



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

08/18/2025

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) 59613 (Completion Date 08/18/2025) and 44997 (Completion Date 11/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/18/2025 and found no deficiencies.

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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-2420 Record retention.

(1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

- (a) Medication administration;
- (b) Administration of health treatments;
- (f) Nurse delegation consistent with chapter 18.79 RCW.

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)254-3190.

Sincerely,



Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: SILVER CREEK
RETIREMENT & ASSISTED LIVING
COMMUNITY

License/Cert.#: 1793

Compliance Determination #: 44997

Investigator: Carol Gijima

Investigation Date(s): 07/31/2024 through 11/25/2024

Complainant Contact Date(s): 11/25/2024

Provider Type: Assisted Living Facility

Intake ID: 139713

Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1. Staff not providing food to resident
2. Staff not taking care of pressure ulcer
3. Resident not getting showers
4. Staff retaliating to resident

Investigation Methods:

Sample:	Total residents: Resident sample size: 5 Closed records sample size:
Observations:	General environment Residents in their rooms Resident behaviors
Interviews:	Residents Resident representatives Staff Collateral Contacts
Record Reviews:	Resident Characteristic Roster List of Residents Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff records Staff progress notes

Investigation Summary:

1. Per observations and interviews with collateral contacts, residents and staff, there was not sufficient information to either support or refute this allegation.
2. Per observations, record review and interviews with collateral contacts, residents and staff, the facility failed to put interventions in place to prevent development or worsening of skin issues. Failed facility practice identified. See Statement of Deficiency dated 11/25/2024.

3. Per record review and interviews with collateral contacts, residents and staff, the facility failed to give residents showers as agreed upon. Failed facility practice identified. See Statement of Deficiency dated 11/25/2024.
4. Per observations and interviews with collateral contacts, residents and staff, there was not sufficient information to either support or refute this allegation.
-

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 1793	Compliance Determination # 44997
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 12	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	11/25/2024

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 07/31/2024 and 11/21/2024 of:

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

This document references the following complaint number(s): 134276, 139713

The following sample was selected for review during the unannounced on-site visit: 5 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.

Residential Care Services

12/09/2024

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.

Administrator (or Representative)

Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interviews and records review, the Assisted Living Facility (ALF) failed to develop interventions to address skin issues for 3 of 4 sampled residents (Residents 1, 2, & 4 [R1, 2, & 4]). This failure resulted in residents not having interventions to address their skin issues and contributed to Resident 2 developing a pressure wound, Resident 4 developing a skin infection, and placed all three residents at risk for poor health outcomes and decreased quality of life.

Findings included...

Resident 1

Record review showed that R1 was admitted to the ALF on [REDACTED]/2024 with diagnoses to include [REDACTED]

[REDACTED]. A pre-admission evaluation dated 01/22/2024 showed that R1 had a "pressure ulcer/maceration to buttocks." An initial assessment dated 02/15/2024 showed that R1 had a pressure ulcer to buttocks. An initial care plan signed on 02/08/2024 with an update on 02/15/2024 did not have any interventions on how to prevent pressure ulcer deterioration or how to prevent further skin breakdown. The Negotiated Service Agreement (NSA) dated 04/25/2024 did not show that R1 had any wounds and no interventions.

During an interview on 07/31/2024 at 12:05pm, Collateral Contact 1 (CC1) stated that R1 had a pressure wound on buttock since admission. CC1 stated that the facility took care of it for a while, then stopped and it was now "dark purple." CC1 stated that there was recommendation to manage and treat the wound at least twice a day, but staff did not do anything.

This document was prepared by Residential Care Services for the Locator website.

During an interview on 07/31/2024 at 12:25pm, Collateral Contact 2(CC2) stated that the facility was not taking care of R1's wounds. CC2 stated that R1 had now developed a deep tissue injury (pressure injury caused by damage to underlying soft skin tissues) due to staff not repositioning R1. CC2 stated that since R1 lives with spouse, staff often "ignore her" and spouse is forced to help R1 with tasks. CC2 stated that if R1's spouse did not call, staff would rarely go check on R1. When asked if the service agreement addressed interventions to prevent further deterioration of the wound, CC2 stated that it did not.

During an interview on 07/31/2024 at 12:30pm, Staff B, Registered Nurse, stated that R1 developed "maceration to buttocks," then a pressure ulcer in February 2024. When asked how R1 developed a pressure ulcer, Staff B stated, "she is basically chair bound."

Resident 2

Record review showed that R2 was admitted to the ALF on [REDACTED]/2023 with diagnoses to include [REDACTED]. A pre-admission evaluation signed and dated 08/17/2023 showed that R2 did not have any skin issues, that R2 was bed bound and needed two-person assistance for transfer with a Hoyer lift (a mechanical device that helps move people with limited mobility from one surface to another). An initial service agreement signed 10/25/2023 showed that R2 did not have skin issues. There was no documentation to show skin injury prevention interventions. An assessment dated 11/01/2023 showed that R2 had a wound to the left buttock. There were no interventions to address current wound issue, prevent deterioration or how to prevent development of new wounds in the NSA.

During an interview on 10/17/2024 at 11:40am, Staff B was asked when R2's pressure ulcer developed, Staff B stated, "initially in October." Staff B was asked how R2 developed a pressure ulcer, Staff B stated that "she came with it." When Staff B was asked why the pre-admission evaluation, the initial assessment and initial signed service plan did not show that R2 had any skin issues before and after admission, Staff B stated that they went back and amended the service agreement. Staff B was asked what interventions were in place to prevent development of skin issues since R2 was bed bound. Staff B stated that R2 "refused all interventions." Staff B was asked to state the interventions R2 refused, Staff B was unable to provide any. Staff B stated that "I couldn't turn her, at some point I can't turn her."

During an interview on 11/19/2024 at 12:59pm, R2 stated that they did not have any wounds when they were admitted to the ALF. R2 stated that they developed a pressure ulcer within three days after admission. R2 was asked what staff were supposed to do to prevent skin breakdown, R2 stated nothing that they were aware of. R2 was asked if staff repositioned them since they were bed bound, R2 stated that they were not repositioned.

Resident 4

Records reviewed showed that R4 was admitted to the ALF on [REDACTED]/2021 with

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	COMMUNITY LLC	

diagnoses to include [REDACTED]. An assessment dated 05/02/2024 showed that R4 had a yeast infection to the groin. There was no updated or temporary service agreement (NSA) to review for interventions to prevent worsening or development of new skin issues.

During an interview on 07/31/2024 at 12:30pm, Staff B stated that they were responsible for managing the wounds. In a separate interview on 10/17/2024 at 11:40am, Staff B stated that R4 did not have any wounds. Staff B was asked what type of interventions were in place to prevent deterioration or development of skin issues since R4 was chair bound and dependent on staff. Staff B stated that R4 refused interventions. Staff B was asked to state the interventions that were in place that R4 refused. Staff B was not able to provide interventions that R4 refused to comply with. Staff B stated that R4's husband was responsible for R4's care. When asked if it was included in the care plan that R4's husband was responsible for R4's care, Staff B stated that it was not, that the facility was responsible for R4. When asked if they had any interventions in place for any of the residents, Staff B stated, "I didn't have any interventions."

During an interview on 07/31/2024 at 11:45am, Staff A, Administrator stated that home health managed wounds and not the facility. Administrator stated that residents with wounds would have interventions in place such as repositioning.

During an interview on 11/25/2024 at 12:25pm, Collateral Contact 11(CC11) was asked how often they repositioned residents that were bed bound. CC11 stated that they "don't, unless the resident calls." CC11 stated that residents with wounds were managed by the medication technicians. CC11 was asked what care they provided to R1, CC11 stated that resident's spouse provided the care, that staff assisted if "her husband called."

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) 1/5/2025.

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

M. Kugall
Administrator (or Representative)

12/17/2024
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from

diagnoses to include [REDACTED]. An assessment dated 05/02/2024 showed that R4 had a yeast infection to the groin. There was no updated or temporary service agreement (NSA) to review for interventions to prevent worsening or development of new skin issues.

During an interview on 07/31/2024 at 12:30pm, Staff B stated that they were responsible for managing the wounds. In a separate interview on 10/17/2024 at 11:40am, Staff B stated that R4 did not have any wounds. Staff B was asked what type of interventions were in place to prevent deterioration or development of skin issues since R4 was chair bound and dependent on staff, Staff B stated that R4 refused interventions. Staff B was asked to state the interventions that were in place that R4 refused. Staff B was not able to provide interventions that R4 refused to comply with. Staff B stated that R4's husband was responsible for R4's care. When asked if it was included in the care plan that R4's husband was responsible for R4's care, Staff B stated that it was not, that the facility was responsible for R4. When asked if they had any interventions in place for any of the residents, Staff B stated, "I didn't have any interventions."

During an interview on 07/31/2024 at 11:45am, Staff A, Administrator stated that home health managed wounds and not the facility. Administrator stated that residents with wounds would have interventions in place such as repositioning.

During an interview on 11/25/2024 at 12:25pm, Collateral Contact 11(CC11) was asked how often they repositioned residents that were bed bound. CC11 stated that they "don't, unless the resident calls." CC11 stated that residents with wounds were managed by the medication technicians. CC11 was asked what care they provided to R1, CC11 stated that resident's spouse provided the care, that staff assisted if "her husband called."

Plan/Attestation Statement

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

Administrator (or Representative)

Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from

This document was prepared by Residential Care Services for the Locator website.

the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to provide showers for 4 of 5 sampled residents (Residents 1, 2, 4 & 5 [R1, 2, 4, & 5]). This failure resulted in four residents not receiving showers as agreed upon and contributed to Resident 4 developing a skin infection and placed all other residents at risk for skin infections and poor quality of life.

Findings included...

There were no shower records provided by the ALF to review.

Resident 1

Record review showed that R1 was admitted to the ALF on [REDACTED]/2024 with diagnoses to include [REDACTED]. The Negotiated Service Agreement (NSA) dated 02/08/2024 showed that R1 was to receive two showers a week.

During an interview on 07/31/2024 at 12:05pm, Collateral Contact 1 (CC1) stated that R1 was supposed to have two showers a week, and that R1 "would be lucky if she gets one a week." CC1 stated that R1 did not get showers at times and when the facility was notified, they retaliated. CC1 stated that R1 had gone about "3 weeks without a shower" at one point.

During an interview on 07/31/2024 at 12:25pm, Collateral Contact 2 (CC2) stated that R1 was supposed to receive two showers a week per agreement. CC2 stated that R1 "goes over a week or more without getting a shower." CC2 stated that if facility gave R1 showers, they would have noticed the deep tissue injury on R1's bottom (localized area of discolored skin that's purple or maroon due to damage to the soft tissue under the skin caused by pressure).

Resident 2

Record review showed that R2 was admitted to the ALF on [REDACTED]/2023 with diagnoses to include [REDACTED]. An initial service agreement (NSA), signed on 10/25/2023, showed that R2 was to receive three showers a week, and staff were to "provide a full assistance bed bath 3x week," as R2 was unable to wash their body on their own.

During an interview on 11/19/2024 at 12:59pm, R2 stated that they were supposed to

have three showers a week, but it was "somehow changed to three bed baths." R2 stated that they "never got a shower" at the ALF. R2 stated that there was a time they received one shower in a week.

Resident 4

Record review showed that R4 was admitted to the ALF on [REDACTED]/2021 with diagnoses to include [REDACTED]. A service agreement signed 02/25/2023 showed that R4 was to receive one shower a week with one staff member providing support to R4.

During an interview on 11/22/2024 at 1:02pm, Collateral Contact 3 (CC3) stated that R4 was supposed to have a shower every Wednesday before 7:00am. CC3 stated that R4 had gone a few weeks without receiving a shower, and there were "no make ups" for missed showers.

Resident 5

Record review showed that R5 was admitted to the ALF on [REDACTED]/2024 with diagnoses to include [REDACTED]. A service agreement signed 06/13/2024 showed that R5 was to receive one shower a week with staff providing full assistance.

During an interview on 11/21/2024 at 11:30am, Collateral Contact 4 (CC4) stated that R5 was supposed to receive a shower twice a week but have gone over 2 weeks without a shower at times. CC4 stated that R5's hair was greasy most of the time. CC4 stated that if R5 complained, staff would retaliate.

During an interview on 07/31/2024 at 11:45am, Staff A, Administrator, was asked how often residents received showers. Staff A stated, "at least two (per week)," and that it also depended on their service agreement. Staff A was asked for shower documentation for residents. Staff A stated that the facility did not retain shower documentation after 72 hours. When asked how one would know if residents were given a shower or not, Staff A stated that R1 refused, and that R1's spouse complained about R1 not receiving showers, "he doesn't see the staff giving her (R1) a shower." Staff A was asked about R2's showers. Staff A stated that R2 asked for showers to be taken off the service plan. When asked how R2 would bathe herself when she was dependent on staff for activities of daily living, Staff A stated that R2 "just got enrolled with home health." Staff A stated that refusals were documented. There was no documentation provided to show resident refusals.

During an interview on 07/31/2024 at 12:30pm, Staff B, Registered Nurse was asked how many showers residents received per week. Staff B stated that "not everybody gets a shower." When asked to explain why other residents did not get a shower, Staff B stated that it depended on their service agreement. When asked if staff documented when showers were either given or refused, Staff B stated that they were. Staff B was asked how often R1 got showers, Staff B stated that "she was not getting a shower." Staff B was asked why R1 was not getting showers, Staff B stated that R1 "sometimes refuses, sometimes it's on her terms." Staff B was asked to clarify what that meant, Staff B stated that R1 had dementia (illness that affects thinking, memory and decision-

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making capacity).

During an interview on 11/18/2024 at 2:47pm, Collateral Contact 5 (CC5) stated that sometimes residents did not get their scheduled showers. CC5 stated that they were short staffed most of the time. CC5 stated that staff were supposed to document when showers were given or refused. When asked where the shower records were kept, CC5 stated "in a binder, but it's archived after a month."

During an interview on 11/18/2024 at 3:16pm, Collateral Contact (CC6) was asked how often residents received showers. CC6 stated "per request." CC6 was asked if staff documented when a shower was given or refused, CC6 stated that if residents refused showers, staff would notify family.

During an interview on 11/18/2024 at 3:29pm, Collateral Contact 7 (CC7) stated that when showers were given or refused, staff were to document "in the paperwork." When asked where that paperwork was kept, CC7 stated that it would be in a binder.

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) 11/5/2025.

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

M. Kulgan
Administrator (or Representative)

12/17/2024
Date

WAC 388-78A-2420 Record retention.

(1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to retain residents' shower records for 5 of 5 sampled residents (Residents 1, 2, 3, 4 & 5 [R1, 2, 3, 4, & 5]). This failure resulted in all five residents not having an accurate health record on file placing them at risk for a decrease in quality of life, dignity and denial of right to agreed-upon services and preferences.

making capacity).

During an interview on 11/18/2024 at 2:47pm, Collateral Contact 5 (CC5) stated that sometimes residents did not get their scheduled showers. CC5 stated that they were short staffed most of the time. CC5 stated that staff were supposed to document when showers were given or refused. When asked where the shower records were kept, CC5 stated "in a binder, but it's archived after a month."

During an interview on 11/18/2024 at 3:16pm, Collateral Contact (CC6) was asked how often residents received showers. CC6 stated "per request." CC6 was asked if staff documented when a shower was given or refused, CC6 stated that if residents refused showers, staff would notify family.

During an interview on 11/18/2024 at 3:29pm, Collateral Contact 7 (CC7) stated that when showers were given or refused, staff were to document "in the paperwork." When asked where that paperwork was kept, CC7 stated that it would be in a binder.

Plan/Attestation Statement

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

Administrator (or Representative)

Date

WAC 388-78A-2420 Record retention.

(1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to retain residents' shower records for 5 of 5 sampled residents (Residents 1, 2, 3, 4 & 5 [R1, 2, 3, 4, & 5]). This failure resulted in all five residents not having an accurate health record on file placing them at risk for a decrease in quality of life, dignity and denial of right to agreed-upon services and preferences.

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Findings Included...

There were no shower records on file to review.

No record retention policy was provided to review.

During an interview on 07/31/2024 at 11:45am, Staff A, Administrator, was asked for residents' shower records for the months of May, June & July 2024 review period. Staff A stated that they did not retain records past 72 hrs. When asked how one would know if residents received a shower, Staff A stated that refusals were documented, but only kept for 72hrs.

In a separate interview on 11/21/2024 at 1:12pm, Staff A was asked for the ALF's record retention policy. No policy was provided as of the last day of data collection.

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) <u>1/5/2025</u>.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>M. Kigall</u> Administrator (or Representative)	<u>12/17/2025</u> Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

- (a) Medication administration;
- (b) Administration of health treatments;
- (f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to

Findings included...

There were no shower records on file to review.

No record retention policy was provided to review.

During an interview on 07/31/2024 at 11:45am, Staff A, Administrator, was asked for residents' shower records for the months of May, June & July 2024 review period. Staff A stated that they did not retain records past 72 hrs. When asked how one would know if residents received a shower, Staff A stated that refusals were documented, but only kept for 72hrs.

In a separate interview on 11/21/2024 at 1:12pm, Staff A was asked for the ALF's record retention policy. No policy was provided as of the last day of data collection.

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

Administrator (or Representative)

Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

- (a) Medication administration;
- (b) Administration of health treatments;
- (f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to

assess, evaluate and determine the appropriateness of wound treatment administration and delegation or ensure that staff were delegated to administer wound treatments for 4 of 4 sampled residents (Residents 1, 2, 3 & 4 [R1, 2, 3, & 4]). This failure placed all four residents at risk for not receiving appropriate nursing services and receiving inadequate care from untrained staff.

Findings included...

RCW 18.79.260

Registered Nurse—Activities allowed—Delegation of tasks. (Effective until June 30, 2027.)

(3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient.

(a) The delegating nurse shall:

(i) Determine the competency of the individual to perform the tasks;

(ii) Evaluate the appropriateness of the delegation;

Review of records for R1, 2, & 3 showed that they had orders for wound treatments. Review of R4's records showed that R4 had medicated powder for a yeast infection. There was no documentation in the residents' files showing assessments, rationale for not delegating nursing tasks or consent from residents for wound/infection treatment.

Record review of Medication Administration Records (MARs) for R1, 2, 3, & 4 for May to July 2024 showed that medication technicians were performing wound treatments as ordered.

Record review of residents' MARs showed the following:

Resident 1

May MAR

MARs showed that R1 had an order for Desitin 40% paste (an ointment for treatment or prevention of pressure injuries) to be applied to buttock twice a day. R1 had an order to cleanse a toe wound with wound cleanser, place a small amount of Mupirocin (medication to treat skin infections and bacteria) on the wound bed, place a piece of Telfa (a wound dressing pad) cut to the size of the wound and wrap with Coban (a self-adherent wrap for wound dressing). Medication technicians signed off for administration of treatments as ordered.

June MARs

MARs showed that R1 had an order for Desitin 40% paste to be applied to buttocks twice a day. Medication technicians signed off for administration of treatments as ordered.

July MARs

MARs showed that R1 had an order for Desitin 40% paste to be applied to buttocks twice a day. Medication technicians signed off for administration of treatments as ordered.

Resident 2 (R2)

May MARs

MARs showed that R2 had an order for Miconazole Nitrate cream (medicated cream for treatment of fungal or yeast infections) 2% to be applied twice daily, diclofenac 1% gel - 2 g (pain relieving gel) to be applied topically four times a day as needed, triamcinolone 0.1% topical cream (medication to treat various skin conditions)- to be applied topically twice a day. MARs showed that Medication Technicians signed off for completing the treatment as ordered for the Miconazole cream.

June MARs

MARs showed that medication technicians signed off for completing the treatment as ordered for the Miconazole cream.

July MARs

MARs showed that medication technicians signed off for completing the treatment as ordered for the Miconazole cream from 8th through the 31st.

Resident 3 (R3)

July MARs

MARs showed that R3 had an order to apply a small amount of Mupirocin 2% ointment (medication to treat infections) to affected area for skin infection for 7 days, July 6 to the 12th. Medication technicians signed off for completing the treatment as ordered.

Resident 4 (R4)

MARs for R4 showed that R4 had an order for Nystatin 100,000unit/gram gm, powder (medicated powder used to treat yeast or fungal infections) to be applied topically to affected area(s) twice daily for yeast in the groin. May, June and July 2024 MARs showed that medication technicians completed the treatment.

Review of employee records showed that the following medication technicians (med techs) were not delegated to perform wound treatments, Staff C, D, E, F, G, H, and I. There was no documentation on file to review.

During an interview on 11/18/2024 at 2:47pm Collateral Contact 5 (CC5) stated that medication technicians were delegated for blood sugar checks and insulin administration only. CC5 stated that "nobody is certified," when asked if they were trained or delegated to administer wound treatments or creams. When asked why they were not delegated for treatments, eye drops or creams, CC5 stated "because the nurse doesn't do his job."

During an interview on 11/18/2024 at 3:16pm, Collateral Contact (CC6) was asked if they applied creams and treatment orders to residents' wounds. CC6 stated that they did. When asked if they were delegated to perform those tasks, CC6 stated that they were not.

During an interview on 11/18/2024 at 3:29pm, Collateral Contact 7 (CC7) stated that medication technicians "don't do wounds unless it's a skin rash or cream." When asked

if they were delegated to apply treatment creams or medicated powders to the skin rashes, CC7 stated that they were not, and that “we just follow the MAR.”

During an interview on 11/18/2024 at 3:43pm, Collateral Contact 8 (CC8) stated that they did not receive any training for their job duties as a medication technician. CC8 stated that they applied creams, ointments and powders for skin issues for residents as part of their responsibilities. When asked if they were delegated to administer treatment orders such as creams and powders, CC8 stated “no, they just put you on the cart even if you are not certified.”

During an interview on 11/19/2024 at 2:51pm, Collateral Contact 9 (CC9) stated that they didn’t get trained when they got hired as a medication technician. CC9 stated that the facility “just asked for my CNA (certified nursing assistant) license.” CC9 was asked if they were delegated to administer wound treatments, apply creams, ointments or powders to resident wounds, CC9 stated that they were not. When asked how R1’s wound on the buttocks looked, CC9 stated they had never seen it. CC9 was asked how they applied creams to a wound they had never seen. CC9 stated that “sometimes caregivers apply those treatments” when changing the resident.

During an interview on 11/21/2024 at 11:54am, Collateral Contact 10 (CC10) stated that they had not received any delegation training for application of creams, ointments or powders. CC10 stated that they didn’t think those were delegated tasks as caregivers applied creams and powders to the wounds.

During an interview on 11/21/2024 at 12:55pm, Staff B, Registered Nurse, was asked if creams, ointments or wound treatment and dressing changes were delegated to be administered by medication technicians. Staff B stated that creams were “treated differently.” When asked for further explanation, Staff B stated that application of barrier creams was not a delegated task, that it was considered “personal care.” Staff B stated that R1 was getting barrier cream for the pressure ulcer to buttocks for personal care. When asked if there was a treatment for the pressure ulcer, Staff B stated that the barrier cream was the treatment. Staff B stated that “if the barrier cream is used on a wound, then it is delegated.” Staff B was asked for documentation showing that staff were delegated to perform R1, 2, 3 and 4’s treatments, and residents’ consents to delegation services. Staff B stated that they needed to review the delegation binder.

During an interview on 11/21/2022 at 1:12pm, Staff A, Administrator, was asked about wound treatments and if staff were supposed to be delegated to perform wound treatments or apply creams and powders. Administrator stated that they were trying to get an answer from their regional offices as they had questions on application of treatments.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies License #: 1793 Compliance Determination # 44907
Plan of Correction SILVER CREEK RETIREMENT & ASSISTED LIVING Completion Date
Page 12 of 12 Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING 11/25/2024
COMMUNITY LLC

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) 1/5/2025.

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

M. Kuyah
Administrator (or Representative)

12/17/2025
Date

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)_____.

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

Administrator (or Representative)

Date