STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

The Hampton Salmon Creek LLC
The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

RE: The Hampton at Salmon Creek Memory Care Community License # 2227

Dear Administrator:

This letter addresses Compliance Determination(s) 38218 (Completion Date 03/18/2024) and 35621 (Completion Date 01/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/18/2024 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, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2210-1-b, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-1-a-iv, WAC 388-112A-0611-1-a-v

The Department staff who did the on-site verification:
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2227	Compliance Determination # 35621
Plan of Correction	The Hampton at Salmon Creek Memory Care Community	Completion Date
Page 1 of 11	Licensee: The Hampton Salmon Creek LLC	01/25/2024

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 the unannounced on-site full inspection on 01/23/2024 and 01/25/2024 of:
The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site visit: 9 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Yvonne Chitekwe
Michael Burdick, AFH Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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 — 01/31/2024 (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)

2/6/2024
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 facility failed to ensure a Washington State name and date of birth background check was completed prior to employment for 2 of 5 sampled staff (Staff D and Staff E). This failure placed all residents and staff at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced inspection on 01/23/2024 at 12:00 PM, the department received the requested staff documents.

Staff D
Record review for Staff D, Certified Nursing Assistant (CNA), showed Staff D was hired on 04/11/2023. Review of Staff D's Washington State name and date of birth background check showed that it was completed on 04/12/2023.

Staff E
Record review for Staff E, CNA, showed Staff E was hired on 08/31/2023. Review of Staff E's Washington State name and date of birth background check showed that it was completed on 09/05/2023.

In an exit interview on 01/25/2024 at 12:30 PM, Staff B, Director of Resident Services, acknowledged that the Washington State name and date of birth background checks for Staff D and E were completed late.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3110/2024

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

Administrator (or Representative) 2/6/2024 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire on 2 of 3 sampled staff (Staff E and Staff F) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced inspection on 01/23/2024 at 12:00 PM, the department received the requested staff documents.

Staff E
Record review for Staff E, Certified Nursing Assistant (CNA), showed Staff E was hired on 08/31/2023. Review of Staff E's two-step TB test showed that the first step was initiated on 09/07/2023.

Staff F
Record review for Staff F, CNA, showed that Staff F was hired on 08/24/2023. Review of Staff F's two-step TB test showed that the first step was initiated on 09/26/2023.

In an exit interview on 01/25/2024 at 12:30 PM, Staff B, Director of Resident Services, stated that new staff receive their first step TB test on the same day of the new hire orientation. Staff B acknowledged that the first step TB tests for Staff E and F were

completed late.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/10/2024

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

Administrator (or Representative) — Date: 2/6/2024

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication service when the staff failed to properly document on the Medication Administration Records (MAR) for 8 of 9 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7 and 8). This failure placed all 8 residents at risk for not receiving medications as prescribed and/or harm from inconsistent or improper medication management.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 01/23/2024 at 1:15 PM, R1's records showed that R1 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]

Review of R1's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: Between 10/25/2023 – 10/29/2023, a scheduled supplement was signed and circled for both morning and evening doses. Out of those five days, two days did not have any documentation or explanation.

November 2023 MAR: On 11/05/2023, all evening medications were signed and circled with a single documentation stating that "all circled medications" were refused and not given. On 11/08/2023, two of R1's evening medications were not signed and had no documentation or explanation.

December 2023 MAR: On 12/14/2023, all evening medications were signed and circled with a single documentation listing no medications and under drug strength dose "Rx3, res sleeping" was documented.

Resident 2 (R2)
On 01/23/2024 at 1:50 PM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

Review of R2's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: On 10/02/2023, all morning medications were signed and circled with a single documentation stating that "All AM meds" were held for vomiting. On 10/24/2023, a scheduled indigestion medication was signed and circled and had no documentation or explanation.

November 2023 MAR: On 11/26/2023, R2's pain patch was not signed for both morning and evening and had no documentation or explanation.

Resident 3 (R3)
On 01/24/2024 at 10:00AM, R3's records showed that R3 admitted to the facility on [redacted]2020 with various diagnoses including [redacted]

Review of R3's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: On 10/12/2023, all morning medications were not signed and had no documentation or explanation. Between 10/03/2023 – 10/26/2023, there were 12 days where a scheduled hormone replacement medication was not signed and had no documentation or explanation.

November 2023 MAR: On 11/01/2023, all morning medications were signed and circled with a single documentation stating that, "All AM Meds" were not given due to R3, "deeply sleeping/didn't want to take." Between 11/09/2023 – 11/13/2023, a scheduled twice a day indigestion medication was signed and circled with no documentation or explanation. On 11/14/2023, a mood stabilizer was signed and circled with no documentation or explanation.

December 2023 MAR: Between 12/06/2023 – 12/07/2023, R3's hormone replacement medication was not signed and had no documentation or explanation. On 12/14/2023, all evening medications were not signed and had no documentation or explanation. Between 12/26/2023 – 12/31/2023, five days of a stool softener were signed and circled with no documentation or explanation.

January 2024 MAR: On 01/08/2024, a medication for bone health was not signed and had no documentation or explanation. On 01/10/2024, all morning medications were signed and circled with a single documentation stating, "All AM meds" were not given due to the resident refusing.

Resident 4 (R4)
On 01/24/2024 at 10:45 AM, R4's records showed that R4 admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] and [redacted]

Review of R4's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: On 10/17/2023 all evening medications were signed and circled with documentation or explanation. Between 10/29/2023 – 10/31/2023 a scheduled blood pressure medication was not signed and had no documentation or explanation.

November 2023 MAR: On 11/19/2023, all evening medications were not signed and had no documentation or explanation.

December 2023 MAR: On 12/07/2023, as scheduled blood pressure medication was not signed and had no documentation or explanation. On 12/09/2023, application of compression to the legs were not signed and had no documentation or explanation. On 12/17/2023, a medication for behaviors was not signed for the evening dose and had no documentation or explanation.

January 2024 MAR: On 01/11/2024, 01/12/2024, and 01/15/2024, medications for heart failure were signed and circled with no documentation or explanation.

Resident 5 (R5)
On 01/24/2024 at 2:00 PM, R5's records showed that R5 admitted to the facility on [redacted] 2022 with various diagnoses including [redacted]

Review of R5's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: On 10/04/2023, 10/06/2023, 10/08/2023, and 10/19/2023, a scheduled blood pressure medication was signed and circled for the evening dose and had no documentation or explanation.

November 2023 MAR: On 11/07/2023, 11/12/2023, 11/19/2023, and 11/21/2023, a scheduled blood pressure medication was not signed for the evening dose and had no documentation or explanation. On 11/08/2023, 11/10/2023, and 11/22/2023, the same blood pressure medication was signed and circled for the morning dose with no documentation or explanation. Between 11/07/2023 – 11/19/2023, 10 days of a mood stabilizer were signed and circled with no documentation or explanation. On 11/26/2023, a blood thinner was not signed for the morning dose and had no documentation or explanation.

December 2023 MAR: On 12/09/2023, all evening medications were signed and circled with a single documentation stating, "Circled medications" not given due to the resident refusing. On 12/17/2023, a scheduled blood pressure medication was signed and circled for the evening dose with no documentation or explanation. On 12/23/2023, the same scheduled blood pressure medication was signed and circled for the morning dose and had no documentation or explanation. On 12/25/2023, the same scheduled blood pressure medication was not signed for the evening dose and had no documentation or explanation. On 12/07/2023, 12/10/2023, 12/13/2023, 12/22/2023, and 12/25/2023, wound care was not signed and had no documentation or explanation.

January 2024 MAR: On 01/11/2024, a scheduled blood pressure medication with parameters was signed but had no blood pressure or pulse documented for both morning and evening doses. On 01/15/2024 and 01/21/2024 wound care was not signed and had no documentation or explanation.

Resident 6 (R6)
On 01/24/2024 at 1:00 PM, R6's records showed that R6 admitted to the facility on [redacted]/2015 with various diagnoses including [redacted] and [redacted].

Review of R6's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: Between 10/05/2023 – 10/25/2023, there were seven days where a scheduled blood pressure medication was signed and circled for the bedtime dose and had no documentation or explanation. On 10/22/2023, the blood pressure medication with parameters was signed but had no blood pressure documented.

November 2023 MAR: Between 11/01/2023 – 11/29/2023, there were nine days where a scheduled blood pressure medication was signed and circled for the bedtime dose and had no documentation or explanation. Between 11/25/2023 – 11/27/2023, a scheduled mood stabilizer was signed and circled for the bedtime dose and had no documentation or explanation.

December 2023 MAR: On 12/09/2023, a scheduled stool softener was signed and circled for the morning dose and had no documentation or explanation. Between 12/04/2023 – 12/26/2023, there were eight days where a scheduled blood pressure medication was signed and circled for the bedtime dose and had no documentation or explanation.

January 2024 MAR: Between 01/01/2024 – 01/11/2024, there were seven days where a scheduled blood pressure medication was signed and circled for the bedtime dose and had no documentation or explanation.

Resident 7 (R7)
On 01/24/2024 at 12:00 PM, R7's records showed that R7 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted]

Review of R7's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

October 2023 MAR: On 10/19/2023 and 10/22/2023 a scheduled sleep aid medication was not signed and had no documentation or explanation. On 10/26/2023, some morning and evening medications were not signed and had no documentation or explanation.

Resident 8 (R8)
On 01/25/2024 at 10:34 AM, R8's records showed that R8 admitted to the facility on [redacted]2023 with various diagnoses including [redacted]

Review of R8's MARs from 10/01/2023 – 01/23/2024 showed the following discrepancies:

November 2023 MAR: On 11/19/2023, all morning medications were signed and circled with a single documentation stating that "All circled meds and BP" were refused by the resident.

December 2023 MAR: Between 12/01/2023 – 12/29/2023, there were 13 days where a scheduled blood pressure medication was not signed and had no documentation or explanation. On 12/03/2023, 12/06/2023, 12/09/2023, and 12/11/2023, a scheduled topical cream was not signed and had no documentation or explanation. On 12/06/2023, two scheduled blood pressure medications were not given in the morning and had no documentation or explanation.

January 2024 MAR: On 01/11/2024 and 01/12/2024, a scheduled mood stabilizer was signed and circled and had no documentation or explanation. On 01/15/2024, a scheduled blood pressure was signed and circled and had no documentation or explanation.

During an interview on 01/25/2024 at 1:00 PM, Staff B, Director of Resident Services, stated that when a medication is refused or not given, initials are circled and documented on the back of the MAR. They stated, "after a medication is missed three days in a row, then the physician is contacted and that is documented on the back of the MAR".

In an exit interview on 01/25/2024 at 1:30 PM, Staff B, acknowledged that the facility did not have proper documentation on the October 2023 – January 2024 MAR's for R1, R2, R3, R4, R5, R6, R7, and R8.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/10/2024

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

Administrator (or Representative) — Date: 2/6/2024

WAC 388-112A-0611 Who 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 below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

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

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 5 sampled staff (Staff G and Staff H) had completed and/or had documentation of them completing their required 12 hours of continuing education (CEUs) for the 2022-2023 calendar year per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced inspection on 01/23/2024 at 12:00 PM, the department received the requested staff documents.

Staff G
Record review for Staff G, Certified Nursing Assistant (CNA), showed that Staff G was hired on 09/25/2019. Review of Staff G's CEUs from the 2022-2023 calendar year showed that Staff G had only completed two hours of continuing education.

Staff H
Record review for Staff H, CNA, showed that Staff H was hired on 01/08/2020. Review of Staff H's CEUs from the 2022-2023 calendar year showed that Staff H had only completed three hours of continuing education.

As of 1:00 PM on 01/25/2024, the department had not received any additional documents for Staff G and H.

In an exit interview on 01/25/2024 at 1:30 PM, Staff B, Director of Resident Services, acknowledged that the facility did not have documentation of 12 hours of CEUs for Staff G and H.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 3/10/2024

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

Administrator (or Representative)

2/6/2024
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

AMENDED
01/31/2024

The Hampton Salmon Creek LLC
The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

RE: The Hampton at Salmon Creek Memory Care Community # 2227

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/25/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

The facility failed to ensure that 1 of 9 sampled residents had all the care and services necessary to meet the resident's needs documented in the resident's Negotiated Service Agreement (NSA). Prior to the exit interview, Staff B, Director of Resident Services, had updated the NSA to reflect the missing care and services and provided a copy to the licensors.

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 facility failed to ensure that all the fire extinguishers in the building compliant with the regulations. The fire extinguishers that were out of compliance were serviced and inspected prior to the completion of the full inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure