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

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 License # 1995

Dear Administrator:

This letter addresses Compliance Determination(s) 24550 (Completion Date 06/09/2023) and 21299 (Completion Date 03/30/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2023 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-2464, WAC 388-78A-2464-1, WAC 388-78A-2464-2

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional
Faith Le, NCI
Scottie Sindora, ALF Licensor
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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 # 21299
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 3 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 03/30/2023

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 follow-up on 03/17/2023, 03/17/2023, and 03/17/2023 of:
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 03/30/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Mcglon, 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

04/05/2023
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.

Administrator (or Representative) 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 interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 4 sampled staff (Staff A) had a Washington State name and date of birth inquiry (BGI) prior to employment at the ALF. This placed 42 of 42 residents at risk for harm by receiving care and services from a staff whose criminal history was unknown.

Findings included...

Record review of an undated Staff Roster showed the ALF hired Staff A (Assisted Living Director) on 02/17/2023. A review of Staff A's employee file showed a BGI dated 02/22/2023, five days after employment.

In an interview, on 03/17/2023 at 12:10 PM, Staff A stated that he had been working for the ALF unsupervised since 02/17/2023.

This is an uncorrected deficiency previously cited on 01/17/2023.

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) May 13, 2023 .

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

Administrator (or Representative)

1/5/2023
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 16605
Investigator: Jamie Singer
Investigation Date(s): 11/28/2022 through 01/17/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 59218
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1. The Assisted Living Facility's (ALF) kitchen was not clean, and had ants and mold.
2. The ALF residents were not receiving shower and were in soiled briefs.
3. The Named Resident (NR) eloped from the memory care unit and was found on the side of the street.
4. Staff members are being physically assaulted by residents.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: Closed records sample size: 2
Observations:	Kitchen Residents Dining Resident rooms Staff to resident interactions Food preparation
Interviews:	Kitchen staff Residents Nursing staff
Record Reviews:	Incident investigation Kitchen staff schedule

Investigation Summary:

1. Observation showed no ants or mold, and the kitchen staff were cleaning the kitchen.
2. Observation showed residents were clean and well groomed, with no foul odors. Record review showed care plans appropriate for shower and toileting/incontinent interventions in place. Sampled residents stated that they were receiving showers and had no concerns with care and services.
3.In interview and record review showed the ALF staff failed to ensure an alarmed door on the memory care unit was functioning properly. Interview and record review showed

the NR eloped through the door and was found and returned by the fire department.
4. Record review showed residents with behavior issues including assaulting care givers had appropriate interventions in place and they all had diagnoses of [redacted]. Observation and interview showed the staff were dealing with this behavior appropriately and it was not effecting other residents.

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: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 16605
Investigator: Jamie Singer
Investigation Date(s): 11/28/2022 through 01/17/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 57288
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Named Resident (NR) eloped from the memory care through an alarm door unnoticed by staff.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: Closed records sample size: 2
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Family members Residents
Record Reviews:	Incident investigation Resident Records

Investigation Summary:
1. Interview and record review showed the ALF staff failed to ensure an alarmed door on the memory care unit was functioning properly. Interview and record review showed he NR eloped from the unit and wandering on to a busy street, fell and sustained injuries. The ALF staff were unaware the NR had eloped from the unit, until the fire department returned the resident to the facility. In an interview, the Regional nurse contributed the elopement to a non-functioning door alarm that did not reset following a power outage.

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: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 16605
Investigator: Jamie Singer
Investigation Date(s): 11/28/2022 through 01/17/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 58648
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1. The Named Resident's bandages were not changed.
2. The Named Resident (NR) did not receive a refund after discharging from the Assisted Living Facility (ALF).
3. The NR eloped from the ALF's memory care unit and wandered onto a busy street.
4. The NR had bruises and the ALF did not provide an explanation.
5. The NR's room had an odor and bedding was soiled.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: Closed records sample size: 2
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Family members
Record Reviews:	Incident investigation Resident records

Investigation Summary:

1. The NR no longer resided in the ALF and lived there for less than a month. In interview, the ALF nurse stated the NR had a band-aid only that did not require wound care. Record review showed the care plan was appropriate for care needs and no skin issues were noted.
2. In an interview, the Assistant Executive Director stated that per records, the NR was issued a refund for the balance on 12/14/2022. The Assistant Executive Director stated that the NR's family did not give a 30-day notice with violated the admission agreement.
3. Interview and record review showed the ALF staff failed to ensure an alarmed door

on the memory care unit was functioning properly. Interview and record review showed he NR eloped from the unit and wandering on to a busy street, fell and sustained injuries. The ALF staff were unaware the NR had eloped from the unit, until the fire department returned the resident to the facility. In an interview, the Regional nurse contributed the elopement to a non-functioning door alarm that did not reset following a power outage.
4. Interview and record review showed the NR had a fall, during an elopement, resulting in abrasions and bruises. The facility conducted an investigation and ruled out abuse and neglect. In interview, sampled residents denied abuse and felt safe in the facility.
4. Observation showed no odor or soiled bedding of sampled residents.

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 #: 1995 Compliance Determination # 16605
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 4 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 01/17/2023

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 11/28/2022, 11/28/2022 and 12/29/2022 of:

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

This document references the following complaint number(s): 57830, 59218, 57288, 58648

The following sample was selected for review during the unannounced on-site visit: 0 of 43 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional
Jamie Singer, Field Manager

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

1/19/2023
Date

Statement of Deficiencies License #: 1995 Compliance Determination # 16606
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 2 of 4 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 01/17/2023

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) January 20, 2023 Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1of 3 alarmed doors, in a locked Memory Care Unit (MCU) were operational following a power outage. This failure placed 13 of 13 residents at risk and contributed to the elopement of Resident 1.

Findings included...

Review of a Resident Characteristics Roster showed the facility had 13 residents residing in a separate locked Memory Care Unit (MCU).

Observations, 11/28/2023 at 1:38 PM, showed the ALF's MCU had three alarmed egress doors. One of the doors connected the MCU to the main Assisted Living area, two doors lead to the outside of the facility.

Review of Charting Notes showed the ALF admitted Resident 1 to the MCU on [redacted]/2022. Review of the Pre-Move in Evaluation, dated 10/10/2022, showed Resident 1 had a diagnosis of [redacted] and could not leave the ALF unescorted.

Record review of an Incident Report showed, on 11/06/2022 at 8:20 PM, Resident 1 was returned to the ALF by the local fire department. Resident 1 had been found two blocks from the ALF. Resident had been lying on the side of a busy street and had sustained abrasions, bruising, and swelling of an extremity.

In an interview, on 11/28/2022 at 12:58 PM, Staff D (Registered Nurse) stated Resident 1 had eloped from the ALF through an alarmed exit door that was not operational. Staff D stated the alarm had not re-set following a recent power outage.

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) 1/20/2023 .

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

Administrator (or Representative) Date January 20, 2023

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 3 sampled staff (Staff B and C) had a Washington State name and date of birth inquiry (BGI) prior to employment at the ALF. This placed 43 of 43 residents at risk for receiving service from a staff member whose background history was unknown.

Findings included...

Record review of an undated Staff Roster showed the ALF hired Staff B on 10/01/2022. A review of Staff B's employee file, on 11/28/2022, showed no completed BGI.

In an interview, on 11/28/2022 at 2:27 PM, Staff B (Server) confirmed she had been working for the ALF unsupervised since 10/01/2022.

Record review of an undated Staff Roster showed the ALF hired Staff C (Server) on 09/26/2022. A review of Staff C's employee file, on 11/28/2022, showed a BGI had been completed on 11/10/2022, 45 days after Staff C was employed.

In an interview, on 11/28/2022 at 2:21PM, Staff C confirmed she had been working for the ALF unsupervised since 09/26/2022.

On 12/27/2022 at 5:00 PM, Staff B's BGI was received via email dated 12/27/2022, 88 days after Staff B was employed.

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) 1/20/2023 .

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

Administrator (or Representative) Date January 20, 2023