. Resident 4 reported that Staff C intimidated them. Resident 4 stated that they reported it to Staff A. Resident 4 stated that nothing changed and Staff C was still mean to them.

Observation in the dining room on 07/15/2026 at 11:48 AM showed Staff C interacted with the residents who were waiting to be served their lunch. An unidentified resident asked Staff C for rice instead of salad. Staff C was heard to reply to the resident "no, that was option two". Staff C's tone of voice was firm when they addressed the resident. Observation showed the resident looked down, did not initiate any further conversation with Staff C, and only responded with "ok" during the interaction.

During an interview on 07/15/2026 at 1:30 PM, Staff A, Administrator, reported that they received complaints in the past about Staff C. Staff A stated that they had numerous conversations with Staff C about the complaints. Staff A reported that when Resident 3 does not go to the dining room, staff bring Resident 3 their food to their room. Staff A reported that they felt Staff C just talked that way and that they did not mean anything by it. Staff A reported that they did not conduct any investigations related to the complaints. Staff A stated that there was no documentation that showed they ruled out resident abuse by Staff C.

This is a recurring deficiency previously cited on 04/22/2026 for subsections (1)(2)(3)(4).

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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, Puyallup Valley Enhanced Residential Care Inc is or will be in compliance with this law and / or regulation on (Date) 9/1/2026

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

Annette M. Yalinda — Administrator (or Representative)

7/24/2026 — Date

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