STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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) 65467 (Completion Date 09/12/2025) and 61478 (Completion Date 07/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2025 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-2474, WAC 388-78A-2474-2-b, WAC 388-112A-0080-3

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

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1913
Compliance Determination #: 61478
Investigator: Helen Fisher
Investigation Date(s): 06/26/2025 through 07/15/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 181905
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

1) The Named Staff (NS) was hiding and jumped out to scare the Named Resident 1 (NR1) which caused the NR1 to be scared, agitated and confused. The NS was also verbally threatening towards two residents NR1 and the Named Resident 2 (NR2).
2) The NS behavior was reported to the staff supervisor but was ignored.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 4 Closed records sample size: 0
Observations:	NR, Residents, Environment.
Interviews:	Nursing Staff, Collateral Contacts, Executive Director.
Record Reviews:	Nursing Staff, Collateral Contact, Executive Director.

Investigation Summary:

The Assisted Living Facility (ALF) did an investigation as soon as they became aware of the NS behavior towards NR1 and NR2. Interviews indicated that the both residents were placed on alert and monitoring for psychological harm. Review of the investigative records, showed that the facility notified all parties including the law enforcement and the department. The NS was removed from the facility and terminated their employment. The Collateral contacts were pleased that the facility acted upon their concerns. Review of the NS credential showed the NS did not have a 70-hour basic training certificate. Failed practice. A citation was written for noncompliance with WAC 388-78A-2472 Training and home care aide certification requirement.
2) Review of the investigative records showed that the NS supervisor was reprimanded followed by termination of employment for not addressing the NS's behavior. The ALF held a staff training regarding abuse and neglect. 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

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

Statement of Deficiencies	License #: 1913	Compliance Determination # 61478
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 4	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	07/15/2025

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 06/26/2025 of:

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

This document references the following complaint number(s): 181897, 181905, 182184

The following sample was selected for review during the unannounced on-site visit: 4 of 71 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.

Jamie Singer
Residential Care Services

07.25.2025
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)

7.28.2025
Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 2 of 3 staff (Staff A and B) completed 70-hour basic training within 120 days from their date of hire. This failure resulted in Staff A not having a basic training certificate and Staff B not having the necessary training related to their job duties and placed all 96 residents at risk for compromised care and safety.

Findings included...

Review of the Department of Social and Health Services (DSHS) Secure Tracking and Reporting System (STARS) showed that on 09/03/2024 and 11/27/2024, the Assisted Living Facility (ALF) received citations for this regulation. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 01/11/2025.

Review of the Dear Provider Letter, ALF #2023-025, dated 10/13/2023, showed the Department of Health extended certification deadlines for long-term care workers hired between 08/17/2019 and 01/31/2024. The letter showed long-term care workers must meet the certification and training deadlines to be in compliance with regulatory requirements. An included table showed a long-term care worker hired between 10/01/2022 to 06/30/2023 must complete basic training no later than 11/30/2023, and that a long-term worker hired between 07/01/2023 to 01/31/2024 must complete basic training no later than 120 days from the date of hire.

Records showed Staff A, Med Tech, was hired on 06/07/2022. Review of Staff A's file showed there was no documentation for basic training certificate available for review. Records showed Staff A should have completed their 70-hour basic and certified by training no later than 11/06/2022. Staff A's 70-hour basic training was late by 936 days.

Records showed Staff B, Caregiver, was hired on 08/27/2024. Review of Staff B's file showed there was no documentation that Staff B had completed 70-hour basic training. No basic training certificate was available for review. Records showed Staff B should have completed their 70-hour basic training no later than 01/26/2025. Staff B training was late by 140 days.

In an interview on 06/24/2025 at 2:14 PM, Staff B stated that they have not finished all their 70-hour basic training.

In an interview on 06/24/2025 at 2:32 PM, Staff C, Executive Director, stated that they were new to the ALF and unaware that Staff A and B did not have basic training certificates. Staff C stated that Staff A was told many times to take the test but had refused to follow through but was kept on the schedule for so long. Staff C stated the online training had always been available to all staff at no cost to them.

This is recurring deficiency previously cited on 09/03/2024 and on 11/27/2024.

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Page 4 of 4	Licensee: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	07/15/2025

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) ~~9/8/2025~~ 8/29/2025

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

Administrator (or Representative) Date 7.28.2025