STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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

RE: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY License # 1913

Dear Administrator:

This letter addresses Compliance Determination(s) 72492 (Completion Date 02/05/2026) and 69326 (Completion Date 12/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/05/2026 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-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2090, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2130-2

The Department staff who did the on-site verification:
Melissa Phillips, Long Term Care Surveyor
Cristina Gonzalez, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 12/01/2025, 12/02/2025, 12/03/2025 and 12/04/2025 of:
SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
223 EAST BAKERVIEW ROAD
BELLINGHAM, WA 98226

The following sample was selected for review during the unannounced on-site visit: 9 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jessica Seigner
Residential Care Services

12/15/2025
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.

12/15/25
Administrator (or Representative)

12/15/2025
01/29/2026
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were inaccessible to residents in 1 of 1 Memory Care Units (MCU). This failure placed residents with dementia at risk for accessing and ingesting potentially harmful substances.

Findings included...

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 17 residents in their locked MCU, 17 of whom were identified as having a dementia (a general term for a decline in mental ability, severe enough to interfere with daily life) diagnosis.

An observation, on 12/02/2025 at 2:00 PM, in Resident 5's room in the MCU, showed a tube of Calmoseptine ointment (a moisture barrier cream used for skin irritation), Nizoral anti-dandruff shampoo (used to control the fungus that causes dandruff), Aillia Fresh sanitizer (an alcohol gel used as an antiseptic), Selsun Blue anti-dandruff shampoo (used to relieve and eliminate dandruff symptoms) in an unlocked cabinet in

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

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Administrator (or Representative) | Date

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Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were inaccessible to residents in 1 of 1 Memory Care Units (MCU). This failure placed residents with dementia at risk for accessing and ingesting potentially harmful substances.

Findings included…

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 17 residents in their locked MCU, 17 of whom were identified as having a [redacted] diagnosis.

An observation, on 12/02/2025 at 2:00 PM, in Resident 5's room in the MCU, showed a tube of Calmoseptine ointment (a moisture barrier cream used for skin irritation), Nizoral anti-dandruff shampoo (used to control the fungus that causes dandruff), Aillia Fresh sanitizer (an alcohol gel used as an antiseptic), Selsun Blue anti-dandruff shampoo (used to relieve and eliminate dandruff symptoms) in an unlocked cabinet in

the shared entryway to the residents room. In an unlocked bathroom cabinet drawer, there was Clorox disinfecting wipes (used to sanitize surfaces) and a prescription bottle of ketoconazole shampoo 2% (used control the fungus that causes dandruff) that was prescribed to Resident 5 in the shower. Each item had a warning label that stated, “if swallowed, get medical help or contact a Poison Control Center right away." The door to the room was unlocked.

An observation, on 12/03/2025 at 3:45 PM, in Resident 6's room in the MCU, showed a bottle of Aspercreme with 4% lidocaine (a medication applied to the skin for pain relief), a tube of barrier cream (a cream used to protect the skin from moisture-related skin breakdown), and a tube of Desitin with 13% zinc oxide (a cream used to protect against diaper rash) in an unlocked cabinet. Each item had a warning label that stated, “if swallowed, get medical help or contact a Poison Control Center right away." The door to the room was unlocked.

An observation, on 12/03/2025 at 3:54 PM, in an unsampled resident room in the MCU, in an unlocked cabinet showed a bottle of Cutex nail polish remover with a warning label that stated, "Extremely flammable. Keep out of eyes. In case of eye contact, immediately flush eyes with water, remove any contacts and continue to flush eyes with plenty of water for at least 15 minutes. Contact physician. Harmful if ingested. In case of accidental ingestion, give fluids liberally and consult with local Poison Control Center." The door to the room was unlocked.

An observation, on 12/03/2025 at 4:00 PM, in an unsampled resident room in the MCU, in an unlocked cabinet showed two boxes of medicated menthol patches with 5% menthol (patches applied on the skin to relieve pain) and one box of medicated lidocaine patches with 4% lidocaine (patches applied on the skin to relieve pain). Both items had a warning label that stated, “if swallowed, get medical help or contact a Poison Control Center right away”. The cabinet further showed one bottle of disinfecting wet wipes with a warning label stating, “CAUTION: Causes moderate eye irritation. Avoid contact with eyes or clothing. Wash thoroughly with soap and water after handling. FIRST AID: Call a poison control center for treatment advice” and two bottles of laundry stain remover with a warning label stating, “CAUTION: EYE AND SKIN IRRITANT. May be harmful if directly inhaled. DO NOT get in eyes, on skin or inhale spray. FIRST AID: If on skin: if irritation develops, get medical attention. If inhaled and irritation or an allergic reaction occurs, get medical attention. If swallowed, rinse mouth. Call a physician or Poison Control Center if you feel unwell.” The door to the room was unlocked.

In an interview, on 12/03/2025 at 4:04 PM, Staff H, Medication Technician, stated that in the memory care unit there should be no medications, including any medicated creams, in resident rooms. Staff H stated all medications should be in their locked medication cart for resident safety.

In an interview, on 12/03/2025 at 10:42 AM, Staff A, Executive Director, stated that care staff periodically check memory care rooms for potentially hazardous items, but these items must have been missed.

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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 01/23/2026 . 1/23/2026

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

Administrator (or Representative) 12/15/2025 Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

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 sampled residents (Resident 7) who self-administered their own medications were assessed to be safe to do so within 14 days of being admitted. This failure placed Resident 7 at risk of medical complications.

Findings included...

Review of a policy, dated 04/02/2025, titled "Self-Administration of Medication", showed the facility is to complete an initial evaluation of the resident's ability to self-administer medication.

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]2025.

Review of an Assessment, dated 09/11/2025, showed that Resident 7 was to self-administer all medications. The Assessment did not document details on Resident 7's ability to safely administer their medications.

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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2025.

Review of an Assessment, dated 09/11/2025, showed that Resident 7 was to self-administer all medications. The Assessment did not document details on Resident 7’s ability to safely administer their medications.

Review of Resident 7's records showed an evaluation of Resident 7's ability to safely administer their own medication was completed on 12/03/2025, while the Department's Licensing team was on site.

On 12/04/2025 at 10:47 AM, Staff G, Registered Nurse, acknowledged that they had missed completing the self-medication evaluation during their initial assessment of Resident 7.

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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 01/29/26 . 01/23/2026

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

Administrator (or Representative) 12/15/2025 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues.

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to complete an assessment for 1 of 2 residents (Resident 6) that addressed any safety considerations that may pose a danger to the resident such as the use of medical devices. This failure resulted in Resident 6 not being assessed on their ability to safely have bedrails (metal or plastic bars positioned along the side of a bed to assist with mobility) and placed Resident 6 at risk for injury via strangulation and entanglement.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2090- Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full

Review of Resident 7's records showed an evaluation of Resident 7's ability to safely administer their own medication was completed on 12/03/2025, while the Department's Licensing team was on site.

On 12/04/2025 at 10:47 AM, Staff G, Registered Nurse, acknowledged that they had missed completing the self-medication evaluation during their initial assessment of Resident 7.

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, SPRING 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

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Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to complete an assessment for 1 of 2 residents (Resident 6) that addressed any safety considerations that may pose a danger to the resident such as the use of medical devices. This failure resulted in Resident 6 not being assessed on their ability to safely have bedrails (metal or plastic bars positioned along the side of a bed to assist with mobility) and placed Resident 6 at risk for injury via strangulation and entanglement.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2090- Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full

assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of an undated policy titled, “Supportive Devices with Possible Restraining Quality,” showed the ALF would not use any physical supportive or assistive device with possible restraining qualities until applicable staff completed an evaluation and the resident had been notified and informed about possible risks associated with proposed use. The policy identified bedrails as an assistive device with possible restraining quality.

Review of an undated face sheet showed the ALF admitted Resident 6 on [redacted]/2024 with multiple diagnoses including [redacted].

In an observation, on 12/02/2025 at 2:18 PM, bedrails were observed attached to Resident 6’s bed.

Review of a Negotiated Service Agreement (NSA), dated 11/04/2025, showed Resident 6 required the use of the bedrails. The NSA showed that bedrail use required an initial Registered Nurse assessment.

Review of an Assessment, dated 03/30/2025, showed bedrails were not listed under support/restraint devices used for Resident 6. The ALF was unable to provide an initial Supportive Devices with Possible Restraining Quality/Registered Nurse evaluation.

On 12/04/2025 at 12:58 PM, Staff G, Registered Nurse, stated that assessments for bedrails were to be done prior to putting the device on the bed to evaluate if the resident was safe to have a bedrail. Staff G stated that an initial assessment for Resident 6’s bedrail use was not completed.

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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) ~~01/29/2026~~ 01/23/2026.

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

Administrator (or Representative) 12/15/2025 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a Negotiated Service Agreement (NSA) for 2 of 3 newly admitted residents (Resident 3 and 7) within 30 days of admission. This failure resulted in Resident 3 and 7 not having an initial service plan and agreement to provide direction to staff and caregivers relating to the residents' immediate needs, capabilities, and preferences and placed Resident 3 and 7's needs at risk of being unmet.

Findings included...

Review of an undated policy titled, "Resident Service Planning," showed the ALF would establish and maintain a service plan for each resident initially, 30 days post admission, and for any change in condition.

Resident 3

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2025.

Review of Resident 3's records showed an initial service plan and agreement dated 08/24/2025, 135 days after Resident 3's admission date.

Resident 7

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, SPRING 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 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a Negotiated Service Agreement (NSA) for 2 of 3 newly admitted residents (Resident 3 and 7) within 30 days of admission. This failure resulted in Resident 3 and 7 not having an initial service plan and agreement to provide direction to staff and caregivers relating to the residents' immediate needs, capabilities, and preferences and placed Resident 3 and 7's needs at risk of being unmet.

Findings included…

Review of an undated policy titled, "Resident Service Planning," showed the ALF would establish and maintain a service plan for each resident initially, 30 days post admission, and for any change in condition.

Resident 3

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2025.

Review of Resident 3's records showed an initial service plan and agreement dated 08/24/2025, 135 days after Resident 3's admission date.

Resident 7

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted] 2025.

Review of Resident 7's records showed an initial service plan and agreement dated 09/11/2025, 41 days after Resident 7's admission date.

On 12/04/2025 at 10:51 PM, Staff G, Registered Nurse, stated that initial service plan and agreement would be finalized 30 days after move-in after a follow-up evaluation of the NSA was conducted to ensure it was still accurate to the residents' needs. Staff G stated they would check if they had documentation of earlier NSAs for Resident 6 and 7.

On 12/05/2025 at 12:58 PM, Staff A, Executive Director, stated that the initial NSAs provided for Residents 6 and 7 were the earliest NSAs they had. Staff A stated they did not have any documentation to show Residents 6 and 7 had an NSA completed within 30 days of admission.

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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) ~~01/23/2026~~ 01/23/2026

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

Administrator (or Representative) 12/15/2025 Date

Review of an undated face sheet showed the ALF admitted Resident 7 on [redacted]/2025.

Review of Resident 7's records showed an initial service plan and agreement dated 09/11/2025, 41 days after Resident 7's admission date.

On 12/04/2025 at 10:51 PM, Staff G, Registered Nurse, stated that initial service plan and agreement would be finalized 30 days after move-in after a follow-up evaluation of the NSA was conducted to ensure it was still accurate to the residents' needs. Staff G stated they would check if they had documentation of earlier NSAs for Resident 6 and 7.

On 12/05/2025 at 12:58 PM, Staff A, Executive Director, stated that the initial NSAs provided for Residents 6 and 7 were the earliest NSAs they had. Staff A stated they did not have any documentation to show Residents 6 and 7 had an NSA completed within 30 days of admission.

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, SPRING 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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

RE: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY # 1913

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/09/2025 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• 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-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;

The Assisted Living Facility failed to have a current exam and vaccinations for one of three sampled pets residing in the ALF. This placed the residents at risk of illness and disease.

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)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure