STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

05/12/2025

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) 59385 (Completion Date 05/12/2025) and 54953 (Completion Date 04/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Department staff who did the On Site verification:
Helen Fisher, Complaint Investigator

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1913
Compliance Determination #: 54953
Investigator: Helen Fisher
Investigation Date(s): 02/19/2025 through 04/01/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 166632
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Assisted Living Facility (ALF) had an influenza A outbreak.

Investigation Methods:

Sample:	Total residents: 90 Resident sample size: 5 Closed records sample size: 0
Observations:	Infection control practices. Residents. Environment.
Interviews:	Residents, Staff, Regional Director of Operations (RDO), Local Health Jurisdiction (LHJ)
Record Reviews:	Residents records. Infection control policy and procedures.

Investigation Summary:
The ALF stated that one of the five additional confirmed influenza A cases was hospitalized. The LHJ stated that the ALF did not submit an updated line list (key information about each case in an outbreak) to include additional cases and Influenza A related deaths. Failed practice was identified. A citation was issued for noncompliance with Washington Administrative Code 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

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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 02/19/2025 of:

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

This document references the following complaint number(s): 166632, 166578

The following sample was selected for review during the unannounced on-site visit: 5 of 90 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

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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)

Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interviews and records reviews, the Assisted living Facility (ALF) failed to cooperate with the Local Health Jurisdiction (LHJ) when 5 of 5 additional residents (Residents 1, 2, 3, 4, and 5) tested positive for influenza A. This failure resulted in the LHJ being unaware of the additional Influenza A cases and not having updated community outbreak information.

Findings included…

Review of WAC 246-100-021 Responsibilities and duties –Health care providers (2) Cooperate with public health authorities during investigation of (a) circumstances of a case or suspected case of a notifiable condition or other communicable disease; and (b) an outbreak or suspected outbreak of illness.

Review of the ALF's report on February 8, showed the following residents had flu-like symptoms and were tested positive for influenza A.

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Resident 1
An undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2018.

Resident 2
An undated face sheets showed Resident 2 was admitted to the ALF on [redacted]/2024.

Resident 3
An Undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2023.

Resident 4
An undated face sheet showed Resident 4 was admitted to the ALF on [redacted]/2024.

Resident 5
An undated face sheet showed Resident 5 was admitted to the ALF on [redacted]/2024

On 02/19/2025 at 12:45 PM, Staff A, Assistant Executive Director, stated that the ALF had an additional 5 residents test positive for Influenza A and Staff C, Regional Director of Operations, was supposed to update the ALF's line list (key information about each case in an outbreak) and would submit the information to the LHJ. Staff A stated that Staff B, Registered Nurse, tested positive for influenza A that day.

On 02/19/2025 1:35 PM, Staff C stated that they would update the line list and send it to the LHJ.

On 02/28/2025 at 12:47 PM, Staff B stated that they tested positive on 02/19/2025. Staff B stated that they were doing the line list for the LHJ but when they tested positive, they thought Staff C assumed the responsibility.

On 03/10/2025 at 07:30 AM, Collateral Contact1 (CC1), Local Health Jurisdiction (LHJ), stated by email that on 02/07/2025 CC1 made a request to the ALF for an Influenza A outbreak line list. After numerous requests via email and phone calls from the LHJ an updated line list was received on 02/28/2025 11 days after the initial request. CC1 stated that on 03/09/2025 they received a report from the hospital that there was a confirmed death related to Influenza A and the LHJ was not informed by the ALF.

On 03/11/2025 at 10:56 AM, Collateral Contact 2 (CC2), LHJ, stated that they did not receive an updated line list to show the total number of Influenza A cases at the ALF. CC2 stated that there were two confirmed deaths related to the outbreak. CC2 stated that they reiterated to Staff C the requirement of reporting Influenza cases to the LHJ.

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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

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