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) 68417 (Completion Date 11/06/2025) and 64557 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/06/2025 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-2305-1, WAC 246-215-03306-1-a-i, WAC 246-215-03306-1-a-ii

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

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

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

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 an unannounced on-site follow-up on 08/22/2025 of:
SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
17607 91ST AVENUE E
PUYALLUP, WA 98375

This document references the following SOD dated: 09/08/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 73 current residents and 0 former residents.

The department staff that inspected 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

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

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

09/19/2025
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-Kilgore
Administrator (or Representative)

10/1/2025
Date

WAC 246-215-03305 Preventing food and ingredient contamination Packaged and unpackaged food Separation, packaging, and segregation (FDA Food Code 3-302.11).

(1) A food must be protected from cross contamination by:

(a) Except as specified in (a)(iv) of this subsection, separating raw animal foods during storage, preparation, holding, and display from:

(i) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables;

(ii) Cooked ready-to-eat food;

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure that food kept in 1 of 1 walk-in fridge (fridge 1) was dated and properly stored to be free from spoilage and cross contamination. The facility failed to maintain 1 of 1 kitchen (main kitchen) in a clean and sanitary condition. These failures placed all 73 residents at risk for foodborne illnesses.

Findings included...

FOOD STORAGE
Note: WAC 246-215-03305 showed 1) A food must be protected from cross contamination by: (a) except as specified in (a)(iv) of this subsection, separating raw

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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 246-215-03306 Preventing food and ingredient contamination Packaged and unpackaged food Separation, packaging, and segregation (FDA Food Code 3-302.11).

(1) A food must be protected from cross contamination by:

(a) Except as specified in (a)(iv) of this subsection, separating raw animal foods during storage, preparation, holding, and display from:

(i) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables;

(ii) Cooked ready-to-eat food;

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure that food kept in 1 of 1 walk-in fridge (fridge 1) was dated and properly stored to be free from spoilage and cross contamination. The facility failed to maintain 1 of 1 kitchen (main kitchen) in a clean and sanitary condition. These failures placed all 73 residents at risk for foodborne illnesses.

Findings included…

FOOD STORAGE
Note: WAC 246-215-03306 showed 1) A food must be protected from cross contamination by: (a) except as specified in (a)(iv) of this subsection, separating raw

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animal foods during storage, preparation, holding, and display from: (i) raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables; (ii) cooked ready-to-eat food.

Observations of the ALF's walk-in fridge on 08/22/2025 at 10:45 AM showed multiple uncovered cooked foods on carts and open foods in undated containers (potato salad, chicken salad, and a half a bucket of sauerkraut). Observation showed raw, thawing ground beef on the same cart with uncovered cooked gravy and cooked crab cake patties.

During an interview on 08/22/2025 at 10:50 AM, Staff B, Dining Service Manager, stated that the potato and chicken salad were from yesterday's meals. Staff B stated that the food had not been thrown out. Staff B stated that the open foods needed to be dated after opening, and they did not know why they were not. Observation at this time showed Staff B proceeded to take the trays out of the fridge.

During an interview on 08/22/2025 at 11:15 AM, Staff C, Assistant Executive Director, stated that they could not speak on the condition of the kitchen as Staff A, Administrator, managed that. Staff C stated that the food concerns previously cited were not corrected since Staff A worked with Staff B on it. Staff C stated that they were not involved in this.

During an interview on 09/08/2028 at 2:59 PM, Staff A stated that they conducted daily check-ins with staff. Staff A stated that they constantly ask why the food was not dated. Staff A stated that Staff C told them they did not know the reason. Staff A stated that they have hired a new executive chef who would be responsible for the kitchen and dining services, to include correction of deficiencies.

KITCHEN ENVIRONMENT
Note: WAC 246-215-06505 showed (1) physical facilities must be cleaned as often as necessary to keep them clean.

Review of the ALF's undated policy titled, "Kitchen Cleaning Schedule Policy," showed that the facility "will maintain a clean and sanitary kitchen…maintain a clean, uncluttered appearance at all times…if floors become soiled and/or counters dirty, they will be cleaned immediately".

Observation of the kitchen on 08/22/2025 at 10:45 AM showed there were food particles stuck on the floor. Observation of the walk-in fridge showed tomatoes, vegetables, and old dried foods were found on the floor under the carts and some old foods were lodged in a corner, stuck to the floor. There were boxes of food items (tomatoes and onions) stacked in boxes on the floor.

During an interview on 08/22/2025 at 10:50 AM, Staff B, stated that the kitchen and walk in fridge were cleaned daily. Staff B stated they "were supposed to be cleaned last

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night, but it hadn't been done yet". Staff B stated that they were unsure why that had not been done. Staff B stated that everyone was responsible for cleaning the kitchen, and that they had cleaning logs that showed when the kitchen was cleaned and by whom. Staff B stated that they currently did not have any cleaning logs. Staff B stated that they were trying to update them. Staff B stated that they were unsure when the kitchen was last cleaned, as they had "been just hired since May".

During an interview on 09/22/2025 at 11:15 AM, Staff C, Assistant Executive Director, stated that they were sure the facility had a kitchen cleaning policy. Staff C stated that they were unaware of the kitchen's condition and would notify the Administrator.

During an interview on 09/08/2025 at 2:58 PM, Staff A stated that the kitchen was "supposed to be cleaned after each meal". Staff A stated that this was not being done.

This is an uncorrected deficiency previously cited on 04/01/2025 for Washington Administrative Code (WAC) 388-784-2305, subsection (1); WAC 246-215-03306 subsection (1)(a)(ii); and WAC 246-215-06505 subsection (1).

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) 10/23/25.

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

M. Kilgore
Administrator (or Representative)

10/1/25
Date

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night, but it hadn't been done yet". Staff B stated that they were unsure why that had not been done. Staff B stated that everyone was responsible for cleaning the kitchen, and that they had cleaning logs that showed when the kitchen was cleaned and by whom. Staff B stated that they currently did not have any cleaning logs. Staff B stated that they were trying to update them. Staff B stated that they were unsure when the kitchen was last cleaned, as they had "been just hired since May".

During an interview on 08/22/2025 at 11:15 AM, Staff C, Assistant Executive Director, stated that they were sure the facility had a kitchen cleaning policy. Staff C stated that they were unaware of the kitchen's condition and would notify the Administrator.

During an interview on 09/08/2025 at 2:59 PM, Staff A stated that the kitchen was "supposed to be cleaned after each meal". Staff A stated that this was not being done.

This is an uncorrected deficiency previously cited on 04/01/2025 for Washington Administrative Code (WAC) 388-78A-2305, subsection (1); WAC 246-215-03306 subsection (1)(a)(ii); and WAC 246-215-06505 subsection (1).

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1793
Compliance Determination #: 56771
Investigator: Carol Gijima
Investigation Date(s): 03/21/2025 through 04/01/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 172083
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1. Failed life and safety re-inspection
2. Failed to report a kitchen fire

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: Closed records sample size:
Observations:	General environment Kitchen Lunch serving
Interviews:	Collateral Contact Staff
Record Reviews:	Resident Characteristic Roster Fire Marshall reports Fire department's incident report Staff food handler's permits Incident log / reports

Investigation Summary:
1. Per interviews and record review, the facility failed their life and safety re-inspection. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/01/2025.
2. Per interviews and record review, the facility failed to report a fire to the department. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/01/2025.

Conclusion / Action:

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

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☐ N/A

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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 an unannounced on-site complaint investigation on 03/21/2025 of:

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

This document references the following complaint number(s): 172083

The following sample was selected for review during the unannounced on-site visit: 0 of 80 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

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

Statement of Deficiencies	License #: 1793	Compliance Determination # 56771
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 2 of 9	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/01/2025

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: 04/11/2025

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: 4/21/2025

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to maintain compliance with the State Fire Marshal codes for long term care facilities. This failure placed all 80 residents at risk for harm in case of an emergency.

Finding included...

Record review of an email sent to the department dated 03/20/2025 at 2:46pm from Collateral Contact 1 (CC1), State Fire Marshal, showed that the ALF failed re-inspection on 03/20/2025 from an 11/18/2024 initial inspection.

Review of the State Fire Marshall inspection report dated 03/20/2025 that the ALF failed to correct the following violations:

"1 Six-Year Maintenance.
Fire extinguisher by room 128 is due for 6-year maintenance. Facility shall ensure that all fire extinguishers throughout the facility are up to date on their 6-yearmaintenance.

2 Fire Drills.
1) Facility has failed to conduct/document Noc Shift fire drills in the past 12 months.

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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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to maintain compliance with the State Fire Marshal codes for long term care facilities. This failure placed all 80 residents at risk for harm in case of an emergency.

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1) Facility has failed to conduct/document Noc Shift fire drills in the past 12 months.

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2) Facility shall conduct a Noc shift drill for November and December 2024 to be in compliance at time of 30-day re-inspection.

3 Means of Egress – Storage in Buildings.
1) Stairways throughout the facility have large, artificial trees and plants stored within the required areas of refuge. Combustible materials shall not be stored in exit enclosures for stairways.
2) Education required for Bonaventure corporate decorating team to ensure that All facilities are in compliance.

4 Working Space and Clearance.
Storage found blocking access to electrical panels throughout the facility's storage room and mechanical/electrical closets.

5 Cleaning.
Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months.

6 Grease Accumulation.
1)Excessive grease build-up and burnt grease observed on cooking equipment and inside the ovens. Grease traps were also excessively full. Professional cleaning required.
2) Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons.

7 Inspection and Maintenance.
1) Third floor records room—no latching hardware
2) Room 212—propped open
3) First floor chart room—propped open
4) First floor resident rooms by nurse office found propped open; nursing staff education required
5) Room 125—significant damaged along door seals edges has been repaired with standard fire stop which could compromise the fire-resistance integrity; door assembly replacement shall be required.
Fire doors and smoke draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Opening protectives and smoke and daft control doors shall not be modified.

8 Duct and Air Transfer Openings – Maintaining Protection.
Unable to provide documentation showing that the inaccessible fire damper that failed testing, has been corrected and is now in compliance with NFPA 80, Section 19.4. Fire camper can be accessed from within the activities room.

9 Testing and Maintenance.
Loaded fire sprinkler head observed in the walk-in cooler and freezer.

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10 Extinguishing System Service.
1) Unable to provide semi-annual kitchen hood suppression system report for 8/28/24 servicing.
2) No signage provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the hood suppression system. Signage shall indicate appliances from left to right, be durable and the size, color, and lettering shall be approved.

11 Maintenance Required.
Fire alarm system was found in silence mode due to trouble/supervisory conditions—contractor repairs required.

12 Securing Compressed Gas Containers, Cylinders and Tanks.
Unchained carbon dioxide tanks observed in the following locations:
- On floor in dry storage pantry
- On floor by beverage station (inside kitchen)"

During an interview on 03/21/2025 at 11:40am Staff A, Administrator, stated that the violations had been corrected, and that the inspector was not given documentation showing corrections. Staff A stated that the fire Marshall only inspected the kitchen during the re-inspection visit on 03/20/2025. When asked about fire drills, Staff A stated that the maintenance staff were not doing fire drills at night because they didn't want to wake up residents.

During an interview on 03/26/2024 at 2:46pm, CC1 stated that the ALF had failed their initial inspection which was conducted on 11/18/2024 and the facility had failed to correct the violations on re-inspection.

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) 5/16/25.

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

Administrator (or Representative) M. Kilgore Date 4/21/25

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

10 Extinguishing System Service.
1) Unable to provide semi-annual kitchen hood suppression system report for 8/28/24 servicing.
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Unchained carbon dioxide tanks observed in the following locations:
- On floor in dry storage pantry
- On floor by beverage station (inside kitchen)”

During an interview on 03/21/2025 at 11:40am Staff A, Administrator, stated that the violations had been corrected, and that the inspector was not given documentation showing corrections. Staff A stated that the fire Marshall only inspected the kitchen during the re-inspection visit on 03/20/2025. When asked about fire drills, Staff A stated that the maintenance staff were not doing fire drills at night because they didn’t want to wake up residents.

During an interview on 03/26/2024 at 2:46pm, CC1 stated that the ALF had failed their initial inspection which was conducted on 11/18/2024 and the facility had failed to correct the violations on re-inspection.

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

_____ _____
Administrator (or Representative) Date

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

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(1) Any accidental or unintended fire, or any deliberately set but improper fire, such as arson, in the assisted living facility;

This requirement was not met as evidenced by:

Based on record review and interviews, the Assisted Living Facility (ALF) failed to report a kitchen fire to the department. This failure placed all 80 residents at risk for harm and potential discontinuation of services to residents.

Findings included…

Review of the department's records did not show any reports of a fire from the facility.

There was no documentation of the incident from the ALF to review.

Record review of an email sent to the department dated 03/20/2025 at 2:46pm from The State Fire Marshall, showed that facility kitchen staff reported that they had a fire in December 2024.

Review of the fire department's incident report showed that on 12/25/2024, the department "arrived on scene to a kitchen full of smoke," and "extinguished fire under the grill."

During an interview on 03/21/2025 at 11:30am, Staff B, Chef was asked about what happened in December 2024 with the fire. Staff B stated that there was no fire, that on 12/25/2024 there was smoke coming out of the oven when they came in to work at 4:00am. When asked what had caused the smoke, Staff B stated that the debris was not taken out by the cleaning company. When asked why the fire department was called if there was no fire, Staff B stated that it was precautionary.

During an interview on 03/21/2025 at 11:40am, Staff A, Administrator was asked about their incident management policy. Staff A stated they would need to check. Staff A stated that the cook had reported that they had a fire in the kitchen on 12/25/2024. Staff A stated that there was no fire, that the hood was blowing air into the kitchen and not outside. When asked why the fire department was called if there was no fire, Staff A stated that it was because the "flat top had puffs of black smoke". Staff A stated that they didn't report the incident because they "didn't think it was reportable." There was no incident management policy provided.

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

During an interview on 03/21/2025 at 12:00pm, Staff E, Regional Administrator stated that it was their understanding that the December 2024 incident was an actual fire.

During an interview on 03/26/2025 at 2:46pm, Collateral Contact 1 (CC1), Fire Marshall stated that during the re-inspection on 03/20/2025, Staff B, Chef stated that they had a fire in December and had to call the fire department to extinguish it. CC1stated that the fire was caused by an excessive buildup of grease which the facility had not cleaned. CC1stated that they informed the facility that they should call the fire incident in and were told that "corporate told them not to as it wasn't necessary."

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) 5/16/2025.

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M. Vulgamore
Administrator (or Representative)

4/21/2025
Date

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WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that food in 1 of 1 walk-in fridge was free from cross contamination. This failure placed all 80 residents at risk for food borne illness.

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

During an interview on 03/21/2025 at 12:00pm, Staff E, Regional Administrator stated that it was their understanding that the December 2024 incident was an actual fire.

During an interview on 03/26/2025 at 2:46pm, Collateral Contact 1 (CC1), Fire Marshall stated that during the re-inspection on 03/20/2025, Staff B, Chef stated that they had a fire in December and had to call the fire department to extinguish it. CC1stated that the fire was caused by an excessive buildup of grease which the facility had not cleaned. CC1stated that they informed the facility that they should call the fire incident in and were told that “corporate told them not to as it wasn’t necessary.”

Plan/Attestation Statement

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Administrator (or Representative) Date

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Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that food in 1 of 1 walk-in fridge was free from cross contamination. This failure placed all 80 residents at risk for food borne illness.

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Statement of Deficiencies	License #: 1793	Compliance Determination # 56771
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 7 of 9	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/01/2025

Findings included...

Observations of the kitchen walk-in fridge on 03/21/2025 at 11:00am showed multiple cooked foods uncovered on carts, undated foods, open foods dated 03/13/2025, containers with employees' personal foods. Raw, thawing meat was on the same cart with uncovered cooked macaroni and cheese pan, and some salads. The meat had an odor.

During an interview on 03/21/2025 at 11:30, Staff B, Chef was asked about the condition of the walk-in fridge, the mixture of raw meat that was smelling and thawing on a rack with uncovered cooked macaroni and cheese. Staff B stated they didn't know why the fridge had all the food items exposed, undated, or why raw meat was smelling and was left thawing where it was. When asked what was in an opened, unlabeled container on top of the cart, Staff B stated that they didn't know and asked staff whose food it was.

During an interview on 03/21/2025 at 12:00pm, Staff E, Regional Administrator was asked about the condition of the walk-in fridge and the undated food in the kitchen, Staff E stated that they had just inspected the kitchen and were working to clean up.

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) 5/16/25.

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

M Kuleza
Administrator (or Representative)

4/21/2025
Date

WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

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

Findings included…

Observations of the kitchen walk-in fridge on 03/21/2025 at 11:00am showed multiple cooked foods uncovered on carts, undated foods, open foods dated 03/13/2025, containers with employees' personal foods. Raw, thawing meat was on the same cart with uncovered cooked macaroni and cheese pan, and some salads. The meat had an odor.

During an interview on 03/21/2025 at 11:30, Staff B, Chef was asked about the condition of the walk-in fridge, the mixture of raw meat that was smelling and thawing on a rack with uncovered cooked macaroni and cheese. Staff B stated they didn't know why the fridge had all the food items exposed, undated, or why raw meat was smelling and was left thawing where it was. When asked what was in an opened, unlabeled container on top of the cart, Staff B stated that they didn't know and asked staff whose food it was.

During an interview on 03/21/2025 at 12:00pm, Staff E, Regional Administrator was asked about the condition of the walk-in fridge and the undated food in the kitchen. Staff E stated that they had just inspected the kitchen and were working to clean up.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 246-215-06505 Methods Cleaning, frequency and restrictions (FDA Food Code 6-501.12).

(1) physical facilities must be cleaned as often as necessary to keep them clean.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

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Based on observations and interviews, the Assisted Living Facility (ALF) failed to maintain 1of 1 kitchen clean. This failure placed all 80 residents at risk for foodborne illnesses and staff at risk for falls and injuries.

Findings included…

Observation of the kitchen on 03/21/2025 at 11:00am, showed multiple drink carbonation tanks (not secured) on the floor, kitchen sink clogged, coffee flask on the floor with greasy, dirty floors. Food particles were observed on the floor.

During an interview on 03/21/2025 at 11:10am, Staff C, Server was asked how often they cleaned the kitchen. Staff C stated that they maintained it and wiped down at the end of the night. Staff C did not provide an answer when asked who was responsible for cleaning the kitchen.

During an interview on 03/21/2025 at 11:15am, Staff D, Server was asked how often the kitchen including floors were cleaned. Staff D stated they cleaned the carts. When asked who was responsible for ensuring that the kitchen environment was clean and sanitary, Staff D stated that they didn't know. Staff D stated that the kitchen needed to be deep cleaned.

During an interview on 03/21/2025 at 11:30am, Staff B, Chef was asked how often they cleaned the kitchen to maintain a sanitary environment. Staff B stated that they cleaned between shifts. Staff B stated that they were unsure when the kitchen and floors had been deep cleaned. Staff B was asked about the filthy, greasy floor and potential for falls, Staff B stated that a cleaning company would be out on April 2nd to deep clean. Staff B was asked about the clogged sink and how long it had been clogged, Staff B stated that a staff member was looking into it right away.

During an interview on 03/21/2025 at 12:00pm, Staff E, Regional Administrator was asked about the filthy kitchen floors. Staff E stated that they were aware and were getting a cleaning company out in April.

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Statement of Deficiencies	License #: 1793	Compliance Determination # 56771
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 9 of 9	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/01/2025

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) 5/16/25 .

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

Administrator (or Representative) M. Kilgore Date 4/21/25

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

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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