



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

July 11, 2014

CERTIFIED MAIL 7008 1300 0000 7188 2180

Administrator
Spring Creek Retirement & Assisted Living Community
3425 Boone Rd SE
Salem, OR 97317

Assisted Living Facility License #1913
Licensee: Spring Creek Retirement & Assisted Living Community LLC

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On June 26, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as Spring Creek Retirement & Assisted Living Community, located at **223 East Baker View Rd, Bellingham**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **June 26, 2014**.

WAC 388-78A-2320(2)(b) Intermittent nursing services systems.

The licensee failed to ensure tasks requiring nurse delegation were performed by licensed nurses or delegated caregivers for five residents.

WAC 388-78A-2474(2)(a)(b)(c)(d)(3)(4) Training and home care aide certification requirements.

The licensee failed to ensure seven staff met all the long-term worker training requirements.

WAC 388-78A-24641 Background checks – Washington state name and date of birth background checks.

The licensee hired a caregiver who had a disqualifying finding on her criminal history background check and allowed her to work unsupervised with vulnerable adults.

WAC 388-78A-24642 Background checks – National fingerprint background check.

The licensee failed to ensure five staff had a national finger-print based background check in their record.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- ***The Administrator and the Corporate Regional Representative must schedule an appointment to meet with the field manager no later than July 25, 2014 to discuss long term survey corrections.***
- ***The licensee must post this Notice of Conditions with the license in a visible location in a common use area.***

The effective date of the conditions on our license is July 11, 2014. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Kay Randall, Field Manager
District 2, Unit B
3906 172nd St NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6872 / Fax: (360) 651-6940

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360)725-3225

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

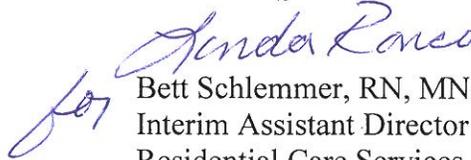
Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Administrator
Spring Creek Retirement & Assisted Living Community
July 11, 2014
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If you have any questions, please contact Kay Randall at (360) 651-6872.

Sincerely,


Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
Field Manager, District 2, Unit B
RCS District Administrator, District 2
DDA District Administrator, District 2
WA LTC Ombuds
Valentina Karnafel, HCS
DS

NOTICE OF CONDITIONS ON LICENSE

July 11, 2014

Based on the Statement of Deficiencies dated June 26, 2014, the Department of Social and Health Services imposes the following conditions on the license of Spring Creek Retirement & Assisted Living Community, **License #1913, located at 223 East Baker View Rd, Bellingham, Washington.**

- *The Administrator and the Corporate Regional Representative must schedule an appointment to meet with the field manager no later than July 25, 2014 to discuss long term survey corrections.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

These conditions are effective on **July 11, 2014** and remain in effect until lifted by formal Department of Social and Health Services notice.

 Linda Ronco

Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services