



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

October 23, 2020

CERTIFIED MAIL #7015 3010 0002 3165 3715

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 October 9, 2020, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint 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 Bakerview Road, 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 **October 9, 2020**.

WAC 388-78A-2320(1)(a)(b)(2)(a)(b)(c)(d)(e)(3)(a)(b)(c)(d)(e) Intermittent nursing services systems.

The licensee failed to provide nursing supervision by not evaluating, monitoring, taking appropriate action, updating provision of care for changes in condition, and delegating nursing tasks to care staff. These failures contributed to resident harm, unmet care needs and placed residents at risk for medical complications.

NOTE: This is the violation, 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 licensee must hire, at their own expense, a registered nurse consultant (RNC) by November 6, 2020, not currently or previously affiliated with the facility and familiar with assisted living facility regulations, to assist the licensee to develop and implement systems ensuring, but not limited to, the following:*
 - *Develop and implement systems for nurse delegation, supervision, and communication.*
 - *Develop and implement systems for resident monitoring and assessment, care plan/negotiated service agreement updates as care needs change.*
 - *Develop and implement procedures for the care and treatment of residents with wounds.*
 - *Develop and implement procedures for the care and treatment of residents with mental health needs.*
 - *Develop and implement procedures for the care and treatment of residents with nutrition needs, including identifying and addressing weight loss.*
 - *Develop and implement procedures for the care and treatment of residents with diabetic care needs.*
 - *Develop and implement training for nursing and caregiving personnel regarding the above systems and procedures.*
- *The licensee will provide the RCS field manager with the RNC contact information as soon as the RNC is hired.*
- *The RNC will be available to the Department to answer questions and provide progress updates.*
- *The RNC must visit the facility at least weekly for two months, and then monthly thereafter, until the facility is deemed to be in compliance with the regulation.*
- *The licensee will give the consultant a copy of the Statement of Deficiencies report dated October 9, 2020.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area accessible to residents and visitors.*

The effective date of the conditions on your license is **October 23, 2020**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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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:

Jayne Hill, Field Manager
Region 2, Unit A
3906 172nd St NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6863 / 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

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Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiency, 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

If you have any questions, please contact Jayne Hill, Field Manager, at (360) 651-6863.

Sincerely,

For 
Deyna E. Sagnella, CPHQ, CPPS
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit A
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
cb