STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

01/28/2026

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) 72085 (Completion Date 01/28/2026) and 68850 (Completion Date 12/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/28/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

(3) Whenever the conditions in subsection (1) or (2) of this section occur, the assisted living facility must document in the resident's records:

(a) The date and time each individual was contacted; and

(b) The individual's relationship to the resident.

The Department staff who did the Off 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 #: 68850
Investigator: Michelle Mcglon
Investigation Date(s): 11/14/2025 through 12/05/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 199878
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1. The Assisted Living Facility (ALF) did not respond to or provide the Named Resident (NR) records to the Department, after multiple requests.
2. The ALF did not notify the NR's payment source when the resident was hospitalized for several days.

Investigation Methods:

Sample:	Total residents: 45 Resident sample size: 3 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Nursing staff Family members Business office manager/Assist Exec. Dir
Record Reviews:	State reporting log Resident Records Facility Records

Investigation Summary:

1. Interview and record review showed that the ALF failed to provide the Department within a reasonable. In an interview, the ALF staff stated that they forgot to send them. Record review showed that the Department representative made multiple request for the records via email and in person. Failed practice identified. See Statement of Deficiency 388-78A-3140 (2) dated 12/05/2025.
2.Interview and record review showed that the ALF failed to notify the Department representative when the NR was hospitalized. In an interview, the ALF staff stated that the facility did not notify the agency responsible for payment. Record review showed the ALF did not document the Department was notified of the resident's hospitalization. Failed practice identified. See Statement of Deficiency 388-78A-

2640 (1)(a)(2)(b)(3)(a)(b) dated 12/05/2025.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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 an unannounced on-site complaint investigation on 11/14/2025 of:

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

This document references the following complaint number(s): 198937, 199878

The following sample was selected for review during the unannounced on-site visit: 3 of 45 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

Statement of Deficiencies	License #: 1995	Compliance Determination # 66850
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 2 of 4	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	12/05/2025

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

12/8/2025
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)

12/08/2025
Date

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure requested documents were provided for 1 of 1 sample resident (Resident 1) to Department Staff within a reasonable time. This resulted in delayed record review and Department Representative (DR) having to make multiple requests via email and in-person to receive required documents.

Findings included...

Record review of a Resident Service Plan, dated 09/09/2025, showed that the ALF admitted Resident 1 on [redacted]/2024.

Record review of an email, dated 10/22/2025, showed that DR sent an email to Staff A (Assistant Executive Director) requesting a Medication Administration Record (MAR) and Negotiated Care Plan (NCP) for Resident 1.

Record review of an email, dated 10/27/2025, showed that DR sent an email to Staff A, making a second attempt, requesting the MAR and NCP for Resident 1's.

Record review of an email, dated 10/28/2025, showed that DR sent another email to Staff A and this time including Staff B (Chief Operating Officer) making a third attempt

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.

Residential Care Services _____ 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 _____

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure requested documents were provided for 1 of 1 sample resident (Resident 1) to Department Staff within a reasonable time. This resulted in delayed record review and Department Representative (DR) having to make multiple requests via email and in-person to receive required documents.

Findings included…

Record review of a Resident Service Plan, dated 09/09/2025, showed that the ALF admitted Resident 1 on [redacted]/2024.

Record review of an email, dated 10/22/2025, showed that DR sent an email to Staff A (Assistant Executive Director) requesting a Medication Administration Record (MAR) and Negotiated Care Plan (NCP) for Resident 1.

Record review of an email, dated 10/27/2025, showed that DR sent an email to Staff A, making a second attempt, requesting the MAR and NCP for Resident 1's.

Record review of an email, dated 10/28/2025, showed that DR sent another email to Staff A and this time including Staff B (Chief Operating Officer) making a third attempt

requesting the MAR and NCP for Resident 1's.

In an interview, on 11/17/2025 at 7:57 AM, DR stated that they sent emails to Staff A and Staff B and made one in-person request, on 10/22/2025, to Staff A for Resident 1's MAR and NCP. DR stated that the documents were sent by Staff C (Regional Director of Operations) on 10/28/2025, seven days after the initial request. DR confirmed that without the requested documentation, Resident 1's [redacted] Assessment would be late which could delay the payment for Resident 1's apartment, care and services.

In an interview, on 11/19/2025 at 1:30 PM, Staff C stated that she had discussed the matter of responding to the DR request with Staff A. Staff C stated that Staff A got busy and forgot to send the requested documents.

In an interview, on 12/02/2025 at 8:36 AM, Staff A stated that she got busy and forgot to respond to the request. Staff A stated that the documents were emailed after Staff B was involved in the process.

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) ~~1/30/2026~~ 1/19/25 (NB)

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

Administrator (or Representative) — Date: 12/08/25

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

(3) Whenever the conditions in subsection (1) or (2) of this section occur, the assisted living facility must document in the resident's records:

(a) The date and time each individual was contacted; and

(b) The individual's relationship to the resident.

requesting the MAR and NCP for Resident 1's.

In an interview, on 11/17/2025 at 7:57 AM, DR stated that they sent emails to Staff A and Staff B and made one in-person request, on 10/22/2025, to Staff A for Resident 1's MAR and NCP. DR stated that the documents were sent by Staff C (Regional Director of Operations) on 10/28/2025, seven days after the initial request. DR confirmed that without the requested documentation, Resident 1's [redacted] Assessment would be late which could delay the payment for Resident 1's apartment, care and services.

In an interview, on 11/19/2025 at 1:30 PM, Staff C stated that she had discussed the matter of responding to the DR request with Staff A. Staff C stated that Staff A got busy and forgot to send the requested documents.

In an interview, on 12/02/2025 at 8:36 AM, Staff A stated that she got busy and forgot to respond to the request. Staff A stated that the documents were emailed after Staff B was involved in the process.

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(a) The date and time each individual was contacted; and

(b) The individual's relationship to the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the Department responsible for paying for care and services when 1 of 1 sampled residents (Resident 1) whose pay source was [redacted] was hospitalized. This failure resulted in the Department not initiating a bed-hold for a [redacted] resident or making the Department aware of their medical condition.

Record review of a Resident Service Plan, dated 09/09/2025, showed that the ALF admitted Resident 1 on [redacted]/2024.

Record review of Charting Notes, dated [redacted]/2025, showed Staff D (Registered Nurse) documented that Resident 1 was transported to the hospital. Charting Notes, dated [redacted]/2025, showed Staff D documented Resident 1 had returned from the hospital. The Charting Notes did not show documentation that the Department was notified Resident 1 was hospitalized.

In an interview, on 11/17/2025 at 7:57 AM, Department Representative (DR) confirmed she was not notified of Resident 1's hospitalization. The DR stated that because she was not notified a Department bed-hold (which holds the ALF bed for a [redacted] resident for up to 20 days to ensure re-admission to the ALF) was not initiated. The DR stated that they need to be made aware of hospitalizations so they could temporarily transfer care to the hospital if needed.

In an interview, on 11/14/2025 at 1:30 PM, Staff C (Regional Director of Operations) confirmed that the ALF staff did not notify the DR of Resident 1's hospitalization.

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) ~~12/4/2025~~ 12/19/25 (NS)

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

Administrator (or Representative) — Date: 12/08/2025

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the Department responsible for paying for care and services when 1 of 1 sampled residents (Resident 1) whose pay source was [redacted] was hospitalized. This failure resulted in the Department not initiating a bed-hold for a [redacted] resident or making the Department aware of their medical condition.

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