



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

November 30, 2018

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 November 27, 2018 for the deficiency or deficiencies cited in the report/s dated September 4, 2018 and found no deficiencies.

The Department staff who did the follow-up inspection:
Lisa Hartwell, Nurse Consultant Institutional

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Cramer".

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): 3528651

License/Cert. #: AL1793

Investigator: Hartwell, Lisa

Region/Unit: RCS Region 3/Unit A

Investigation Date(s): 06/14/2018 through
09/04/2018

Complainant Contact Date(s): 06/14/2018

Allegations:

- A resident did not receive appropriate care while at the facility.
- 1- The facility did not change his dressings as was on the care plan.
 - 2- The resident had a fall and the call button did not work.
 - 3- Meals were provided late when a resident had an appointment.

Investigation Methods:

Sample: 1 resident and 1
discharged resident

Observations: General environment
Residents in their rooms
Staff-to-resident
interactions
Resident behaviors

Interviews: Residents
Staff

Record Reviews: Resident Characteristic
Roster
Resident assessments
and negotiated service
agreements including the
records of the named
resident
Closed records
Policies and procedures



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

The investigator conducted an unannounced on-site investigation on the above dates related to all allegations and/or incidents identified. 1- The allegation was substantiated. Dressings the resident was admitted with were not assessed or added to the negotiated service agreement. 2- The fall was substantiated, the call button not working was unable to be substantiated. The facility had a process in place to regularly check the call button system. No failed practice. 3. The facility had a process in place to provide early meal service. Unable to substantiate a meal was provided late. No failed practice.

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

None

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-78A-2121-1& 3 Monitoring Well-being



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

RECEIVED
OCT 15 2018
DSHS RCS Region 3

Statement of Deficiencies License #: 1793 Completion Date
Plan of Correction SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY September 4, 2018
Page 1 of 3 Licensee: SILVER CRBEK RETIREMENT & ASSISTED

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 number: 3528651

The department has completed data collection for the unannounced on-site complaint investigation on 6/14/2018 and 7/25/2018 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 : 1 of 0 current residents and 1 former residents.

The department staff that inspected and investigated the assisted living facility:
Lisa Hartwell, Nurse Consultant Institutional

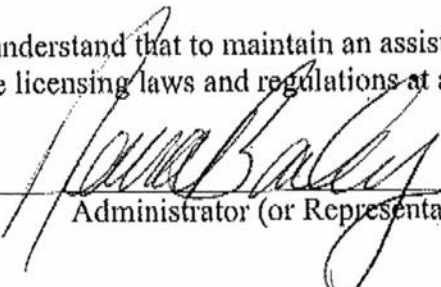
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

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

9/4/18
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)

10-9-18
Date

Statement of Deficiencies	License #: 1793	Completion Date
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY	September 4, 2018
Page 2 of 3	Licensee: SILVER CREEK RETIREMENT & ASSISTED	

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

- (1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- (3) Evaluate, in order to determine if there is a need for further action:
 - (a) The changes identified in the resident per subsection (2) of this section; and
 - (b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to re-assess and update the negotiated service agreement when 1 of 3 residents (Resident #1) was admitted with both legs wrapped in dressings. This failure resulted in potential care needs not being met.

Findings include:

On 06/14/18 record review revealed Resident #1 was admitted on [REDACTED] 18 with diagnoses to include [REDACTED]

The resident service plan dated 05/4/18 did not include actions for dressing changes or how to assist in placing daily compression socks to lower extremities.

On 06/14/18 facility documentation review revealed leg bandages were mentioned in Resident #1's progress note documentation on 05/23/18, 05/25/18, and 05/29/18. On 06/14/18 in an interview, Staff C said they were not aware of leg bandages for Resident #1.

On 07/25/18 in an interview, Staff B said they were not made aware of leg bandages on Resident #1. Their original resident assessment and discussion with family did not indicate dressings were required and there were no open areas on the legs.

On 07/25/18 in an interview, Staff A said the facility policy was if dressings were in place, they were to report to the Medication Technician, Resident Care Coordinator, and RN.

Statement of Deficiencies

License #: 1793

Completion Date

Plan of Correction SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY

September 4, 2018

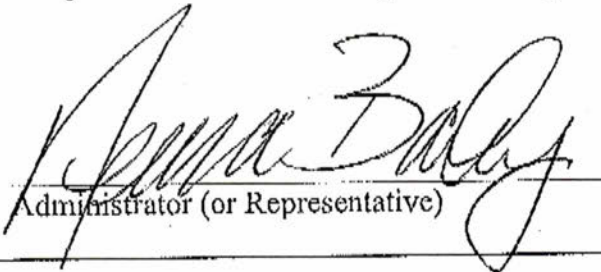
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Licensee: SILVER CREEK RETIREMENT & ASSISTED

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) 10-18-18. 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)

9-18-18

Date