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) 60579 (Completion Date 06/04/2025) and 55354 (Completion Date 04/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/04/2025 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-2120-3, WAC 388-78A-2120-3-a, WAC 388-78A-2120-4

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,

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 #: 55354
Investigator: Helen Fisher
Investigation Date(s): 02/28/2025 through 04/14/2025
Complainant Contact Date(s): 02/25/2025

Provider Type: Assisted Living Facility

Intake ID: 168729
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

1) The Named Resident (NR) had hand tremors, wound on their buttocks, high sodium level and tested positive for Influenza at the hospital
2) The Assisted Living Facility (ALF) was unaware of what was going on to the NR.
3) The NR was diagnosed for [redacted] earlier in February.
4) The NR was in bed soiled for over a week with feces all over.

Investigation Methods:

Sample:	Total residents: 88 Resident sample size: 4 Closed records sample size: 1
Observations:	Residents. Environment. Staff to Resident interaction.
Interviews:	Other not associated with the facility, Staff, Residents.
Record Reviews:	NR and Residents' records. Abuse and neglect policy and procedures.

Investigation Summary:

1) Review of the medical records showed that the NR was found to had multiple health issues including a wound on their buttocks. Review of the nursing records showed the NR's buttocks wound was not assessed by the nurse. Staff interviews showed that the NR's wound was open 3 days before they were sent to the hospital. Failed practice was identified. A citation was written for noncompliance with Washington Administrative Code 388-78A-2120 Monitoring resident’s wellbeing.
2) Review of the nursing records showed that the NR's condition had been monitored and charted by the staff daily. Staff interviews showed that there were calls made to the NR's doctor regarding the NR's condition. No failed practice was identified.
3) The NR was placed on isolation following the diagnosis. The ALF placed the NR on alert regarding the NR's symptoms. The ALF made a report to Local Health

Jurisdiction and followed the guidelines given to the ALF. No failed practice was identified.
4) The ALF did an investigation when they became aware that the NR was left in a soiled bed for over a week. Abuse and neglect were ruled out. Collateral contact indicated that the NR's dirty sheets remained in bed for days after the NR went to the hospital. The NR's bed had been cleaned since though the NR did not return to the ALF. 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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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 02/28/2025 of:

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

This document references the following complaint number(s): 168337, 168729

The following sample was selected for review during the unannounced on-site visit: 4 of 88 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.

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-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interviews, and record reviews, the Assisted Living Facility (ALF) failed to evaluate and take appropriate action for 1 of 3 residents (Resident 1's) wounds. This failure placed Resident 1 at risk for a delay in treatment and complications.

Findings included...

Resident 1

An undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Resident 1's most recent negotiated service agreement dated 11/26/2024 showed Resident 1 needed assistance with dry skin.

Review of the progress notes dated 02/13/2025 at 9:15 PM, showed Resident 1 had a pressure sore on their bottom and vaginal area. No additional information on the wound

care was in the record.

Review of the progress notes dated [redacted]/2025 at 1:15 PM, showed Resident 1 was sent to the hospital due to weakness, high temperature and tremors.

Review of the hospital records title “history and physical” dated [redacted]/2025 showed Resident 1 was tested positive for Influenza A, had a high sodium level secondary to dehydration and had wounds.

Review of the hospital wound assessment dated 02/21/25 showed Resident 1 had wounds as described below:
- The left ischium (hip) 2 cm x 1 cm (centimeter) unstageable. Wound base is slough tissue, edges are variable. Small amount of serous drainage.
- The Right ischium 1 cm by 4 cm non blanchable redness to gluteal. Linear in shape indicative it might have been a foreign object such as a bed pan. No drainage.
- The Coccyx 1 cm by 1.7 cm- wound base is entirely slough tissue. Non blanchable redness to peri wound skin. Warm to touch. Small amount of serous drainage.
- The right great toe had 1 cm x 2 cm non blanchable redness to the right great toe.

In an interview on 02/25/2025 at 3:27 PM, Collateral Contact (CC) stated that they were notified that Resident 1 had wounds on their buttocks when they went to the hospital. The ALF never notified them prior to the hospitalization of the skin issue.

In an interview on 02/28/2028 at 11:48 AM, Staff A, Registered Nurse, stated that they did not evaluate Resident 1’s wound and health condition before Resident 1 went to the hospital.

In an interview on 02/28/2025 at 1:36 PM, Staff B, Medication Technician, stated that Resident 1 had open sores on their buttocks. Staff B stated that they were applying barrier cream on the NR's open sores. Staff B stated that they notified their supervisor Staff C (Memory Care Unit Director).

In an interview on 02/28/2025 at 1:47 PM, Staff C, stated that Resident 1 had a skin breakdown on their buttocks, and they were applying skin barrier. Staff C stated that they notified and requested the nurse to see Resident 1 on 02/14/2025 but did not come to evaluate Resident 1's pressure sores. Staff C stated that one of the nurses was out sick.

No documentation showed that Resident 1's wounds were evaluated by a nurse.

This is recurring deficiency previously cited on 05/19/2022.

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