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

11/26/2024

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 # 1913

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 50622 (Completion Date 11/26/2024) and 46665 (Completion Date 10/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

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 #: 46665
Investigator: Helen Fisher
Provider Type: Assisted Living Facility
Intake ID: 144354
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 09/05/2024 through 10/02/2024
Complainant Contact Date(s): 09/04/2024

Allegation(s):

1. The Assisted Living Facility (ALF) had no Med Tech at night to administer medications, take vital signs, or to fax the doctors.
2. The Med Tech was counting each other out and left the keys on the counter.
3. The Unnamed Resident (UR) did not receive their medication at 2:00 AM or 4:00 AM.

Investigation Methods:

Sample:	Total residents: 79 Resident sample size: 3 Closed records sample size: 0
Observations:	Sampled Residents' appearance, demeanor, living quarter, environment.
Interviews:	Sampled Residents, Executive Director (ED), Med Techs, Caregiver, Registered Nurse, Resident Care Coordinator (RCC)
Record Reviews:	Sampled Residents' negotiated service agreement, progress notes, electronic medication administration record (EMAR). Medication services policy and procedure. Staff schedule.

Investigation Summary:

1. Interviews indicated that the ALF had at least 3 night shifts without a med tech working due to call outs. The ED stated that they and the RCC were covering the call outs. The ED stated that there was a time that they did not come in, but they were standing by for emergency such as, incidents, medications when needed. The RCC stated that they mostly cover the night shift in addition to the agency staff. The night med tech stated that there was no medication, blood sugar check, insulin, vital signs check scheduled for night shift. However, 1 of 3 sampled residents did not receive 16 of their medications a total of 195 doses. Failed practice was identified. A citation was written for non compliance with Washington Administrative Code 388-78A (2240) Nonavailability of medications.

2. The ED stated that they instructed the staff to do the medication count and leave the keys at the nurses station. The Med Tech denied there was a medication count discrepancy related to not having med techs for three nights.
3. The UR was not identified. The nurse stated that they had no resident receiving schedule medications at 2:00 or 4:00 AM. No failed practice was identified.

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

Statement of Deficiencies	License #: 1913	Compliance Determination # 46665
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 4	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	10/02/2024

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 09/05/2024 and 09/05/2024 of:

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

This document references the following complaint number(s): 144354

The following sample was selected for review during the unannounced on-site visit: 3 of 79 current residents and 0 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-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 obtain medications when 1 of 3 resident's (Resident 1) prescribed medications were not in the medication cart. This failure resulted in Resident 1 missing 195 doses of their sixteen medications in a 27 day period and placed the resident at risk for medical complications.

Findings included...

The ALF's policy, "Medication not available" dated 05/01/2023 showed when medication is not available for a scheduled time pass, staff shall take necessary steps to obtain the medication and properly notify and document the steps taken to obtain. Procedure: Identify the needed medication that is not available, fax and call the pharmacy (and/or notify the family if a possible source for delivery) about a plan to deliver the medication and document your contact. For residents utilizing an alternate pharmacy (other than the community contracted pharmacy) it may be necessary to obtain medications from the contracted pharmacy to resolve the unavailability of needed medication. Notification of the possibility of such action is provided to each resident/responsible party during the move in process. Alert the physician about unavailability and ask for an order to hold the medication until the planned delivery. Notify the Executive Director and the Community LN about the missed dose. Document in Care Suite by completing an exception. Be as detailed as possible noting all your attempts and PCP was notified. Place the resident on alert charting to observe for changes in condition related to the missed medication and indicate the expected delivery time.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/1024 with multiple diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

A negotiated service agreement dated [redacted]/2024 showed trained staff were to order, store and administer medications as ordered by provider.

Review of Resident 1's electronic medication administration records (EMAR) for August showed Resident 1 had the following medications listed in the EMAR as medications not delivered. The following medication doses were not available for Resident 1.

Acetaminophen 325 mg (milligrams, a unit of measurement) every chemotherapy day, used for pain, total of 4 doses.
Aspirin EC 81 mg daily, anti-inflammatory and blood thinner, total of 4 doses.
Atorvastatin 40 mg daily, for cholesterol and triglycerides levels, total of 27 doses.
Amlodipine Besylate 5 mg, daily for high blood pressure, total 27 doses.
Acyclovir 400 mg, two times a day for herpes prophylaxis, total of 17 doses.
Benadryl 25 mg, two tablets before chemotherapy treatment, total 4 doses.
Calcium Carbonate 500 mg, daily supplement, total of 27 doses.
Cholecalciferol 25 mcg (micrograms, a unit of measurement), daily supplement, total 8 doses.
Cyanocobalamin 1000 mcg, daily supplement, total 13 doses.
Cyclophosphamide 500 mg, daily every seven days for chemotherapy, total 4 doses.
Dexamethasone 12 mg, one every seven days for inflammation, 1 dose.
Furosemide 20 mg, daily for hypertension, total 16 days.
Losartan Potassium-HCTZ 50-12.5 mg, daily for hypertension, total 28 doses.
Metformin HCL 500 mg, daily for diabetes, total 3 doses.
Potassium Chloride ER 20 MEQ (milliequivalent, a unit measurement), daily for supplement, total 2 doses.
Gabapentin 100 mg, three time a day for neuropathy, total of 10 doses

Interview on 09/05/2024 at 11:48 AM, Staff A, Medication Technician, stated that when Resident 1 moved in, it was unclear what pharmacy Resident 1 would be using. Staff A stated that they kept calling the ALF's contracted pharmacy and was told by the pharmacy that they did receive Resident 1 information. Staff A stated that every time a medication was missed, they were supposed to write an alert charting note.

Interview on 09/05/2024 at 12:13 PM, Staff B, Executive Director, stated that they were not notified of Resident 1 multiple missed medication doses.

Interview on 10/02/2024 at 3:00 PM, Staff C, Registered Nurse, stated that the med techs were supposed to handle the medications orders. Staff C stated that the med techs were expected to call the pharmacy if the medication was not received by the time the first dose first dose supposed to be given and call the doctor and the pharmacy if a resident missed the 2nd medication dose.

Review of an alert charting dated 08/10/2024 to 09/05/2024 showed no documentations found on Resident 1 missing 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)_____ .

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

_____ _____

Administrator (or Representative) Date