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) 38882 (Completion Date 03/26/2024) and 34808 (Completion Date 02/08/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/26/2024 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-2610-2-f

The Department staff who did the on-site verification:
Yvonne Chitekwe

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Hampton at Salmon Creek Memory Care Community
License/Cert.#: 2227
Compliance Determination #: 34808
Investigator: Yvonne Chitekwe
Provider Type: Assisted Living Facility
Intake ID: 109999
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 01/05/2024 through 02/08/2024
Complainant Contact Date(s): 01/02/2024

Allegation(s):
1. Infection Control: complaint of failed to report an outbreak of an infectious disease.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 3 Closed records sample size: 3
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Family members Caregivers Executive Director
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files

Investigation Summary:
1. Infection Control: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, failed facility practice in reporting outbreak of infectious disease was substantiated during the investigation

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 #: 2227	Compliance Determination #34898
Plan of Correction	The Hampton at Salmon Creek Memory Care Community	Completion Date
Page 1 of 3	Licensee: The Hampton Salmon Creek LLC	02/08/2024

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 01/05/2024 and 01/05/2024 of:

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

This document references the following complaint number(s): 109999

The following sample was selected for review during the unannounced on-site visit: 3 of 49 current residents and 3 former residents.

The department staff that investigated the Assisted Living Facility:

Yvonne Chitekwe

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 — Date: 02/08/2024

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.

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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 _____ 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)

3/14/24
Date

WAC 388-78A-2610 infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report communicable disease to the local Health jurisdiction to prevent and limit the spread of infectious disease after a suspected outbreak. This failure placed all 49 of 49 residents, staff, and visitors at risk for contracting and spreading the suspected contagious outbreak.

Findings included...

The Dear Provider Letter sent to long term care facilities (LTC), dated 09/20/2022, included the following: "To minimize the impact of COVID-19, flu, and pneumonia in your facility/home: 4. Call your local health jurisdiction whenever a resident/client tests positive for COVID-19 or flu, or if you see sudden increase in acute respiratory illness (two or more ill residents/clients within 72hours)."

During an investigation on 01/05/2024 at 11:00AM, a review of the facility policy not dated, titled, "Infection Control Standards", regarding the facility's plan to mitigate spread of infectious diseases stated to "notify immediately to Upper Management, who in turn will call the local department."

Review of an infectious disease reporting tool, not dated, titled "COVID-19 and/or Influenza-Like Illness Line List Template", showed the first reported resident with symptomatic illness was on 11/28/2023, the second resident with symptoms was reported on 11/30/2023. The next 72hrs between 12/01/2023 to 12/04/2023 the number of residents reported with related symptoms significantly increased to 30 residents

On 01/19/2024 at 3:11 PM, in an interview with a local health jurisdiction (LHJ) staff, they reported that a local hospital notified LHJ of a COVID-19 related death at the named facility. They reported they called the facility on 12/11/2023 to obtain information of a COVID-19 related death. LHJ investigated to obtain information related to the death and to evaluate a potential infectious disease outbreak at the facility. LHJ Staff stated that the facility did not report the outbreak until they were contacted by LHJ Staff.

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report communicable disease to the local Health jurisdiction to prevent and limit the spread of infectious disease after a suspected outbreak. This failure placed all 49 of 49 residents, staff, and visitors at risk for contracting and spreading the suspected contagious outbreak.

Findings included…

The Dear Provider Letter sent to long term care facilities (LTC), dated 09/20/2022, included the following: “To minimize the impact of COVID-19, flu, and pneumonia in your facility/home: 4. Call your local health jurisdiction whenever a resident/client tests positive for COVID-19 or flu, or if you see sudden increase in acute respiratory illness (two or more ill residents/clients within 72hours).”

During an investigation on 01/05/2024 at 11:00AM, a review of the facility policy not dated, titled, “Infection Control Standards”, regarding the facility’s plan to mitigate spread of infectious diseases stated to “notify immediately to Upper Management, who in turn will call the local department.”

Review of an infectious disease reporting tool, not dated, titled “COVID-19 and/or Influenza-Like Illness Line List Template”, showed the first reported resident with symptomatic illness was on 11/28/2023, the second resident with symptoms was reported on 11/30/2023. The next 72hrs between 12/01/2023 to 12/04/2023 the number of residents reported with related symptoms significantly increased to 30 residents.

On 01/19/2024 at 3:11 PM, in an interview with a local health jurisdiction (LHJ) staff, they reported that a local hospital notified LHJ of a COVID-19 related death at the named facility. They reported they called the facility on 12/11/2023 to obtain information of a COVID-19 related death. LHJ investigated to obtain information related to the death and to evaluate a potential infectious disease outbreak at the facility. LHJ Staff stated that the facility did not report the outbreak until they were contacted by LHJ Staff.

On 01/05/2024 at 11:00AM in an interview with Staff A, Executive Director, it was reported that one resident tested positive for COVID-19 on 12/02/2023. Community wide testing was conducted, and 25 more residents tested positive. Staff A stated they spoke to the LHJ for the first time on 12/12/2023 when the LHJ called and inquired about the outbreak in the community. Staff A stated they confirmed the outbreak and the LHJ instructed the facility to send over the list of affected residents. Staff A acknowledged that they did not call the LHJ to report the outbreak as required until LHJ Staff A initiated contact with the facility.

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) 3/24/2024

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

Administrator (or Representative) — Date: 3/14/24

On 01/05/2024 at 11:00AM in an interview with Staff A, Executive Director, it was reported that one resident tested positive for COVID-19 on 12/02/2023. Community wide testing was conducted, and 25 more residents tested positive. Staff A stated they spoke to the LHJ for the first time on 12/12/2023 when the LHJ called and inquired about the outbreak in the community. Staff A stated they confirmed the outbreak and the LHJ instructed the facility to send over the list of affected residents. Staff A acknowledged that they did not call the LHJ to report the outbreak as required until LHJ Staff A initiated contact with the facility.

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)_____ .

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

_____ _____

Administrator (or Representative) 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

02/08/2024

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 complaint investigation of your Assisted Living Facility on 02/08/2024 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

Facility failed to provide fit testing documentation for and N-95 masks per requirement.

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