STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

December 19, 2024

ELECTRONIC-FACSIMILE

Administrator
SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
c/o 3425 Boone Rd SE
SALEM, WA 97317

Assisted Living Facility License # **1913**
Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On December 6, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY,** located at **223 EAST BAKERVIEW ROAD, BELLINGHAM,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated December 6, 2024**.**

Civil Fines

WAC 388-78A-2466 (1)(a) Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely. **$600.00**

The licensee failed to ensure three staff completed a Washington state name and date of birth background check every two years. This resulted in three staff working with vulnerable adults while having unknown criminal backgrounds with potentially disqualifying crimes and placed all 95 residents at risk for harm.

This is an uncorrected citation previously cited on November 29, 2023.

WAC 388-112A-0400 (3)(b) What is specialty training and who is required to take it? **$400.00**

WAC 388-78A-2474 (2)(c) Training and home care aide certification requirements.

The licensee failed to ensure five staff completed specialty dementia training. This failure resulted in the five staff not having the training on how to effectively and safely provide care to residents living with dementia and placed all 28 residents with a dementia diagnosis at risk for compromised care and safety.

This is an uncorrected citation previously cited on November 29, 2023.

WAC 388-112A-0611 (1)(a) Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? **$300.00**

WAC 388-78A-2474 (2)(e) Training and home care aide certification requirements.

The licensee failed to ensure four staff completed 12-hours of continuing education (CE) per year. This failure resulted in the four staff not having their continuing education training up-to-date and placed all 95 residents at risk for compromised care and safety.

This is an uncorrected citation previously cited on November 29, 2023.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected.
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Kim Ripley, Field Manager
Region 2, Unit A
3906 172nd St NE Suite 100
Arlington, WA 98223
Phone: (206) 794-8568 / Fax: (360) 651-6940
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$1,300.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Kim Ripley, Field Manager, at (206) 794-8568.

Sincerely,

Jennifer LeMaster

For: Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit A
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
SN