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

04/30/2025

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) 47383 (Completion Date 04/30/2025) and 43197 (Completion Date 07/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the On Site verification:
Michelle Mcglon, Nursing Consultant Institutional

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

Sincerely,

Jamie Singer

Jamie Singer, Field Manager

Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 43197
Investigator: Michelle Mcglon
Investigation Date(s): 06/25/2024 through 07/24/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 135228
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Assisted Living Facility (ALF) failed compliance with the State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 4 Closed records sample size:
Observations:	Residents Resident rooms
Interviews:	Director Of Nurses Maintenance staff
Record Reviews:	Fire Marshal Report

Investigation Summary:
1. Record Review of the Washington State Patrol Fire Inspection Report dated 06/17/2024, showed the ALF had not corrected five violations from a previous inspection. In an interview, the Maintenance Director stated that the ALF were working to correct the violations. The Executive Director stated that the ALF was working on correcting all violations. See citation WAC 388-78A-2040 for 07/03/2024.

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 # 43197
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	07/24/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 06/25/2024, 06/25/2024 and 06/25/2024 of:

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

This document references the following complaint number(s): 133079, 135228

The following sample was selected for review during the unannounced on-site visit: 4 of 67 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

7/24/2024
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)

7/27/2024
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Marshal Office (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 58 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 06/24/2024, showed the ALF was licensed for 102 beds. Review of a Resident Characteristic Roster showed the ALF was providing care and services for 67 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 02/27/2024 and first follow-up visit on 04/25/2024. The second follow-up visit on 06/17/2024 showed the ALF failed to comply with following International Fire Codes (IFC):
IFC 0405.5.2018- The facility could not provide documentation for the completion of unannounced fire drills, one drill per shift, per quarter, in the previous 12 months.
IFC 701.6.2018 Washington Administrative Code (WAC) 51-54A-The facility was unable to provide documentation that the annual fire wall inspection had been completed.
IFC 915.6.2018- The facility was unable to provide documentation for the monthly carbon monoxide detector testing. National Fire Protection Association (NFPA) 720 8.7.1- single and multiple-station carbon monoxide alarms and all connected appliances shall be inspected and tested in accordance with the manufacturer's published instructions at least monthly.
IFC 1031.10.2.2018- The facility failed to provide documentation for the monthly 30 second activation test for the emergency lights. The facility was unable to provide documentation for the annual 90-minute power test for the emergency lights.
IFC 1203.4.2018- The facility was unable to provide documentation for the weekly inspections and monthly 30 minute load testing.

In an interview, on 06/25/2024 at 12:34 PM, Staff A (Maintenance Director) stated that

he was working to resolve the violations.

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) 9/7/2024 .

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

Administrator (or Representative) — Date: 7/27/2024

Plan of Correction

Name of Community	North Creek Senior Living	Date	August 2024

WAC 388-78A-2040	Other Requirements	___ Yes _X_ No	What Has Been Done to Correct?	All fire safety items are now in compliance with fire marshal code.	_X_ Yes ___ No
			How Will Recurrence Be Prevented?	Weekly and daily checks on certain items that need to be updated for life safety systems.	
			Person Responsible:	Maintenance	
			Due Date:	September 7,2024	

Executive Director: