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

04/28/2026

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 76519 (Completion Date 04/28/2026) and 73799 (Completion Date 03/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/28/2026 and found no deficiencies.

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

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

The Department staff who did the On Site verification:
Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 follow-up on 03/04/2026 of:
SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
17607 91ST AVENUE E
PUYALLUP, WA 98375

This document references the following SOD dated: 03/04/2026

The following sample was selected for review during the unannounced on-site visit: 9 of 34 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

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

03/11/2026
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.

Administrator (or Representative)

3/25/26
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff N, cook) completed a name and date of birth background check every two years. This failure placed all residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

NAME AND DATE OF BIRTH BACKGROUND CHECK (BGC)
Review of the facility's personnel records showed the facility hired Staff N on 02/27/2024. The records showed that the initial BGC expired on 02/27/2026. There was no documentation that showed the facility completed Staff N's required two-year BGC.

During an interview on 03/04/2026 at 12:41 PM, Staff D, Regional Director, acknowledged that there was no documentation that showed the facility completed Staff N's required two-year BGC.

This is an uncorrected deficiency previously cited on 01/07/2026 for subsections (1)(b).

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) 4/18/20 .

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

Administrator (or Representative) 3/25/26 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled pets (Pet 3, cat) received regular examinations and were certified by a veterinarian to be free of diseases transmittable to humans. This failure placed all 34 residents at risk of contracting illnesses spread by pets.

Findings included...

Record review of Pet 3's record showed no documentation that the required annual exam and immunizations were completed.

During an interview on 03/04/2026 at 12:50 PM, Staff D, Regional Director, acknowledged that Pet 3 did not have the required annual exam and immunizations.

This is an uncorrected deficiency previously cited on 01/07/2026 for subsections (2)(a).

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) 4/18/26 .

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

Administrator (or Representative) 3/25/26 Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff H) met all the training requirements for long-term care workers. This failure placed all 34 residents at risk of harm and receiving care from untrained staff.

Findings included...

FIRST AID (FA)
Review of the facility's personnel files showed no documentation that Staff H (Med Aide) maintained a current FA card.

During an interview on 03/04/2026 at 12:41 PM, Staff D, Regional Director, acknowledged that Staff H did not have a current FA card.

CONTINUING EDUCATION
Review of the facility's personnel files showed no documentation that Staff H had completed 12 hours of continuing education hours between their 2025 and 2026 birthdays, as required.

During an interview on 03/04/2026 at 12:41 PM, Staff D acknowledged that there was no documentation that showed Staff H completed their required continuing education hours.

This is an uncorrected deficiency previously cited on 01/07/2026 for subsections (2)(d)(e).

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) 4/18/26 .

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

Administrator (or Representative) — Date: 3/25/26

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 #: 1793	Compliance Determination # 70660
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 10	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	01/07/2026

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 on 12/29/2025, 12/30/2025 and 12/31/2025 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 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Cory Myers, NCI ALF Licensor
Susan Carmichael, Nursing Consultant Institutional
Alena Gimlin, Assisted Living Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 1793	Compliance Determination # 70660
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 2 of 10	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	01/07/2026

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

01/13/2026
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.

M. Vulgamott
Administrator (or Representative)

1 | 21 | 2026
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(3) Evaluate, in order to determine if there is a need for further action:

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled Residents (Resident 6), with a recent hospitalization, was evaluated and observed for changes in their condition after returning from the hospital. This failure placed Resident 6 at risk for further decline in their health status.

Findings included...

During an interview on 12/30/2025 at 3:00 PM, Resident 6 stated that on 12/24/2025, they were taken to a local hospital via ambulance. Resident 6 stated that they returned to the facility the same day.

Review of Resident 6's progress notes on 12/24/2025 at 5:06 AM showed staff charted that for the past four days, Resident 6 experienced constipation and felt nauseous. The notes showed Resident 6 requested to be seen by paramedics. The notes showed Resident 6 was assessed by the paramedics and transported to a local hospital.

Review of Resident 6's hospital discharge summary, dated 12/24/2025, showed Resident 6 was diagnosed with [redacted] and [redacted]. The summary showed Resident 6 was prescribed an antibiotic to treat both infections.

There were no progress notes or documents in Resident 6's facility records that showed Resident 6 was evaluated or monitored after they returned from the hospital.

During an interview on 12/30/2025 at 3:00 PM, Staff C (Director of Nursing) said they were unaware that Resident 6 went to the hospital on 12/24/2025.

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) 3/1/26 2/21/26 MO

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

M. Vuleyn
Administrator (or Representative)

1/21/2026
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 sampled staff (Staff J, Staff K, and Staff L) were delegated by a Registered Nurse to administer oral medications, topical (skin) medications, insulin injections, and/or perform blood sugar checks. This failure placed Resident 2, Resident 4, Resident 5, and Resident 8 at risk of medical complications from receiving medication assistance and/or blood sugar checks by staff not RN delegated as required.

Findings included...

RESIDENT 2
Review of facility records showed the facility admitted Resident 2 on [redacted]/2024.

Review of Resident 2's November 2025 Medication Administration Records (MAR) showed Resident 2 was prescribed Loperamide Hydrochloride (HCL, medication used for diarrhea), Melatonin (medication used for sleep), and Refresh Plus (eye drops used for dry eyes). The MAR showed that on 11/27/2025, Staff J (former Assistant Assisted Living Director) administered Resident 2's oral medications and eye drops.

Review of Resident 2's December 2025 MAR showed Resident 2 was prescribed Calcium + Vitamin D3 (supplement used for bone strength), Levothyroxine Sodium (medication for thyroid disease), Metamucil Smooth texture (used for bowel health), Potassium Chloride ER (Extended Release, medication used to treat low potassium), Preservision (supplement to help reduce vision loss), Loperamide HCL, and Refresh Plus eye drops. The MAR showed that on 12/24/2025, Staff K (medication technician) administered Resident 2's oral medications and eye drops. On 12/25/2025 and 12/26/2025, Staff L (medication technician) administered Resident 2's Metamucil and Refresh Plus eye drops.

Review of the document titled "Nurse Delegation: Nursing Visit form", dated 09/27/2025 showed Staff C (RN Delegator/Director of Nursing), failed to delegate Staff J, Staff K, and Staff L to administer Resident 2's medications.

RESIDENT 4
Review of facility records showed the facility admitted Resident 4 on [redacted]/2022.

Review of facility records showed a document titled "Resident Service Plan", dated 12/03/2025, showed "delegated staff to provide medication administration" to Resident 4.

Review of Resident 4's November 2025 MAR showed Resident 4 was prescribed Atorvastatin (used to treat high cholesterol), Lacosamide (used to treat seizures), Olanzapine (used to treat mood disorders), Pantoprazole Sodium (used to treat stomach condition) and Nystatin Cream (a topical medication used to treat skin condition). The MAR showed that on 11/27/2025, Staff J administered Resident 4's oral and topical medications.

Review of Resident 4's December 2025 MAR showed Resident 4 was prescribed Escitalopram (used to treat anxiety), Furosemide (used to treat swelling), Thiamine, Vitamin B, and Vitamin D3 (all three used to treat vitamin insufficiencies). The

December 2025 MAR showed that on 12/24/2025, Staff K (med aide) administered Resident 4's oral medications in addition to Lacosamide and Nystatin cream.

Review of the document titled "Nurse Delegation: Nursing Visit form", dated 09/27/2025 showed Resident 4 required administration of all oral and topical medications by nurse delegated staff. The form showed Staff C (RN Delegator/Director of Nursing), failed to delegate Staff J and Staff K to administer Resident 4's oral and topical medications.

RESIDENT 5
Review of facility records showed the facility admitted Resident 5 on [redacted]/2024.

Review of Resident 5's November MAR 2025 showed Resident 5 was prescribed Insulin Glargine (long-acting insulin used to manage blood glucose levels). The MAR showed that on 12/03/2025, Staff J administered Resident 5's Insulin Glargine 36 units at 6:00 PM.

Review of the document titled "Nurse Delegation: Nursing Visit form", dated 09/27/2025, showed Resident 5 required nurse delegated staff to administer their insulin. Staff J was not delegated to administer Resident 5's Insulin Glargine.

RESIDENT 8
Review of Resident 8's December 2025 MAR showed an order to check Resident 8's blood sugar one time per day at 8:00 AM. The MAR showed Staff J checked Resident 8's blood sugar on 12/03/2025.

Review of the document titled "Nurse Delegation: Nursing Visit form", dated 09/27/2025, showed Resident 8 required blood sugar checks by nurse delegated staff. The form showed Staff C failed to delegate Staff J to perform the blood sugar checks.

During an interview on 12/30/2025 at 2:00 PM, Staff C stated that Staff J passed medications to Resident 2, Resident 4, Resident 5, and Resident 8 because the facility needed help. Staff C stated Staff K and Staff L were new employees who were being trained by other staff. Staff C stated that Staff K and Staff L should not have signed Resident 2 and Resident 4's MARs.

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) ~~3/1/26~~ 2/21/26

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

Administrator (or Representative) M. Vilgrain Date 1/21/26

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff I) completed a name and date of birth background check every two years and failed to ensure 1 of 2 staff (Staff C) completed a national fingerprint background check as required. These failures placed all 57 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

NAME AND DATE OF BIRTH BACKGROUND CHECK (BGC)
Review of the facility's personnel records showed the facility hired Staff I on 04/04/2023. The records showed Staff I's BGC was completed on 12/31/2025, more than eight months after the initial BGC expired.

During an interview on 12/31/2025 at 1:23 PM, Staff B, Assistant Executive Director,

stated that they were aware Staff I's BGC renewal was late.

NATIONAL FINGERPRINT BACKGROUND CHECK
Review of the facility personnel records showed the facility hired Staff C, Director of Nursing, on 02/16/2022. The records showed no documentation that the facility completed a national fingerprint background check.

During an interview on 12/31/2025 at 1:23 PM, Staff B stated that there was no national fingerprint background check document for Staff C in the facility's records.

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) 3-1-26 2/21/26 MO

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

Administrator (or Representative) M. Kelgard Date 1/21/26

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 7 of 9 sampled residents (Residents 2, 4, 5, 6, 7, 8 and 9) signed the facility policy on

accepting Medicaid as a payment source. This failure resulted in all seven resident's being unaware that this facility did not accept [redacted] as a payment source and at risk for being discharged and unable to reside in the facility on state [redacted] assistance.

Findings included...

Review of the facility records for Resident 2, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9 records showed no documentation of a signed Medicaid policy.

During an interview on 12/31/2025 at 11:00 AM, Staff D, Regional Director, acknowledged that they did not have the Medicaid policy signed for those seven residents. Staff D stated that they would work with each resident to get the document signed right away.

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) ~~3/1/26~~ 2/21/26 MO

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

M. Kuley
Administrator (or Representative)

1/21/2026
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled pets (pets 1, 2, and 3) living in the ALF received regular examinations and immunizations by a licensed veterinarian. This failure placed all 57 assisted living residents at risk of disease transmitted by animals to humans.

Findings included...

Reviewed the facility's pet records showed Pet 1 was last seen for a veterinarian examination on 8/12/2024. The records showed Pet 1's rabies vaccination expired on 08/12/2025. There were no records for Pet 2 and Pet 3.

During an interview on 12/31/2025 at 12:10 PM, Staff A, Executive Director, acknowledged that they did not have any up-to-date pet records.

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) ~~3/1/26~~ 2/21/26 ME

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

Administrator (or Representative) M. Kelgren Date 1/21/26

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 5 of 6 sampled staff (Staff A, Staff E, Staff G, Staff H, and Staff I) met all the training requirements for long-term care workers. This failure placed all 57 residents at risk of harm and receiving care from untrained staff.

Findings included...

CARDIOPULMONARY RESUSITATION (CPR)/FIRST AID (FA)
Review of the facility's personnel files showed no documentation that Staff A (Executive Director), Staff E (Med Aide), Staff G (Caregiver), Staff H (Med Aide), and Staff I (Caregiver) maintained a current CPR/FA card.

During an interview on 12/31/2025 at 11:40 AM, Staff A, Executive Director, stated that they did not have a current CPR/FA card for themself or for Staff E, Staff G, Staff H, and Staff I.

CONTINUING EDUCATION
Review of the facility's personnel files showed no documentation that Staff H completed 12 hours of continuing education hours as required between their 07/07/2024 and 07/07/2025 birthdays.

During an interview on 12/31/2025 at 2:00 PM, Staff B, Assistant Executive Director, stated that they did not have any documentation of the required continuing education hours for Staff H.

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) ~~3/1/26~~ 2/21/26 MR

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

M. Kulgren
Administrator (or Representative)

1/21/26
Date

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

01/13/2026

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 01/07/2026 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility failed to ensure two of three sinks in the kitchen were in good repair. The facility hired a plumber who repaired the faucet in one sink, and replaced the pipes in another sink. This failure was corrected to meet regulations prior to completion of the full inspection.

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 You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure