STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

09/24/2024

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) 47381 (Completion Date 09/19/2024) and 42401 (Completion Date 07/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2024 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-2240, WAC 388-78A-2230-1-c

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 #: 42401
Investigator: Judith Mellon
Investigation Date(s): 06/07/2024 through 07/26/2024
Complainant Contact Date(s): 07/17/2024

Provider Type: Assisted Living Facility

Intake ID: 132085
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

1) A Named Resident (NR) had not received a prescribed medication in May 2024.
2) The Assisted Living Facility (ALF) falsely documented reasons for the NR not receiving medication.

Investigation Methods:

Sample:	Total residents: 95 Resident sample size: 1 Closed records sample size:
Observations:	Resident common areas, medication carts, medication administration, resident staff interactions
Interviews:	Regional Director of Operations, Assistant Executive Director, Receptionist, Medication Technicians, NR, Family, Caregiver
Record Reviews:	NR medical records including negotiated service agreement (NSA) and assessments, progress notes, electronic medication administration records

Investigation Summary:

1) The Negotiated Service Agreement for the NR showed the ALF was to provide support with medication administration. The NR had a physician order for medication to be applied twice weekly. Facility staff stated that the NR had refused the medication consistently, that there was an inability to order the medication from the pharmacy, and that the NR had missed doses. Failed practice was identified. A citation was issued for non-compliance with WAC 388-78A-2240 Nonavailability of medications and WAC 388-78A-2230 (1)(c)(ii) Medication refusal.
2) Documentation of electronic medication records from March through July 2024, showed Staff had documented that the NR had refused medication. In interviews, Staff stated that the NR repeatedly refused medication. A private caregiver stated that ALF staff notified them that the NR had refused medications and that they were able to assist the NR to take their medication. Observation of

the medication cart showed the NR had medication available. No failed practice was identified. No citation was written.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1913	Compliance Determination # 42401
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 5	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	07/26/2024

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 06/07/2024 and 07/26/2024 of:

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

This document references the following complaint number(s): 132085, 134480

The following sample was selected for review during the unannounced on-site visit: 1 of 95 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Judith Mellon, RN, Licensor

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.

Linda K Chambers — Residential Care Services
8/16/2024 — 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.

Administrator (or Representative) 8/6/2024 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 1) had medications available as prescribed by the physician. This failure resulted in Resident 1's estradiol cream medication not being in the medication cart and available for use and placed Resident 1 at risk for medical complications.

Findings included...

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

The negotiated service agreement (NSA) dated 04/10/2024 showed ALF trained staff were to order, store, administer and document medication per physician order and medication staff were to notify Resident 1's private caregiver for any over-the-counter refills not provided by the pharmacy.

Review of the electronic medication administration records (EMARs) dated from March 2024 through July 2024 showed Resident 1's physician had prescribed Estradiol (a vaginal hormone cream) 0.1 MG/GM (milligram per gram is a metric unit of measurement) cream to be applied twice weekly at 8:00 AM, then later with a time change to 8:00 PM during the month of May 2024.

On 06/07/2024 at 9:44 AM, Collateral Contact 1 (CC1), family stated that estradiol cream was prescribed by the physician for Resident 1. CC1 stated that the ALF staff had reported that Resident 1 had kept rejecting their estradiol cream and when CC1 had asked for the estradiol cream to help Resident 1 apply it, there was no cream available on the medication cart. CC1 stated that they were told by the ALF staff, that Resident 1 had not received estradiol for two weeks in May 2024.

On 07/26/2024 at 8:05 AM, Collateral Contact 2 (CC2), pharmacy stated that the pharmacy was not notified until 05/23/2024 that Resident 1 had been out of estradiol

cream medication and that the medication was sent to the ALF on 05/30/2024.

On 07/12/2024 at 2:25 PM, Resident 1 stated they had not always received their cream medication.

On 07/12/2024 at 11:35 AM, Staff A, Executive Director, stated that there were insurance problems with getting the estradiol medication refilled from the pharmacy. Staff A stated that the ALF did not get the estradiol cream medication for Resident 1 during a two-week period in May 2024 because the pharmacy did not send the medication. Staff A stated that the ALF was responsible for providing medications and they did not provide the estradiol medication related to the cost of the medication.

Review of the EMAR showed Resident 1 had not received eight doses of nine doses of estradiol cream medication for the month of May 2024.

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) 9-9-2024 .

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

Brenda K Chambers 8/6/2024

Administrator (or Representative) Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to notify the physician when 1 of 1 Resident (Resident 1) consistently refused to take their medications as prescribed. This failure resulted in Resident 1's physician not being made aware of Resident 1 missing 25 doses of their medications and placed Resident 1 at risk for complications related to continually untreated medical conditions.

Findings included...

The negotiated service agreement (NSA) dated 04/10/2024, showed the ALF was to provide medication assistance for Resident 1. The NSA showed Resident 1 was known for refusals of medication, and that staff were to document and fax the Physician any time Resident 1 had refused their medication.

Review of the electronic medication administration record (EMAR) for March 2024, showed Resident 1 had refused 12 doses of Diclofenac Sodium 1% Gel (for lower extremity pain/arthritis), seven doses of Estradiol 0.1 MG/GM CREA (hormone cream used to reduce vaginal symptoms of menopause) and 12 doses of Fluocinonide 0.05% CREA (used for skin inflammation to upper and lower lips).

Review of the EMAR for April 2024 showed Resident 1 had refused nine doses of Curcumin-Phosphatidylcholine 500 MG daily (a supplement to protect the wall of the large intestine), nine doses of Estradiol 0.1 MG/GM CREA, three doses of Prenatal Vitamins (supplement that contains vitamins and minerals), two doses of progesterone 100 MG caps (a type of hormone), four doses of Ultraflor Balance (supports a healthy intestinal environment) and three doses of Vitamin C 1000 MG tabs (a supplement).

Review of the EMAR for May 2024 showed Resident 1 had refused eight doses of Estradiol 0.1 MG/GM CREA.

Review of the EMAR for June 2024 showed Resident 1 had refused four doses of Ultraflor Balance (a probiotic to support a healthy intestinal environment) and five doses of Vitamin C (a supplement).

On 07/12/2024 at 11:35 AM, Staff A, Executive Director, stated that Resident 1 had refused their medications and estradiol cream consistently. Staff A stated that she did not have any documentation to show the physician was notified by the former nurse.

Review of progress notes in Resident 1's medical record showed there was no assessment completed by a nurse to show the significance of Resident 1 not getting their medications.

On 07/12/2024 at 12:30 PM, Staff C, Medication Technician, stated that Resident 1 had told her repeatedly that they did not want their estradiol cream and medications. Staff C stated that she was unaware if the physician was notified.

On 07/16/2024 at 8:48 AM, Staff B, Health and Wellness Director, stated that she was

aware that Resident 1 had been refusing medications, had a history of refusals, was reviewing Resident 1's medications, and had not yet met with family.

Review of Resident 1's medical record showed no physician fax communications or documentation to show the physician was notified of Resident 1's medication refusals.

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) 9-9-2024.

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

Brenda K Chambers 8/6/2024.

Administrator (or Representative) Date