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

04/16/2025

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Road SE
Salem, OR 97317

RE: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY # 1995

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58018 (Completion Date 04/16/2025) and 54200 (Completion Date 02/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including

registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

The Department staff who did the On Site verification:

Judith Mellon, RN, Licensor
Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 1995	Compliance Determination #54200
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 5	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	02/19/2025

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 follow-up on 02/12/2025 and 02/19/2025 of:

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 02/19/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 62 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Judith Mellon, RN, Licensor
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

03/03/2025
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)

3-10-25
Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

This requirement was not met as evidenced by:

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

03/03/2025
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)

Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 sampled staff (Staff B, C, and D) received facility orientation. This failure resulted in Staff B, C and D not having the required facility orientation and placed 62 residents at risk of harm and injury from staff unfamiliar with the ALF and their expected duties.

Findings included...

Facility Orientation
Note: Washington Administrative Code (WAC) 388-112A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff B (Caregiver) on 05/07/2024. Staff B's records did not show they received facility orientation.

Record review showed the ALF hired Staff C (Caregiver) on 05/22/2024. Staff C's records did not show they received facility orientation.

Record review showed the ALF hired Staff D (Caregiver) on 10/08/2024. Staff D's records did not show they received facility orientation.

During an interview, on 02/12/2025 at 12:26 PM, Staff A (Administrator) stated she had focused on training newly hired staff and did not have staff orientation completed for Staff B, C and D.

This in an uncorrected deficiency previously cited under subsections (1) (2a) and (3) on 12/16/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 4-5-25

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

Administrator (or Representative) 3-10-25 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 5 sampled staff (Staff B) was completed. This placed 82 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included:

Review of records for Staff B (Caregiver), hired on 05/07/2024, did not show Staff B completed a NFBC.

In an interview, on 2/12/2025 at 12:30 PM, Staff A (Administrator) stated the NFBC for Staff B had not been completed and was unsure if it had been scheduled.

This in an uncorrected deficiency previously cited on 12/16/2024.

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, NORTH 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

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 1 of 6 sampled staff (Staff B) was completed. This placed 62 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff B (Caregiver), hired on 05/07/2024, did not show Staff B completed a NFBC.

In an interview, on 2/12/2025 at 12:30 PM, Staff A (Administrator) stated the NFBC for Staff B had not been completed and was unsure if it had been scheduled.

This in an uncorrected deficiency previously cited on 12/16/2024.

Statement of Deficiencies	License # 1995	Compliance Determination # 54200
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 5 of 5	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	02/13/2025

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 4-5-25

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

Administrator (or Representative) 3-10-25 Date

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 the unannounced on-site full inspection and complaint investigation on 12/03/2024 and 12/05/2024 of:
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following complaint numbers: 154025.

The following sample was selected for review during the unannounced on-site visit: 9 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional
Judith Mellon, RN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

12/26/2024
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) 12/31/24 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure a system was in place to ensure the building was safe and in good repair for 3 of 4 floors (1st, 2nd and 3rd floor). This failure placed all 68 residents at risk for a decreased quality of life.

Findings included...

The ALF had a total of four floors. The ground level floor contained offices, dining areas, a kitchen, resident common areas and a Secure Memory Care Unit (SMC).

An observation on, 12/03/2024 at 10:45 AM, during the environmental tour with Staff G, (Maintenance Director – MD) showed the following on each floor;

FIRST FLOOR – MEMORY CARE UNIT (MCU):

Observation and interview on 12/03/2024 at 11:07 AM, showed handrails on either side of the hallway. The handrails located on either side of the hall, near room 109 had surface abrasions and were rough to touch. Staff G, (MD) stated that he was not aware of the rough areas and would get them fixed.

Observation and interview on 12/03/2024 at 11:09 AM, showed a resident common television area that had a large end table next to a sitting area. On the top, center area of the end table the paint surface was removed. There were surface abrasions with the wood exposed and what appeared as a glue area that appeared to be partially chipped away. Staff G stated, "I didn't know the end table was like that, I will get that removed from here."

Observation and interview on 12/03/2024 at 11:25 AM, showed a janitor closet with a dark brown liquid substance running down both sides of the door frame. Staff G stated that he was unsure what the liquid was, and that the substance was like that when he started working at the ALF.

Observation and interview on 12/03/2024 at 11:30 AM, showed shadow boxes outside of resident rooms for resident personal items. Near room 114, an empty, used plastic medication cup and two plastic spoons were sitting on top of the shadow box. Staff L, (Medication Technician) stated, “Those should not have been left lying there, I will throw them away, they shouldn’t leave that there like that.”

Observation and interview on 12/03/2024 at 11:58 AM, of the first floor exit stairwell, near the MCU locked entrance door, showed multiple items were left sitting in the hallway; a step ladder, nightstand, oxygen concentrator with used oxygen tubing and cannister still attached, a large wooden dresser and two ceiling vents on the floor. Staff G stated that the items were probably removed from resident rooms and put in the hallway. Staff G was unsure how long the items were sitting in the hallway.

KITCHEN:

Observation and interview on, 12/03/2024 at 12:08 PM, showed a Janitor Closet with shelving that held cleaning supplies. On the upper two shelves, mixed in with the cleaning supplies were five pairs of black shoes and a pair of blue plastic sandals. Staff G stated, “The shoes belong to the kitchen staff, they shouldn’t be on the shelves with the cleaning items.”

Observation and interview on 12/03/2024 at 12:15 PM, showed a walk-in freezer with approximately two to three inches of ice frozen halfway across the freezer floor. The ice formation caused an uneven walk surface. Water was observed dripping down from the freezer ceiling and onto a shelving unit in the back of the freezer. The ice was formed from the ceiling, down over the shelving unit and onto the floor. Staff G stated “it’s been like that for eight or nine months. I was told to get bids and every time I get a bid, I’m told to get another one and no one has fixed anything.” Staff G stated, “the drain heater is not working and that’s why it’s leaking and freezing like that.” Staff H, (Dining Service Manager) stated that he went into the freezer to get food items daily, and that the freezer has been like that for a while.

ASSISTED LIVING DINING ROOM:

Observation and interview on 12/03/2024 at 12:19 PM, showed a doorframe from the dining room leading into the kitchen with a brown liquid running down the door and doorframe. Staff G stated that he was not sure what the brown liquid was and would get it cleaned off the door. Staff M (Server) stated, “it’s the oil they put on there, so it does

not squeak or make noise."

SECOND FLOOR:

Observation and interview, on 12/03/2024 at 11:49 AM, showed a fire extinguisher case near room 210 that had a dirty and used face mask inside the case. Staff G removed the face mask and stated, "I don't know why that is in there" and disposed of the mask.

Observation and interview, on 12/03/2024 at 11:50 AM, showed a hallway décor stand with drawers near room 202. Inside the drawers were three used face shields and a package of protective gowns. Staff G stated he was unsure why staff had placed the face shields or gowns in the drawer and that the "face shields appeared used."

Observation and interview, on 12/03/2024, at 11:52 AM, showed a laundry room that had two washers. Staff G stated that the laundry room was for the residents to use. Both washers were observed with the lids open. The tops of both washers were dirty with hair and brown colored debris and melted granules from fabric softener. Staff G stated that the housekeepers were responsible for cleaning the laundry rooms and was unsure when the laundry rooms were cleaned last. Staff G stated that he was not aware of the housekeepers cleaning schedules.

Observation and interview, on 12/03/2024 at 11:54 AM, showed an electrical / mechanical room with multiple Christmas items tossed across the floor, various boxes and debris on the floor. Staff G stated, "it's a mess in here, it's a sinking ship, I don't know why they do this."

THIRD FLOOR:

Observation and interview, on 12/03/2024 at 11:40 AM, showed an electrical room door with chewing gum placed on the door handle. Staff G stated that he was not sure who placed the gum there. The gum was not removed from the door handle.

Observation and interview, on 12/03/2024 at 11:42 AM, showed a Fire Alarm Panel Room to have various items tossed into the room including a box full of alcohol bottles with liquor inside. Staff G stated, "that's all from old apartments, again they just tossed them in here."

Observation and interview, on 12/03/2024 at 11:44 AM, showed a laundry room with two washers and two dryers. Behind both of the dryers was dust build-up and a used laundry softener sheet on the floor. Staff G stated that he was unaware there was dust behind the dryers and would get the dust cleaned up.

Observation and interview, on 12/03/2024 at 11:45 AM, showed there was a décor type stand in the hallway near room 302. Inside a drawer on the stand was one used face shield. Staff G stated, "it looks used, it's someone's face shield, I'll throw it away."

EXTERIOR ENVIRONMENT:

Observation and interview, on 12/03/2024 at 12:00 PM, showed the following; An outside pet waste container was overfull. Staff G stated that he was unsure who was responsible to empty the pet waste container and "it looks like it hasn't been emptied in a while."

Observation and interview, on 12/03/2024 at 12:03 PM, showed the lid to a garbage dumpster was propped open. Next to the dumpster area was a refrigerator with the doors removed, three countertops, a mattress and a heater unit. Staff G stated that the items were not yet scheduled for a pick-up and were sitting outside for about one or two weeks.

Observation and interview, on 12/03/2024 at 12:05 PM, showed a covered area with a power panel and a movable open-top type dumpster with an overflow of cardboard boxes in front of the power panel. Staff G stated that the panel area is where the shut off is for power and the overflow "was the recycling garbage that needs picked up."

This is a recurring deficiency previously cited on 06/26/2023 and 08/17/2023.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 1-30-25 .

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

Administrator (or Representative) [signature] Date 12/31/24

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that hot water temperatures in resident apartments and a public bathroom were maintained between 105 to 120 Degrees Fahrenheit (DF) for 3 of 3 floors. This failure resulted in a decreased quality of life.

Findings included...

Water temperatures were tested in Resident apartments on the first, second and third floors, and in a public bathroom that was on the first floor, used by residents, visitors and staff.

In an observation on, 12/05/2024 at 10:45 AM, Resident 7's bathroom hot water temperature was 104.4 DF.

In an observation, on12/05/2024 at 11:20 AM, Resident 9's bathroom hot water temperature was 104 DF.

In an observation and interview, on 12/05/2024 at 4:00 PM, Resident 3's bathroom hot water temperature was tested and was 103.6 DF. Resident 3 stated, "the water takes a long time to get warm, it's always like that, I just use it that way." The water in Resident 3's bathroom sink was cool to touch.

In an observation and interview, on 12/03/2024 at 10:57 AM, the hot water temperature for the Bathroom across from the Assisted Living Dining Room was 104.5 DF. Staff G (Maintenance director) stated that he typically kept the water temperature about 105 DF.

In an interview, on 12/05/2024 at 10:05 AM, Staff J, (Operations Assistant) stated that she would get the water temperature checked and adjusted so that the water was not cool for the residents.

Water temperature logs for November and December 2024 were requested on 12/05/2024. Staff A (Executive Director), stated in an email dated 12/11/2024 that Staff J (Operations Specialist) was only able to locate the ALF's water temperature log for November and none for December 2024.

Record review of the water temperature log received for November 2024 showed water temperatures were taken on 11/08/2024 and 11/15/2024. The water temperature log showed at the top of the form to complete a water "temperature check every two weeks."

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 1-30-25 .

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

Administrator (or Representative) [signature] Date 12/31/24

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 sampled staff (Staff A, B, C, and D) received facility orientation, 1 of 6 sampled staff (Staff F) completed the required cardiopulmonary resuscitation (CPR) training, 1 of 6 sampled staff (Staff E) had the necessary certification to fulfill their expected responsibilities and 1 of 6 sampled staff (Staff F) had completed the required annual 12 hours of continuing education. This failure placed 68 residents at risk of harm and injury from care staff unfamiliar with the ALF and their expected duties, improper CPR

technique in the event of an emergency and untrained and unqualified staff.

Findings included...

Facility Orientation
Note: Washington Administrative Code (WAC) 388-112A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Record review showed the ALF hired Staff A (Executive Director) on 11/06/2024. Staff A's records did not show they received facility orientation.

Record review showed the ALF hired Staff B (Caregiver) on 05/07/2024. Staff B's records did not show they received facility orientation.

Record review showed the ALF hired Staff C (Caregiver) on 05/22/2024. Staff C's records did not show they received facility orientation.

Record review showed the ALF hired Staff D (Caregiver) on 10/08/2024. Staff D's records did not show they received facility orientation.

During an interview, on 12/05/2024 at 11:57 AM, Staff J (Operations Assistant) stated she was unable to locate any facility orientation records for sampled staff and confirmed the previous Business Office Manager had not completed these for new hires.

CPR

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff F (Medication Technician) on 09/19/2019. Record review showed Staff F did not complete the required CPR training.

During an interview, on 12/05/2024 at 11:57 AM, Staff J confirmed Staff F did not have CPR training and had scheduled a class for staff.

Credentials

Note: WAC 388-112A-0125 Before hiring a long-term care worker, the home must review and verify the following training and certification information. The home must verify the highest level of training or certification achieved by the individual. (1) When the individual is a home care aide certified under chapter 18.88B RCW, the home must: (a) Verify that the individual's home care aide certification is current and in good standing;

Review of staff records showed the ALF hired Staff E (Caregiver) on 10/13/2022.

Review of the Washington State Provider Credential Search Database, on 12/05/2024, showed Staff E did not have the required Department of Health credentials to work as a caregiver in the ALF.

Record review of the ALF's caregiver schedule for nine weeks, from 10/01/2024 to 12/05/2024, showed Staff E worked full 8-hour shifts on 38 occasions.
In an interview, on 12/09/2024 at 1:45 PM, Staff A (Administrator) stated the ALF was unable to provide the required Department of Health credential verification. Staff A confirmed Staff E did not provide documents to show completion or enrollment in a caregiver program and had been removed from the schedule.

Continuing Education

NOTE: WAC 388-112A-0611Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide; (b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC. (2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

Review of staff records showed the ALF hired Staff F (Health Care Aide-HCA) on 09/19/2019.
Record review showed Staff F did not have the required annual 12 hours of continuing education as required for a credentialed HCA.

Review of an October 2024 staff schedule showed Staff F worked a total of 18 eight-

hour shifts in October as a Medication Technician and five eight-hour shifts as a Caregiver. Review of a November staff schedule showed Staff F worked 17 eight-hour shifts as Medication Tech and four eight-hour shifts as a caregiver. Review of a December staff schedule showed Staff F worked three eight-hour shifts as a medication technician on 12/03/2024, 12/04/2024 and 12/05/2024.

During an interview, on 12/05/2024 at 11:57 AM, Staff J (Operations Assistant) stated the ALF was unable to provide proof Staff F had completed the required 12 hours of continuing education within the last year of their employment. Staff J stated the ALF had plans to restart utilization of a computer training program for staff to better track compliance and total education hours.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 1-30-25 .

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

Administrator (or Representative) 12/31/24 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sample staff (Staff D) was screened for tuberculosis (TB) within three days of employment. This failure placed all 68 residents living in the ALF at risk of exposure to TB.

Findings included...

Record review of a Staff List, dated 12/03/2024, showed Staff D (Caregiver) was hired on 10/08/2024. Review of Staff D's records showed no documentation of TB screening within the previous year or after date of hire.

In an interview, on 12/05/2024 at 11:57 AM, Staff J (Operations Assistant) confirmed there was no TB screening completed after date of hire for Staff D.

This is a recurring deficiency previously cited on 06/26/2023 and 08/17/2023.

Plan/Attestation Statement

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Administrator (or Representative) 12-31-24 Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 6 sampled Staff (Staff B) had a valid Washington State name and date of birth background check (NDBGC). This placed 68 residents at risk of exposure to staff members whose criminal background history in Washington State was unknown.

Finding Included...

Review of a Residents Characteristics Roster, undated, showed that the ALF provided

care and services to 68 residents.

Review of a staff roster, dated 12/03/2024, showed Staff B (Caregiver) was hired on 05/07/2024.

Review of Staff B's records showed, as of 12/03/2024, showed there was no documentation as to whether Staff B had completed a NDBGC from Washington State Department of Social and Health Services.

In an interview, on 12/05/2024 at 8:58 AM, Staff J (Operations Assistant) stated the NDBGC for Staff B had not been completed by the previous Business Office Manager and would get it completed.

This is a recurring deficiency previously cited on 01/17/2023 and 03/30/2023.

Plan/Attestation Statement

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Administrator (or Representative) 12/31/24 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a national fingerprint background check (NFBC) for 3 of 6 sampled staff (Staff B, C and E) was completed. This placed 68 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff B (Caregiver), hired on 05/07/2024, did not show Staff B completed a NFBC.

Review of records for Staff C (Caregiver), hired on 05/22/2024, did not show Staff C completed a NFBC.

Review of records for Staff E (Caregiver), hired on 10/13/2022, did not show Staff E completed a NFBC.

In an interview, on 12/05/2024 at 8:58 AM, Staff J (Operations Assistant) stated the NFBC for Staff B, C and E not been completed and would get them scheduled.

Plan/Attestation Statement

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Administrator (or Representative) 12/31/24 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.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 Medication Technician (Staff I) practiced infection control while passing

medications. This failure placed 68 of 68 residents at risk for illness.

Findings included...

Note: Centers for Disease Control recommends the following steps for hand washing with soap and water: wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails. Scrub hands for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol to clean hands not visibly soiled.

An observation, on 12/05/2024 at 8:10 AM, showed Staff I (Medication Technician) in front of a medication cart near the dining room in the assisted living neighborhood. Observation showed Staff I did not perform hand hygiene prior to the start of the medication pass. Staff I prepared medications for Resident 10 by opening bottles of pills and shaking out each pill into a small medication cup. Further observation showed Staff I deliver the medications to Resident 10 in the dining room, then return to the medication cart. Observation showed Staff I did not perform hand hygiene upon their return to the cart.

Observation, on 12/05/2024 at 8:13 AM, showed Staff I dispensed and administered medication for Resident 11 followed by Resident 12 at 8:19 AM without performing hand hygiene before or after assisting each resident. Observation, at 8:22 AM, showed Staff I remove a blood pressure (BP) cuff from the medication cart, walk across the dining room to Resident 13, touch her arm and shirt sleeve to apply the cuff. After the BP reading had been obtained, observation showed Staff I touched the resident's arm as he removed the cuff and return to the cart and placed the BP cuff back in the cart. Further observation showed Staff I did not perform hand hygiene on return to the cart. Observation at 8:30 AM showed Staff I did not perform hand hygiene prior to donning gloves to apply a lidocaine patch to Resident 14's lower back. Observation, at 8:32 AM, showed Staff I return to the cart, remove his gloves, lift the garbage container lid to dispose of the used gloves. Staff I then opened the medication cart to retrieve a cup of medications previously dispensed and stored in a cup in the top drawer and deliver them to Resident 13. Observation then showed Staff I returned to the cart and without performing hand hygiene, retrieved a pair of gloves and an insulin pen and capped needle. Staff I placed the gloves on their hands, opened the door to a nearby room where he administered an insulin injection under Resident 5's abdomen. Staff I then removed the gloves, disposed of the needle in a sharps (secured vessel designed for safe disposal of needles) container attached to the medication cart. Further observation showed no hand hygiene prior to dispensing and administering Resident 5's medications.

In an interview, on 12/05/2024 at 8:50 AM, when questioned about frequency of hand hygiene and availably of hand sanitizer product, Staff I stated he would wash hands in between services and did not need to wash hands between each resident because he wore gloves when physical contact with a resident is required. When questioned about availability or use of a hand sanitizer product, Staff I stated there had not been any

hand sanitizer on the cart for a while. Staff I stated he was often busy and did not have time to go to the bathroom to wash hands each time.

At no time, during the observation of passing of medications to six different residents, did Staff I wash his hands for the recommended 20 seconds or use alcohol-based hand sanitizer.

In an interview, on 12/05/2024 at 2:20 PM, Staff K (Assisted Living Director) stated the observed medication administration practices of Staff I did not reflect proper infection control procedure and stated the ALF would need to re-educate staff. Staff K confirmed Staff I had been removed from medication administration services until retraining was completed.

This is deficiency was previously cited on 06/26/2023.

Plan/Attestation Statement

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

Administrator (or Representative) 12/31/24 Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to protect the confidentiality of resident records when 1 of 1 staff (Staff I) left an unattended computer displaying medical information of the residents living in the ALF neighborhood. This resulted in a violation of all 59 residents' privacy and confidentiality.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.050 - Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Observation, on 12/05/2024 at 8:10 AM, showed Staff I (Medication Technician) dispense medications for Resident 10, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 12/05/2024 at 8:13 AM, showed Staff I dispense medications for Resident 11, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 12/05/2024 at 8:19 AM, showed Staff I dispense medications for Resident 12, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 12/05/2024 at 8:22 AM, showed Staff I collect equipment to obtain a blood pressure reading for Resident 13, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 12/05/2024 at 8:32 AM, showed Staff I collect a medication cup filled with pills from the top drawer of the medication cart previously dispensed for Resident 12, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 12/05/2024 at 1:42 PM, showed an unattended medication cart parked next to the main dining room with an open and unlocked computer screen with resident medical information displayed. Observation showed non-clinical staff, residents and guests walk by the cart between the times of 1:42 PM and 1:49 PM.

Observation and interview, on 12/05/2024 at 1:49 PM, showed Staff I return to the medication cart. When asked if the computer screen should remain open when unattended, Staff I agreed the computer should be closed and the screen locked before leaving the area and stated he had forgot to close and lock the laptop.

In an interview, 12/09/2024 at 1:45 PM, Staff A (Administrator) stated staff should secure computers with resident information prior to leaving the area and Staff I had been removed from the cart for additional training.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 12/31/24

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 medication cart in the Assisted Living Neighborhood was locked and medications were securely stored. This failure placed 11 ALF residents with dementia at risk for accessing and ingesting unprescribed medications and all 59 ALF residents at risk for missing or tampered prescription medications.

Findings included...

Record review of a Resident Characteristic Roster, undated, showed that the ALF provided care and services to 59 residents of whom 11 residents were identified with dementia (a group of symptoms that affects memory, thinking and interferes with daily life).

An observation, on 12/05/2024 at 8:10 AM, showed Staff I (Medication Technician) dispense medications from a medication cart parked next to the ALF dining room. Staff I prepared the medications, closed the cart drawer and without locking it, walked away from the cart towards the dining room, leaving the cart unattended and out of direct sight. Additional observations during medication pass on 12/05/2024 showed Staff I left the cart unlocked and unattended at 8:13 AM, 8:15 AM, 8:19 AM, 8:30 AM and 8:32 AM.

Multiple ambulatory residents, staff and visitors were observed walking up to and past the medication cart multiple times between 8:10 AM and 8:32 AM.

An observation, on 12/05/2024 at 8:10 AM, showed Staff I remove a lidocaine patch (topical pain relief) and place the patch on top of the medication cart. Observation showed the patch remained on the top of the cart, unsecured and unattended at times, until 8:30 AM when Staff I took the patch into the adjacent room to apply to Resident 14.

In an interview, on 12/05/2024 at 8:50 AM, Staff I stated he only locked the cart when he could not see the cart.

In an interview, on 12/05/2024 at 2:20 PM, Staff K (Assisted Living Director) agreed that the medication cart should always be locked when unattended. Staff K stated Staff I would be removed from the Medication Cart and would be retrained.

In an interview, on 12/09/2024 at 1:45 PM, Staff A (Administrator) confirmed an unlocked medication cart was unsafe for all residents.

This is deficiency was previously cited on 06/26/2023.

Plan/Attestation Statement

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Administrator (or Representative) 12-31-24 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(v) Provisions for essential resident needs, supplies and equipment including water,

food, and medications; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure they maintained an emergency supply of water in preparedness for natural and man-made disasters. This failure placed 68 residents at risk of displacement and being without essential provisions in the event of emergency or disaster.

Findings included...

Review of a Resident Characteristic Roster showed the ALF provided care and services to 68 residents, eight of the residents resided on the Memory Care Unit.

In interview during an environmental tour, on 12/03/202024 at 12:46 PM, when asked about emergency food and water for residents, Staff G (Maintenance Director) reported the food services department oversaw the maintaining of emergency food and water.

Interview, on 12/04/2025 at 11:50 AM, Staff H (Dining Services Manager), reported he typically had emergency water stored in the refrigerator, but the facility currently had no emergency water.

Observation, at 12/04/2024 and 11:52 AM, showed no emergency water supply.

Plan/Attestation Statement

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

Administrator (or Representative) 12/31/24 Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 observed dishwashing staff (Staff N) followed handwashing protocol and 3 of 8 sampled staff (Staff F, Staff M and Staff N) had valid food handler's permits (FHP) on file with the facility. These failures placed 68 of 68 residents at risk for illness and increased health issues.

Findings included...

NOTE: Reference Washington Administrative Code (WAC) 246-215-02310 Hands and arms-When to wash (Food and Drug Administration ((FDA)) Food Code 2-301.14). Food employees shall clean their hands and exposed portions of their arms as specified under WAC 246-215-02305 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (5) After handling soiled equipment or utensils.

Observation during the food service and kitchen tour with Staff H (Dining Services Manager), on 12/05/2024 at 11:54 AM, showed Staff N (Dishwasher) clean multiple loads of dirty dishes/pots and pans (DPP). Staff N was observed not wearing gloves. Staff N continually went back and forth from handling dirty DPP and clean DPP without washing his hands or wearing gloves throughout the observation. Observed Staff N rinsing clean various DPP under the faucet after they had completed the dishwashing machine cycle, then storing the items away.

In interview, on 12/05/2024 at 11:58 AM, Staff N reported before storing the DPP away, he used the faucet to rinse off food particles that were not thoroughly cleaned by the dishwashing machine.

In interview, on 12/05/2024 at 12:04 PM, Staff H stated Staff N was a new employee and should be wearing gloves or cleaning his hands in between handing clean and dirty DPP. Staff H also reported the DPP that were not thoroughly cleaned by the dishwashing machine should go through the washing cycle again before storing them away.

NOTE: Reference WAC 246-217-015 – Applicability - (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment

Review of staff record showed the facility hired Staff N on 11/29/2024. Staff N did not have an FHP on file.

Record review of the facility's job description of a dishwasher, showed the duty and responsibility of a dishwasher was to "assists cook with food preparation before each meal", a task that an FHP would be required.

Review of staff record showed the facility hired Staff M on 08/29/2021 as a server. Staff M did not have a valid FHP on file.

Review of the staff schedule, from 11/04/2024 through12/05/2024, showed Staff M worked 15 shifts.

In interview, on 12/05/2024 at 2:43 PM, Staff M reported her FHP had expired and forgot to renew it.

In interview, on 12/05/2024 at 2:44 PM, Staff H confirmed Staff N was required to have FHP and did not have an FHP on file.

This is deficiency was previously cited on 06/26/2023.

Plan/Attestation Statement

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

Administrator (or Representative) 12-31-24 Date