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) 32954 (Completion Date 12/04/2023) and 28104 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/04/2023 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-2150-1, WAC 388-78A-2150-2, WAC 388 78A 2450 2 d, WAC 388 78A-2703-3, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-3, WAC 388-78A-24701-1

The Department staff who did the on-site verification:
Michelle Mcglon, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 28104
Investigator: Michelle Mcglon
Investigation Date(s): 08/14/2023 through 09/26/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 92230
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Named Resident (NR) eloped from the Assisted Living Facility's (ALF) Memory Care Unit (MCU), unnoticed by staff.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 2 Closed records sample size:
Observations:	Identified resident Residents Staff to resident interactions Alarmed Exit doors Resident to resident interactions
Interviews:	Family members Residents Nursing staff Memory Care Director Identified staff Maintenance staff
Record Reviews:	Incident investigation Facility policies Resident Records

Investigation Summary:
1. Based observation, interview, and record review the ALF failed to have a system in place to ensure 1 of 2 battery powered alarmed exit doors was properly functioning. This failure resulted in the exit door not sounding to alert the staff, and the NR eloping from the MCU. Record review showed the ALF did not complete the investigation to rule out abuse and neglect. The ALF staff reported the batteries had to be replaced, after the NR eloped.

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 #: 28104
Investigator: Michelle Mcglon
Investigation Date(s): 08/14/2023 through 09/26/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 94792
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1. The Assisted Living Facility(ALF) did not keep the Material Safety Data Sheet (MSDS) up to date.
2. The ALF was understaff resulting in staff working 7 days a week and 24 hours a day.
3. The ALF did not provide new hire orientation to staff, prior to having them sign the form showing completion.
4. The ALF did not have signed resident service plans .
5. The Emergency exit was blocked by refrigerators at the ALF.
6. The ALF did not have a box for the medcart key.
7. The ALF medication room was a mess.
8. The Named Resident (NR) was moved in to memory care without a dementia diagnosis.
9. The ALF did not complete employee TB test.
10. The Assisted Living Director (ALD) and Memory Care Director (MCD) were expected to work to fill shift, even when they were sick.
11. Named Resident 2 (NR2) and Named Resident 3 (NR3) need to be in memory care.
12. Named Resident 4 (NR4) had ants and mold in their apartment.
13. The ALF were admitting residents without an assessment.
14. The ALF staff were refusing to complete Resident Occurrence Reports (ROR).
15. The staff were turning off the alarmed exit doors in memory care because the residents were setting off the alarms.
16. Call lights are disabled.
17. Staff were not certified.
18. Service plans were not updated yearly.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 2 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Maintenance staff

Residents
Family members
Nursing staff
Executive Director
Assistant Executive Director
Identified resident

Record Reviews: Incident investigation
Personnel files
Staff patterns

Investigation Summary:

1. Record review of the MSDS showed the ALF had documents containing information on the potential hazards in a binder. The Executive Director (ED) stated the maintenance director was working to keep the binder up to date.
2. Interview and record review showed the ALF had not retained 12 weeks of planned and worked schedules. The Memory Care Director (MCD) stated that she threw away the worked schedules. The MCD stated that the staff had not worked 24 hours a day, some staff would pick up extra shifts.
3. Citation for missing orientation issued on 06/26/2023 & 08/17/2023. Currently, the ALF are within their plan of correction period.
4. Interview and record review showed the ALF failed ensure the residents, their representatives, or an ALF representative sign the Resident Service Plan. In an inteview, the Executived Director confirmed there were no signatures.
5. Observation showed the appliances were on the patio outside of the dining room and did not block the exits. The ED stated that vendors were coming to pick up the appliances.
6. Observation showed the ALF and MCU medication technician pass the keys to another medication technician at the end of their shift.
7. Observation showed the ALF medication room was clean.
8. Interview and record review showed NR 1 did not have a dementia diagnosis. The Executive Director stated that NR1 had initially been moved into the memory care, but moved within a week to the assisted living.
9. Citation for missing TB test was issued on 06/26/2023 and 08/17/2023. The ALF are within there plan of correction.
10. Currently, the ALF does not have a ALD. The MCD stated that she had not been asked to work while sick.The ALF staff denied being asked to work when sick.
11. In an interview, the Executive Director stated that she was working with NR2's family to move the resident to memory care, and NR3 was scheduled to move to memory care.
12. Observation of NR4's and sampled residents' aparmtent showed no ants or mold. The ED stated that there was a leak in an apartment affecting a small area, but the problem had been resolved.
13. In an interview, the ALF nurse stated that she had not moved any resident into the facility without an assessment. Record review showed the ALF had pre-admission assessments for newest admitted residents.
14. Interview and record review showed the ALF staff failed to ensure ROR were complete to rule out abuse, neglect, and to determine the circumstances around the incidents.
15. The ALF reported not being aware of any staff member turning off the alarmed exit doors in memory care. The ED stated that she had not heard of anyone turning off the alarmed exit doors. Observation showed the alarms were turned on.
16. Citation for broken call lights test was issued on 06/26/2023 and 08/17/2023. The ALF are within their plan of correction period.
17. Citation for staff not having specialized training was issued and the facility is

within their plan of correction period.
18. Record review showed service plans were updated at least yearly.

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 #: 28104
Investigator: Michelle Mcglon
Investigation Date(s): 08/14/2023 through 09/26/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 97729
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Named Resident (NR) stated they were hit and kicked by the staff at the Assisted Living Facility (ALF).
2. The NR was found on the floor, possibly throughout the night, at the ALF.
3. The NR had pain on their side, the ALF staff pushed on the area and caused the resident more pain.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 2 Closed records sample size:
Observations:	Residents Resident to resident interactions Staff to resident interactions
Interviews:	Nursing staff Family members Executive Director
Record Reviews:	Incident investigation Facility policies Resident Records

Investigation Summary:
1. The ALF staff denied hitting or kicking the NR. The Assistant Executive Director stated that no on had reported been hit or kicked by staff. Record review of a Resident Occurrence Report showed the ALF failed to complete the document to rule out abuse and neglect. In an interview, the Memory Care Director stated she had not completed the Resident Occurrence Report for the NR.
2. Record review of staff witness statements showed the NR was assist by staff, during the night shift.
3. In an interview, the ALF nurse stated that she had assessed the NR and determine the resident needed further medical evaluation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
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Statement of Deficiencies License #: 1995 Compliance Determination # 28104
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 8 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 09/26/2023

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 08/14/2023 and 08/14/2023 of:

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

This document references the following complaint number(s): 92230, 94792, 97729

The following sample was selected for review during the unannounced on-site visit: 2 of 55 current residents and 0 former residents.

The department staff that investigated 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

10/05/2023
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) 10/6/2023 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the residents, their representatives, and a representative of the ALF signed the Negotiated Service Agreement (NSA) at least annually for 4 of 4 sampled residents (Residents 1, 2, 3, and 4). This placed Residents 1, 2, 3 and 4 at risk for not receiving agreed upon care and services.

Findings included...

Review of an Assessment showed the ALF admitted Resident 1 on [redacted]/2023. Review of Resident 1's Resident Service Plan (RSP-equivalent to a NSA), dated 05/19/2023, showed no signatures from the resident, their representative, or an ALF representative.

Review of a Face Sheet showed the ALF admitted Resident 2 on [redacted]/2022. Review of Resident 2's RSP, dated 07/01/2023, showed no signatures from the resident, their representative, or an ALF representative.

Review of a Face Sheet showed the ALF admitted Resident 3 on [redacted]/2022. Review of Resident 3's RSP, dated [redacted]/2022, showed no signatures from the resident, their representative, or an ALF representative.

Review of a Face Sheet showed the ALF admitted Resident 4 on [redacted]/2023. Review of Resident 4's RSP, dated 03/01/2023, showed no signatures from the resident, their representative, or and ALF representative.

In an interview, on 08/31/2023 at 2:50 PM, Staff A (Executive Director) confirmed the ALF had not had Resident 1, 2, 3, and 4, their representative or an ALF staff member sign the RSPs.

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

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) Nov 20, 2023 10th.

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

Administrator (or Representative) 10/6/2023 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(d) Document and retain for twelve weeks, weekly staffing schedules, as planned and worked;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to retain a minimum of twelve weeks of staffing schedules. Not retaining the schedules placed 10 residents at risk from not knowing who and how many staff had provided care.

Findings included...

Review of the ALF staff schedules, on 08/31/2023 at 3:10 PM, showed no documented staff schedules prior to 08/15/2023.

In an interview, on 08/31/2023 at 3:10 PM, Staff B (Memory Care Director) stated that she created the schedule for Memory Care. Staff B stated that she did not have the past twelve weeks of documented schedules as she threw them away.

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) NOV 20, 2023 10th .

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

Administrator (or Representative) 10/6/2023 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 have a system in place to a ensure battery powered alarmed door, in the Memory Care Unit (MCU), was operational. This failure placed 10 of 10 residents at risk and contributed to the elopement of Resident 5.

Findings included...

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

Observation, on 08/31/2023 at 1:45 PM, showed the MCU had three alarmed egress doors. Two of the three door alarms were powered by batteries. One of the doors connected the MCU to the main Assisted Living area, the two battery powered doors lead to the outside of the facility.

Review of Resident 5's Face Sheet showed the ALF admitted Resident 5 to the MCU on [redacted]/2019 with multiple medical diagnoses including [redacted] Review of a Resident Occurrence Report documented that on 08/02/2023 Resident 5 had eloped from the MCU unnoticed by staff.

In an interview, on 08/30/2023 at 1:51 PM, Staff C (Medication Technician) stated that on

08/02/2023 after Resident 5 eloped, she had pushed on one of the battery powered alarmed door, and the alarm did not sound. Staff C stated she discovered the alarm was not operational because the batteries needed to be replaced. Staff C stated the ALF staff were not alerted to Resident 5 eloping because the door had not alarmed.

In an interview, on 08/31/2023 at 1:53 PM, Staff D (Maintenance Director) confirmed Resident 5 eloped unnoticed from the MCU because batteries on the door needed to be replaced causing the alarm not to sound. Staff D stated the ALF did not have a system in place to ensure the batteries on the alarmed doors in the MCU were replaced and checked on a regular basis.

This was deficiency was 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) NOV 20, 2023 10th.

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

Administrator (or Representative) 10/6/2023 Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete investigations that ruled out abuse, neglect, determined the circumstances, and institute appropriate measures to prevent similar situations when 2 of 2 residents (Resident 5 and 6) experienced incidents that jeopardized their health and safety. These failure placed Resident 5 and 6 at risk for abuse, neglect and further injuries.

Findings included...

Review of the facility's undated policy title, "Abuse, Neglect or Exploitation Policy", showed the ALF would prepare an incident report to determine the circumstances of the events and the appropriate measures to prevent similar future situations. The following information would be gathered, relevant information with relevant history, location and date/time of incident management, notification as appropriate (example physician, family, Complaint Resolution Unit), witness interviews, description of the incident, contributing factors, assessment of the resident, extent of injury, findings, action taken and interventions to prevent reoccurrence.

Record review showed the ALF had developed a Resident Occurrence Report (ROR) that was two pages in length. The ROR contained preprinted sections for the staff to fill out that included: Who, What, Why, Conclusion, and Action Taken.

Resident 5
Review of a Face Sheet showed the ALF admitted Resident 5 to the Memory Care Unit (MCU) on [redacted]/2019 with multiple medical diagnoses including [redacted].

Review of a ROR documented that on 08/02/2023 Resident 5 had eloped from the Memory Care Unit unnoticed by staff. The ROR showed the sections of the report including witness statements and sections titled "What" and "Action Taken" were left blank. The ROR did not determine the circumstances of how Resident 5 eloped from the facility, did not rule out abuse or neglect and did not document measures to prevent reoccurrence.

Resident 6
Review of a Resident Service Plan (equivalent to Negotiated Service Agreement) showed the ALF admitted Resident 6 on [redacted]/2020 with multiple medical diagnoses including [redacted].

Review of a ROR documented that on 09/11/2023 Resident 6 was found lying on the floor. The ROR was incomplete and the section of the report titled "Conclusion" was left blank. The ROR documentation did not rule out abuse and neglect.

In an interview, on 09/25/2023 at 11: 53 AM, Staff B (Memory Care Director) stated that she did not have an opportunity to complete the investigations for Resident 5 or 6.

This is a recurring deficiency previously cited on 08/17/2021, 01/30/2023 and 03/30/2023.

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) NOV 20 2023 10M.

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

Marie L Claire
Administrator (or Representative)

10/6/2023
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a required Character, Competence and Suitability (CCS) review was completed for 1 of 4 staff sampled (Staff E) before the staff worked with vulnerable adults in the facility. This failure placed # residents at risk for possible abuse or neglect.

Findings included...

Review of the undated Residents Characteristics Roster showed that the ALF provided care and services to 55 residents.

Review staff records showed the ALF hired Staff E (Caregiver) on 10/13/2022. Review of Staff E's background check, completed on 02/13/2023, showed, "Information reported by one or more background check sources that requires a Character, Competence, and Suitability review. This means the ALF must determine whether or not the applicant can work in a position that may have unsupervised access to children or vulnerable adults by completing a character, competence, and suitability (CC&S) review."

Record review showed the facility had not completed a CC&S.

In an interview, on 09/21/2023 at 1:07 PM, Staff F (Assistant Executive Director) stated that she reviewed Staff E's employee file and there was not a CC&S completed.

Statement of Deficiencies License #: 1995 Compliance Determination # 28104
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 8 of 8 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 09/26/2023

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) Nov 20, 2023. 10th

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

Administrator (or Representative) 10/6/2023 Date