STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

10/25/2023

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) 31044 (Completion Date 10/13/2023) and 26341 (Completion Date 08/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/13/2023 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-2160

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1913
Compliance Determination #: 26341
Investigator: Helen Fisher
Investigation Date(s): 07/12/2023 through 08/22/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 86367
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
A Named Resident (NR) sustained injury following a fall.

Investigation Methods:

Sample:	Total residents: 103 Resident sample size: 5 Closed records sample size: 1
Observations:	Named Resident was out of the facility. Facility cleanliness.
Interviews:	NR, Collateral Contact, Caregiver, Executive Director, Med Tech.
Record Reviews:	NR records. Facility records.

Investigation Summary:
The incident report dated 06/08/2023 at 3:00 AM showed that the facility staff attempted to transfer the NR from the floor when the NR's leg began to cramp so they stopped. The NR stated that the staff responded to their call after they slid off the bed. The staff attempted to pick them up off the floor. Their weight was too much so they both fell injuring their left hip. A plan of care dated 05/16/2023 showed the NR required 2 persons assistance with transfers. A citation was issued for noncompliance with WAC 388-78A-2160 Implementation of negotiated service agreement.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1913
Compliance Determination #: 26341
Investigator: Helen Fisher
Investigation Date(s): 07/12/2023 through 08/22/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 94552
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
1) A Named Resident (NR) sustained injury when a staff did a solo transfer.
2) The Name Staff (NS) was not trained with Residents' transfers.

Investigation Methods:

Sample:	Total residents: 103 Resident sample size: 5 Closed records sample size: 1
Observations:	The NR was out of the facility. Other Residents appearance. General apartment and facility cleanliness.
Interviews:	NR, Collateral Contact, Med Tech, Caregiver, Executive Director.
Record Reviews:	NR records. Facility records.

Investigation Summary:
1) The incident report dated 06/08/2023 at 3:00 AM showed that the facility staff attempted to transfer the NR from the floor when the NR leg began to cramped so they stopped. The NR stated that the staff responded to their call after they slid off the bed the staff decide to picked them off the floor but their weight was too much so they both fell with staff on their left leg. A plan of care dated 05/16/2023 showed the NR required 2 person assist with transfers. A citation was issued for noncompliance with WAC 388-78A-2160 Implementation of negotiated service agreement.
2) The staff record dated showed the NS received 16.5 hours training which includes providing transfers assistance. No failed practice.

Conclusion / Action:

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

☐ N/A

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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 07/12/2023 and 07/12/2023 of:

SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
223 EAST BAKERVIEW ROAD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 86602, 87060, 86367, 87203, 94552

The following sample was selected for review during the unannounced on-site visit: 5 of 103 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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-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 requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 1) received care as stated in the negotiated service agreement when Resident 1 did not receive a 2 persons assistance with transfer. This failure resulted in Resident 1 falling and placed all residents who needs 2 persons assistant at risk for injuries.

Findings included…

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted]

A Negotiated service agreement (NSA) dated 05/16/2023 showed Resident 1 needed 2-person assistance with transfers.

In an interview on 07/12/2023 at 1:00 PM, Resident 1 stated that after sliding off the bed they called for help. Resident 1 stated that Staff A, Caregiver responded and called for help, but when nobody came to help Staff A decided to pick them off the floor, but their weight was too much for Staff A so they both fell on the floor with Staff A on their left leg.

Incident report dated 06/08/2023 at 3:00 AM, showed Resident 1 called for help Staff A responded and found Resident 1 on the floor next to the bed. Staff A attempted to do a solo transfer but Resident 1 had leg cramps in the middle of the transfer, so Staff A waited.

In an interview on 08/18/2023 at 8:30 AM, Staff B, Med Tech stated that on 06/08/2023 around 3:00 AM, they responded to an emergency call in Resident 1's apartment where they found Resident 1 on the floor and Staff A standing by the bed. Staff B stated that Staff A did move Resident 1 from the floor though Staff A knew that Resident 1 required 2 persons assistance with transfers. Staff B stated that Resident 1 told them that Staff

A decided to do the transfer but they both fell. Staff B did an assessment and helped Staff A transfer Resident 1 back to bed.

Review of chart notes dated 06/08/2023
at 8:50 AM showed Resident 1 complained of left hip pain and was sent to the hospital.

Review of the hospital record
dated 06/08/2023 showed Resident 1 sustained a left prosthetic hip dislocation following a fall.

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