STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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) 48044 (Completion Date 10/07/2024) and 43438 (Completion Date 08/14/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/07/2024 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-2660-1, RCW 70.129.110.3.b, RCW 70.129.110.3.d, RCW 70.129.110.3, RCW 70.129.110.5.d, RCW 70.129.110.5.c, RCW 70.129.110.5.b, RCW 70.129.110.5.a, RCW 70.129.110.5.f

The Department staff who did the on-site verification:
Helen Fisher, Complaint Investigator

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 #: 43438
Investigator: Helen Fisher
Investigation Date(s): 07/01/2024 through 08/14/2024
Complainant Contact Date(s): 07/01/2024

Provider Type: Assisted Living Facility

Intake ID: 134355
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Assisted Living Facility (ALF) refused to take the Named Resident (NR) back from the hospital.

Investigation Methods:

Sample:	Total residents: 75 Resident sample size: 2 Closed records sample size: 1
Observations:	Sampled Residents appearance, environment and living quarters.
Interviews:	other not associated with the ALF, collateral contact, executive director (ED), caregiver, medication technician.
Record Reviews:	NR's negotiated service agreement, residency agreement, progress notes,

Investigation Summary:
Interviews indicated that the ALF did an assessment and determined that they did not want to take the NR back from the hospital due to behaviors. The ALF stated that they did not give the NR a 30 day discharge written notice. Failed practice was identified. A citation was written for non compliance with Washington Administrative Code 388-78A-2660 Resident rights.

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 # 43438
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 4	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	08/14/2024

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 07/01/2024 and 07/01/2024 of:

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

This document references the following complaint number(s): 133620, 134355

The following sample was selected for review during the unannounced on-site visit: 2 of 75 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.

Kim Ripley
Residential Care Services

08/14/2024
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)

9-10-24
Date

RCW 70.129.110 Disclosure, transfer, and discharge requirements.

(3) Before a long-term care facility transfers or discharges a resident, the facility must:

(b) Notify the resident and representative and make a reasonable effort to notify, if known, an interested family member of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand;

(d) Include in the notice the items described in subsection (5) of this section.

(5) The written notice specified in subsection (3) of this section must include the following:

(a) The reason for transfer or discharge;

(b) The effective date of transfer or discharge;

(c) The location to which the resident is transferred or discharged;

(d) The name, address, and telephone number of the state long-term care ombudsman;

(f) For residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the protection and advocacy for mentally ill individuals act.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to provide a 30 day notification to Resident 1 and family to include the reason for discharge, the date of discharge, the location of where Resident 1 was to be discharged to, the Ombudsman's contact information, and the contact information for the agency responsible for the protection and advocacy of mentally ill individuals, for 1 of 1 resident (Resident 1). This failure resulted in Resident 1 being unable to return to the ALF and spending one month at the hospital.

Findings included...

RCW 70.129(110)(4)(a) showed except when specified in this subsection, the notice of transfer or discharge required under subsection (3) of this section must be made by the facility at least thirty days before the resident is transferred or discharged.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted].

Review of progress notes dated 05/31/2024 showed Resident 1 was sent to the hospital on [redacted]/2024 due to yelling and screaming behaviors and increasing unspecified pain's location.

Review of progress notes dated [redacted]/2024 showed that Resident 1 was assessed by the ALF's RN at the hospital and it was decided to not readmit Resident 1 back to the ALF due to behaviors and the Resident 1's needs for a 2- person assist.

On 07/01/2024 at 8:16 AM, Collateral Contact (CC1), Hospital Case Manager, stated that the ALF's assessed Resident 1 at the hospital on [redacted]/2024 and they were informed that the ALF would not take Resident 1 back. CC1 stated that Resident 1 was medically cleared for discharged but ended up staying for a month due to the problem in finding a place for Resident 1. Resident 1 was prevented from returning to their apartment at the ALF.

On 07/01/2024 at 10:25 AM, Staff A, Executive Director, stated that Resident 1 had been yelling and screaming in their apartment. Staff A stated that Resident 1 did not respond to redirection and was sent out to the hospital for evaluation. Staff A stated that discharge notice was not given to Resident 1.

On 07/232024 at 10:28 AM, Collateral Contact (CC2), Durable Power of Attorney (POA), stated that they were told by the hospital that the ALF did not want to take Resident 1 back to the ALF. CC2 stated that the ALF did not give them a discharge notice. CC2 stated that Staff A refused to return their telephone calls regarding the ALF's decision on refusal of Resident 1's return to the ALF and had done nothing to facilitate or help look for other places for Resident 1. Resident 1 ended up staying for 30 days at the hospital unnecessarily. CC2 stated that Resident 1 was eventually discharged to hospice and passed a few days after.

On 08/14/2024 at 3:58 PM, Staff B, Regional of Operations, stated they understood that the notice of discharge should be provided to the resident and or the POA with 30 days notification to include the reason for the discharge, effective date of discharge, the new location for the resident, the Ombudsman's contact information, and the agency contact information for the agency responsible for the protection and advocacy of individuals with mental illness.

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) 9-28-24 .

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

Loretta Greeson — 9-10-24

Administrator (or Representative) — Date