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

1/10/2024

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) 34690 (Completion Date 01/03/2024) and 29564 (Completion Date 11/09/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/03/2024 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-2610-1

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 #: 29564
Investigator: Helen Fisher
Investigation Date(s): 09/19/2023 through 11/09/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 97428
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
Four residents tested positive for COVID-19.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 0 Closed records sample size: 0
Observations:	Signage at the entrance and each isolation doors. Trash bags for used PPE PPE usage. PPE storage. Housekeeping.
Interviews:	Executive Director, housekeeping staff, med tech
Record Reviews:	Infection control policy and procedure.

Investigation Summary:
The staff stated that they have a total of 20 residents and 4 staff that tested positive for COVID-19 since the beginning of the outbreak. The staff stated that they were coordinating with the Local Health Jurisdiction and were following the guidelines. However, during interviews staff stated that they were not fit tested. A citation was issued for noncompliant with WAC 388-78A-2610 Infection Control.

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 #: 29564
Investigator: Helen Fisher
Investigation Date(s): 09/19/2023 through 11/09/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 97869
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

The Assisted Living Facility (ALF) was not providing staff proper training on;
1) medication
2) infection control
3) the ALF had no housekeeping.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 0 Closed records sample size: 0
Observations:	Housekeeping PPE usage Signage Isolation Environment
Interviews:	Housekeeping staff, Caregiver, Nurse, Executive Director, Assisted Living Director.
Record Reviews:	Facility infection control policy and procedure. Local Health Jurisdiction Guidelines.

Investigation Summary:

1) The staff stated that they do the training on medication as the facility nurse delegator and retrained staff when there was a need. Medication preparation was observed. No failed facility practice identified.
2) During observation staff were wearing surgical masks when not in isolation room, housekeeping staff wearing surgical mask and gloves when cleaning rooms. The staff stated that they use a N95 masks when they clean in isolation room. The staff stated that signage for doffing and donning were posted for staff the follow COVID-19 protocol. The staff stated that they were not fit tested. A citation was issued for noncompliant with WAC 388-78A-2610 Infection Control.
3) There were 2 housekeeping staff during unannounced onsite visit. No failed facility practice 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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Statement of Deficiencies	License #: 1913	Compliance Determination # 29564
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING	11/09/2023

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 09/19/2023 and 09/19/2023 of:

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

This document references the following complaint number(s): 97428, 97869

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

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator
Allison Nunn, Long Term Care Surveyor

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

11/14/2023
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.

STATE OF WASHINGTON

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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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) 11/18/2023 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to follow the required infection prevention control measures for communicable diseases, by not ensuring that 7 of 7 care staff (Staff C,E,F,G,H,I and J), who were directly involved in resident care, were updated with and properly fit tested for the use of N-95 respirators and failed have a written Respiratory Protection Program. These failures resulted in staff not being fit tested to wear N-95 respirators and placed all residents, staff, and visitors at risk of contracting a communicable disease.

Findings included...

Review of WAC 296-842-15005 Conduct fit testing, showed the ALF was to provide, at no cost to the employee, fit test for all tight-fitting respirators on the following schedule: Before employees are assigned duties that may require the use of respirators.

Review of WAC 296-842-12005 Develop and maintain a written program showed required elements of a respiratory protection program included selection, medical evaluations, training, maintenance, and record keeping.

Review of the Department of Health's Respiratory Protection Program for Long-Term Care Facilities (https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/respiratory-protection-program) showed five steps including Written Program, Respirator Medical Evaluation, Training, Fit testing, and Record Keeping.

Review of the ALF's policy "Infection Control Policy and Procedure" dated 02/08/2022 showed:
Mask Utilization:
Communities will comply with any county directions for use of true N95 masks to include fit testing and training of staff in use.

During a visit to the ALF on 09/19/2023 at 9:20 AM, 13 residents were identified to be diagnosed with [redacted].

The ALF's line list showed 2 residents tested positive for COVID-19 on 09/08/2023 with

Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to follow the required infection prevention control measures for communicable diseases, by not ensuring that 7 of 7 care staff (Staff C,E,F,G,H,I and J), who were directly involved in resident care, were updated with and properly fit tested for the use of N-95 respirators and failed have a written Respiratory Protection Program. These failures resulted in staff not being fit tested to wear N-95 respirators and placed all residents, staff, and visitors at risk of contracting a communicable disease.

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The ALF's line list showed 2 residents tested positive for COVID-19 on 09/08/2023 with

Statement of Deficiencies	License #: 1913	Compliance Determination # 29564
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 3 of 3	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING	11/09/2023

20 additional residents and 2 staff tested positive for COVID-19 by 09/17/2023.

In an interview on 09/19/2023 at 2:01 PM, Staff A, Executive Director, stated that they have not been able to get their staff fit tested. Staff A stated that one of their nurses just got trained on fit testing at the Department of Health.

In an interview on 09/19/2023 at 10:50 AM, Staff B, Assisted Living Director, stated that they have a total of 22 residents and 2 staff that have all tested positive for COVID-19. Staff B stated that their staff were not fit tested.

In an interview on 09/19/2023 at 9:40 AM, Staff C, Housekeeping Staff, stated that they cleaned an isolation room. Staff C stated that they wear the other mask when they go in the isolation room and switch to surgical when they were out of isolation room. Staff B stated that they were not fit tested.

In an interview on 11/07/2023 at 3:54 PM, Staff D, Nurse, stated that they were not aware of the Respiratory Protection Program requirement. Staff D stated that they will start on getting staff fit testing done as soon as they access their online account.

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) 12|29|2023 .

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

Administrator (or Representative) — Date: 11|18|2023

20 additional residents and 2 staff tested positive for COVID-19 by 09/17/2023.

In an interview on 09/19/2023 at 2:01 PM, Staff A, Executive Director, stated that they have not been able to get their staff fit tested. Staff A stated that one of their nurses just got trained on fit testing at the Department of Health.

In an interview on 09/19/2023 at 10:50 AM, Staff B, Assisted Living Director, stated that they have a total of 22 residents and 2 staff that have all tested positive for COVID-19. Staff B stated that their staff were not fit tested.

In an interview on 09/19/2023 at 9:40 AM, Staff C, Housekeeping Staff, stated that they cleaned an isolation room. Staff C stated that they wear the other mask when they go in the isolation room and switch to surgical when they were out of isolation room. Staff B stated that they were not fit tested.

In an interview on 11/07/2023 at 3:54 PM, Staff D, Nurse, stated that they were not aware of the Respiratory Protection Program requirement. Staff D stated that they will start on getting staff fit testing done as soon as they access their online account.

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