STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

November 1, 2019

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

RE: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY License #1913

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on October 31, 2019 for the deficiency or deficiencies cited in the report/s dated August 20, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Anthony Devito, Long Term Care Surveyor

If you have any questions please, contact me at (360) 651-6863.

Sincerely,

Susan Dyck for J. Hill

Jayne Hill, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services

Investigation Summary Report

Provider/Facility: SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY (686408)
Intake ID(s): 3659381
License/Cert. #: AL1913
Investigator: Hochreiter, Roberta
Region/Unit: RCS Region 2/Unit A
Investigation Date(s): 07/09/2019 through 08/20/2019
Complainant Contact Date(s):

Allegations:

1. Allegations staff took a resident's call light away from him for over-using it.
2. Allegations caregivers did not answer call lights for over 25 minutes when help was needed for a transfer.
3. Allegations a resident fell when he attempted to self-transfer after his call light was not answered.

Investigation Methods:

[X] **Sample:**	5 residents.	[X] **Observations:**	Environment, residents, staff/resident interactions, call light system.
[X] **Interviews:**	Residents, staff, family, others not associate with the facility.	[X] **Record Reviews:**	Resident records, staff schedules, call light logs, incident reports.

Allegation Summary:

1. Allegations staff took a residents call light away from him could not be substantiated. Review of the call light log did not show long periods of time when the call light was not being used by the named resident.
2. Allegations the caregivers did not answer call lights for over 25 minutes to assist with transfers were partially substantiated. See Statement of Deficiencies dated 08/16/19.
3. Allegations a resident fell when he attempted to self-transfer after he call light was not answered could not be substantiated. Review of the incident report and the call light log showed the resident had not pushed his call light to request assistance with a transfer before attempting to get up by himself.

Unalleged Violation(s): [ ] **Yes** [X] **No**

None.

Residential Care Services

Investigation Summary Report

Conclusion / Action:

☒ **Failed Provider Practice Identified / Citation(s) Written**

☐ **Failed Provider Practice Not Identified / No Citation Written**

Failed practice identified. WAC 388-78A2350-1 Coordination of health services. See Statement of Deficiencies dated 8/231/19.

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Statement of Deficiencies	License #: 1913	Completion Date
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY	August 20, 2019
Page 1 of 3	Licensee: SPRING CREEK 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 numbers: 3657633 , 3659381 , 3659970
The department has completed data collection for the unannounced on-site complaint investigation on 7/9/2019 and 8/21/2019 of:

SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
223 EAST BAKERVIEW ROAD
BELLINGHAM, WA 98226

The following sample was selected for review during the unannounced on-site complaint investigation : 5 of 93 current residents and 0 former residents.

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

Roberta Hochreiter, BSN, RN, AFH / ALF Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223
(360)651-6863

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.

Jayne Hall
Residential Care Services

8/28/19
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.

Todd Mayer
Administrator (or Representative)

9/4/19
Date

WAC 388-78A-2350 Coordination of health care services.
(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:
Based on interviews and record reviews, the facility failed to coordinate services with a home health care provider to ensure the facility provided assistance for two-person transfers for one of five sampled residents (Resident 1). This failure resulted in missed wound care services for Resident 1.

Findings included...

Record review on 08/06/19 revealed Resident 1 was admitted to the facility on [redacted]/18 with diagnoses that included a history of [redacted] The resident was non-ambulatory and was not able to transfer without assistance from two people. Resident 1 received services from a nurse with a home health agency to provide wound care to an open area over his tailbone twice a week.

In a phone interview on 08/05/19 at 9:36 AM, a home health (HH) nurse stated that she had problems getting staff to come to Resident 1's room to help with transfers on several occasions. During the phone interview HH stated that on 07/03/19 after she arrived, Resident 1 pushed his call pendant to request assistance. After waiting over 25 minutes and no response, Resident 1 told HH he urgently needed to use the bathroom. The HH nurse left the room to look for help. She stated that she saw caregivers sitting in the hallway on their phones while four other call lights were going off. She stated that she reported her concerns to Assisted Living Director (ALD) who called on the walkie-talkie for caregivers to go to Resident 1's room. The HH nurse stated that she waited an additional 10 to 15 minutes for assistance to arrive. As the HH nurse left the facility, she stated that she reported the situation to the Assisted Living Facility nurse and to the ALD.

During the phone interview, HH stated that on 07/11/19, HH arrived at the facility and notified the front desk that she was going to visit Resident 1 and needed assistance with a transfer. The HH set a timer when she got to Resident 1's room, help arrived 25 minutes later.

Records for HH nursing visit dated 07/18/19, showed wound care was not completed due to no caregiver response to a call light for assistance with a transfer. HH informed the ALF nurse that wound care was not done due to lack of assistance.

In an interview at 4:00 PM on 08/06/19, the Executive Director stated that when outside agencies come to see residents, they usually called ahead to say when they were coming and they could pull the call cord when they arrived if they needed help.

Resident 1's negotiated care plan dated 7/15/19 showed there was no information about HH coming in to do wound care that would require the facility to assist with transfers. The facility did not have a plan in place for coordination of care with outside agencies providing care for residents when extra help from the facility was needed. This resulted in multiple delays and Resident 1 not receiving wound care on 7/18/19.

Statement of Deficiencies	License #: 1913	Completion Date
Plan of Correction	SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY	August 20, 2019
Page 3 of 3	Licensee: SPRING 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, SPRING CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/1/19. 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.

Todd Mayer
Administrator (or Representative)

9/4/19
Date