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

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY License # 1793

Dear Administrator:

This letter addresses Compliance Determination(s) 26306 (Completion Date 07/07/2023) and 20612 (Completion Date 03/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/07/2023 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-3060, WAC 388-78A-3060-2, WAC 388-78A-2462-3-d, WAC 388-78A-2400-1, WAC 388-78A-2400-2, WAC 388-78A-2480-1

The Department staff who did the on-site verification:

Cathleen Davis, ALF Licensor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON

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 the unannounced on-site full inspection on 03/02/2023 and 03/14/2023 of:

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
17607 91ST AVENUE E
PUYALLUP, WA 98375

The following sample was selected for review during the unannounced on-site visit: 9 of 48 current residents and 3 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Adult Family Home Complaint Investigator

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

03/27/2022
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.

Cheryl A Jones
Administrator (or Representative)

3-31-23
Date

WAC 388-78A-3060 Storage space. The assisted living facility must:

(2) Provide separate, locked storage for disinfectants and poisonous compounds; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure hazardous chemicals were secured behind a locked door for 48 residents. This failure placed the residents at risk to exposure of hazardous chemicals.

Findings included...

Observations of a room labeled "janitor" on the third floor on 03/03/2023 at 1:30 PM of the ALF found the room to be unlocked and unsecured. There were cleaning supplies and chemicals in their containers hanging from the wall. The ALF failed to have locked storage for disinfectants and poisonous compounds/chemicals.

In an interview on 03/03/2023 at 4:00 PM, Staff A, Executive Director, reported they were unaware that the identified "janitor's" room on the third floor was unlocked and unsecured. Staff A reported they last knew the room be locked and secured.

In an interview on 03/03/2023 at 4:00 PM, Staff C, Regional Executive Director, reported they were unaware that the identified "janitor's" room on the third floor was unlocked and unsecured. Staff C reported they last knew the room to be locked and secured.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-31-23 .

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

Administrator (or Representative) Cheryl A Jones Date 3-31-23

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

(3) The assisted living facility must ensure that the following individuals have a Washington state name and date of birth background check:

(d) Contractors other than the administrator and caregivers who may have unsupervised access to residents.

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility (ALF) failed to ensure that results of background checks on five contracted staff were completed. This placed residents at risk of potential harm when contracted staff with access to residents potentially had a disqualifying crime.

Findings included...

On 03/03/2023 at 1:05 PM an observation of a resident room hallway showed two contracted paint staff entering and exiting resident rooms and common resident shared areas.

On 03/09/2023 at 3:05 PM in an interview with Staff B, the Executive Director, said the contracted remodel staff had been on site since January 2023, and she believed background checks for the contracted painters were completed by the corporation, and she would request those records.

On 03/09/2023 at 4:30 PM in an interview with Staff B, the Executive Director, said there were no background checks on file.

On 03/14/2023 at 10:15 AM in an interview with Staff B, the Executive Director, reported a request for an outside agency contracted caregiver staff was made.

On 03/14/2023 a record review of the contracted agency caregiving staff showed the background check had expired on 12/21/2018.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-31-23 .

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

Administrator (or Representative) Cheryl A Jones Date 3-31-23

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(1) Maintain a systematic and secure method of identifying and filing resident records for easy access;

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure current, former, and deceased residents' records were secured and stored behind a locked door. This failure placed the residents at risk for preservation of their confidentiality and a potential violation of HIPA rules.

Findings included...

Observations of a room labeled "janitor" on the third floor on 03/03/2023 at 1:30 PM of the ALF found the room to be unlocked and unsecured. There were former and deceased residents' records stored in this unlocked storage room.

A second unlabeled storage room on the third floor was observed on 03/03/2023 at 1:30 PM to be unlocked and unsecured with COVID closed files. The ALF failed to have residents' records stored in a locked and secured room.

In an interview on 03/03/2023 at 4:00 PM, Staff A, Executive Director, reported they were unaware that the identified "janitor's" room and second unlabeled storage room on the third floor was unlocked and unsecured. Staff A reported they last knew the room be locked and secured.

In an interview on 03/03/2023 at 4:00 PM, Staff C, Regional Executive Director, reported they were unaware that the identified "janitor's" room and second unlabeled storage room on the third floor was unlocked and unsecured. Staff C reported they last knew the room to be locked and secured.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-31-23 .

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

Cheryl A Jones 3-31-23

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on record review and interview the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 6 of 6 sampled staff members (Staff A, B, C, D, E, & F) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all 48 ALF residents at risk of TB infection.

Findings included...

Staff A, Executive Director in Training, was hired by the ALF on 06/13/2022. Review of Staff A's record failed to show results from a TB skin test done within three days of employment.

Staff B, Medical Aide, was hired by the ALF on 06/26/2022. Review of Staff B's record failed to show results from a TB skin test done within three days of employment.

Staff C, Regional Executive Director- Covering, was hired by the ALF on 04/06/2021. Review of Staff C's record failed to show results from a TB skin test done within three days of employment.

Staff D, Caregiver, was hired by the ALF on 12/26/2022. Review of Staff D's record failed to show results from a TB skin test done within three days of employment.

Staff E, Sales and Marketing Manager, was hired by the ALF on 01/05/2021. Review of Staff E's record failed to show results from a TB skin test done within three days of employment.

Staff F, Assisted Living Director, was hired by the ALF on 01/13/2023. Review of Staff F's record failed to show results from a TB skin test done within three days of employment.

During an interview on 03/14/2023 at 10:30 AM, Staff A, Executive Director in Training, stated the facility would email additional staff records.

On 03/14/2023 at 4:40 PM record review failed to show results from TB tests done within three days of employment.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-31-23 .

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

Cheryl A Jones 3-31-23

Administrator (or Representative) Date

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

03/27/2023

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY # 1793

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/22/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(f) Make sure first-aid supplies are appropriate for:

(ii) The services provided;

The Assisted Living Facility (ALF) did not ensure disaster preparedness supplies were stocked and readily available for residents. This was corrected onsite during the inspection.

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

Staff interviewed said they were trained on abuse and neglect. However, they did not respond correctly when questioned. The Executive Director said she would update staff training.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;

- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

Plan of Correction

Name of Community	Silver Creek by Bonaventure	Date	03/29/2023

Section / Tag	Violation	Appeal?	Plan of Correction		Complete?
WAC 388-78A-3060	Storage Space	___ Yes X No	What Has Been Done to Correct?	New lock has been put on door	X Yes ___ No
			How Will Recurrence Be Prevented?	Regular checking of all secure doors and rekeying when necessary to maintain security of space	
			Person Responsible:	Executive Director, Maintenance Director	
			Due Date:	03/29/2023	
WAC 388-78A-2462	Background Checks	___ Yes X No	What Has Been Done to Correct?	Background checks ran for 3rd party contractors and private caregivers	X Yes ___ No
			How Will Recurrence Be Prevented?	Contractors will not have unsupervised access to the community or will complete the necessary background check before starting work.	
			Person Responsible:	Executive Director, Assistant Executive Director, Maintenance Director	
			Due Date:	03/29/2023	
WAC 388-78A-2400	Protection of Resident Records	___ Yes X No	What Has Been Done to Correct?	New lock has been put on door	X Yes ___ No
			How Will Recurrence Be Prevented?	Regular checking of all secure doors and rekeying when necessary to maintain security of space	
			Person Responsible:	Executive Director, Maintenance Director	
			Due Date:	03/29/2023	

WAC 388-78A-2480	Tuberculosis Testing	___ Yes X No	What Has Been Done to Correct?	New Hires will complete document at orientation and first shot to follow during initial training.	_X_ Yes ___ No
			How Will Recurrence Be Prevented?	Scheduling follow up check and second shot to ensure completion within 3 days of new hired employees	
			Person Responsible:	Executive Director, Registered Nurse	
			Due Date:	03/29/2023	

		___ Yes ___ No	What Has Been Done to Correct?		___ Yes ___ No
			How Will Recurrence Be Prevented?		
			Person Responsible:		
			Due Date:	[community to enter due date]	