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

Puyallup Memory Care LLC
Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

RE: Deer Ridge Memory Care Community License # 2578

Dear Administrator:

This letter addresses Compliance Determination(s) 68526 (Completion Date 11/10/2025) and 65554 (Completion Date 09/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/10/2025 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-2440-1, WAC 388-78A-2440-3-a, WAC 388-78A-3140-2

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,

Laurie Anderson, Community 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: Deer Ridge Memory Care Community
License/Cert.#: 2578
Compliance Determination #: 65554
Investigator: Carol Gijima
Investigation Date(s): 08/27/2025 through 09/12/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 194325
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1. Facility failed to maintain a resident register
2. Facility failed to provide incident and investigation reports to department

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: Closed records sample size:
Observations:	General environment Residents in common area
Interviews:	Staff
Record Reviews:	Current resident roaster Incident log /investigations reports

Investigation Summary:

1. Per record review and interviews with staff, the facility failed to maintain a current resident register as required. Failed provider practice identified and citation issued as documented in a Statement of Deficiencies dated 09/12/2025.
2. Per record review and interviews with staff, the facility failed to provide incident reports and investigations to the department during an investigation. Facility failed provider practice identified and citation issued as documented in a Statement of Deficiencies dated 09/12/2025.

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 08/27/2025 of:

Deer Ridge Memory Care Community
3901 5th St SE
Puyallup, WA 98374

This document references the following complaint number(s): 194325

The following sample was selected for review during the unannounced on-site visit: 0 of 53 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

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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.

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) _____ Date _____

WAC 388-78A-2440 Resident register.

(1) The assisted living facility must maintain in the assisted living facility a single current register of all assisted living facility residents, their roommates and identification of the rooms in which such persons reside or sleep.

(3) The assisted living facility must make this register immediately available to:

(a) Authorized department staff;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current resident register. This failure placed all 53 residents at risk for delays in care and services in case of emergencies.

Findings included…

Review of facility records showed the facility did not maintain a current resident register.

During an interview on 08/27/2025 at 1:45 PM, Staff A, Administrator, stated that Staff B, Director of Residential Services, was responsible for updating and maintaining the resident register.

During a follow-up interview on 09/02/2025 at 09:40 AM, Staff A stated that Staff B was out of the building. Staff A stated that the resident register would be sent by end of day.

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During an interview on 09/09/2025 at 12:34 PM, Staff A stated that they would ensure Staff B sent the register.

In an email sent on 09/11/2025 at 11:31 AM, Staff A did not respond to the final request for the resident register.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide 2 of 2 types of documents (incident reports and investigations) to the department during an investigation. This failure placed all 53 residents at risk for delay in care concerns being addressed by the department and impeded the department's investigation.

Findings Included…

Review of the facility records showed the facility maintained incident reports and facility investigation paperwork related to resident care and concerns. The records showed there were no incident reports available for July 2025 and August 2025. The records showed there were no facility investigations available for July 2025 and August 2025.

During an interview on 08/27/2025 at 1:45 PM, Staff A, Administrator, stated that Staff B, Director of Residential Services, was out of the building. Staff A stated that Staff B maintained the July 2025 and August 2025 incidents and investigations.

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During a follow-up interview on 09/02/2025 at 9:40AM and on 09/09/2025 at 12:34 PM, Staff A stated that Staff B was not in the building. Staff A stated that they would send the incident reports and investigations to the department by the end of the day.

During an interview on 09/03/2025 at 4:01 PM, Staff B stated that the July 2025 and August 2025 investigations were in their office. Staff B stated that they would send an incident log that showed all investigations for July 2025 and August 2025.

As of 09/12/2025, the facility failed to provide any of the requested documents, as required.

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, Deer Ridge Memory Care Community is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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