



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

September 19, 2017

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Rd SE
SALEM, OR 97317

RE: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY License #1793

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on September 14, 2017 for the deficiency or deficiencies cited in the report/s dated June 20, 2017 and found no deficiencies.

The Department staff who did the follow-up inspection:
Wanda Terry, Licenser

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY (686374) **Intake ID(s):** 3341551

License/Cert. #: AL1793

Investigator: Maulana, Woodetta **Region/Unit:** RCS Region 3/Unit A **Investigation Date(s):** 06/20/2017 through 06/20/2017

Complainant Contact Date(s):

Allegations:

Housekeepers providing care and services to residents as unqualified caregivers

Investigation Methods:

Sample: 2 sampled residents

Observations: staff to resident interaction
residents
general observation of the facility

Interviews: staff and residents

Record Reviews: resident records

Allegation Summary:

The Assisted Living Facility failed to verify credentials for 2 housekeeping staff before having them provide care and services to the residents as caregivers.

Unalleged Violation(s): **Yes** **No**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

388-78A-2450 (c)(e)- unqualified caregiver



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 PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 1793	Completion Date
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY	June 20, 2017
Page 1 of 3	Licenscc: SILVER CREEK	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint numbers: 3341551 , 3344546

The department has completed data collection for the unannounced on-site complaint investigation on 6/20/2017 of:

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
 17607 91ST AVENUE E
 PUYALLUP, WA 98375

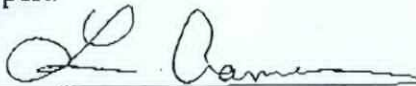
The following sample was selected for review during the unannounced on-site complaint investigation : 3 of 63 current residents and 1 former residents.

The department staff that inspected and investigated the assisted living facility:
 Woodetta Owens

From:

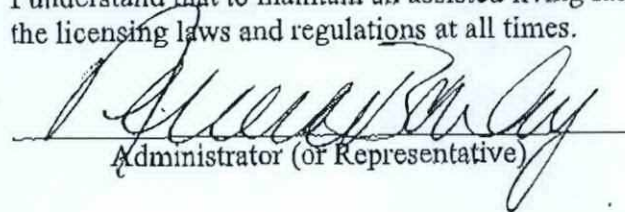
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit A
 PO Box 98907
 Lakewood, WA 98496
 (253)983-3826

As a result of the on-site complaint investigation 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

6/30/17
 Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.


 Administrator (or Representative)

7/20/17
 Date

Statement of Deficiencies	License #: 1793	Completion Date
Plan of Correction SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY		June 20, 2017
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WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to verify credentials for 2 of 3 housekeeping staff (Staff C & D) before having them provide care and services to the residents as caregivers. This failure placed residents at risk for harm.

Findings include:

On 6/20/17 during an interview, the Lead Housekeeper (Staff E) stated two of the housekeeping staff (Staff C & Staff D) worked as caregivers when needed. Staff E stated she was aware they would take residents to and from the dining area, but did not know what happened behind closed doors.

On 6/20/17 during an interview, the housekeeper (Staff C) stated she worked as a caregiver to help when the facility was short staffed. Staff C stated she would help with escorting the residents to and from dining, answered call lights, and assisted with transferring Resident #1 from the recliner to the wheelchair, and assisted Resident #2 with transferring from the bed to the wheelchair. When asked, Staff C stated she did not provide the facility with caregiver credentials because she was employed as a housekeeper.

On 6/20/17 during an interview, the Assistant Administrator (Staff A) and the Resident Care Coordinator (Staff B) confirmed Staff C and Staff D worked as caregivers, stating they had caregiver experience. Staff A stated Staff C's license expired and stated Staff D used to work as a caregiver at their sister facility.

During the same interview when asked, Staff B stated Staff C and Staff D would escort the residents, assist with transfers, assist with toileting, assist with dressing and would assist the residents with going to bed.

Review of Staff C and Staff D employee files revealed they did not have credentials to work as caregivers. Staff A confirmed there were no caregiver credentials on file for Staff C or for Staff D.

Statement of Deficiencies

License #: 1793

Completion Date

Plan of Correction SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY

June 20, 2017

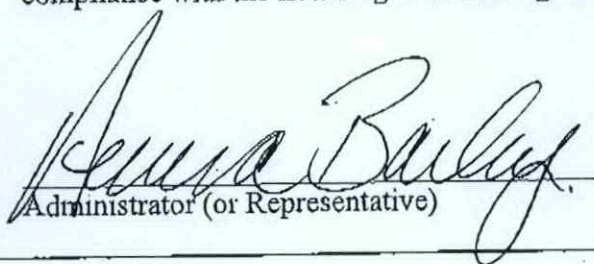
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Licensee: SILVER CREEK

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 6/21/17. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.


Administrator (or Representative)

7/21/17
Date