



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

August 13, 2018

The Hampton Salmon Creek LLC
The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

RE: The Hampton at Salmon Creek Memory Care Community License #2227

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on August 2, 2018 for the deficiency or deficiencies cited in the report/s dated May 31, 2018 and found no deficiencies.

The Department staff who did the follow-up inspection:
Ginger Larson, Licensors
Julie Erickson, LTC - ALF Licensors

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 2227	Completion Date
Plan of Correction	The Hampton at Salmon Creek Memory Care Community	May 31, 2018
Page 1 of 6	Licensee: The Hampton Salmon Creek LLC	

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

The department has completed data collection for the unannounced on-site full inspection on 5/30/2018 and 5/31/2018 of:

The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site full inspection :
11 of 57 current residents and 0 former residents.

The department staff that inspected the assisted living facility:

- Hongyan Cluer, RN, Community Licensor
- Julie Erickson, LTC - ALF Licensor
- Tracy Kouri, BSW, MBA, ALF Licensor
- Ginger Larson, BSN, Licensor

RECEIVED
JUN 18 2018
DSHS RCS
REGION 3

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684
(360)397-9549

As a result of the on-site full inspection 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.

[Signature]
Residential Care Services

06/11/2018
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.

[Signature]
Administrator (or Representative)

06/18/18
Date

Entered pvc date,
all rn
06/28/18

07/13/18

Statement of Deficiencies	License #: 2227	Completion Date
Plan of Correction	The Hampton at Salmon Creek Memory Care Community	May 31, 2018
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WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure three of three sampled staff (Staff C, D and E) were screened for tuberculosis (TB) within three days of employment. This failure placed the residents at risk for harm due to possible exposure to a communicable disease from improper TB screening.

Findings included:

Staff C, a caregiver, was hired on 10/03/18. The October 2017 schedule for caregivers showed Staff C completed orientation on 10/02/17. Review of Staff C's file showed a two step TB test was initiated on 10/11/17. During an interview on 05/30/18, Staff A, the acting administrator, stated Staff C was hired on 10/03/17, but their actual start date was 10/11/17. Staff A said this might be the reason why the TB test was initiated on 10/11/17.

Staff D, a caregiver, was hired on 10/02/18. Review of Staff D's file showed a two step TB test was initiated on 10/25/17.

Staff E, a licensed practical nurse, was hired on 10/26/17. There was no documentation in the file showing Staff E had a TB test initiated within three days of hire.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 7/15/18. 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)

6/18/18
Date

WAC 388-78A-2464 Background checks Process Background authorization form.

Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure two of three sampled staff (Staff C and D) had submitted the background authorization form to the Department's Background Check Central Unit (BCCU) prior to employment. This failure placed the residents at risk for harm from receiving care from staff a with a criminal history.

Findings included:

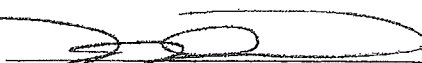
Staff C, a caregiver was hired on 10/03/18. Staff C's file showed Staff C's background authorization form was submitted to the department's BCCU on 10/06/17. On 10/09/17, the submitted form was returned to the facility due to "current last name cannot be read." On 11/26/17, a Washington state name and date of birth background check for Staff C was completed. During an interview on 05/30/18, Staff A, the acting administrator, stated the facility faxed Staff C's background check authorization form to BCCU several times after 10/09/17. There was no documentation found in Staff C's file showing Staff C's background check authorization form was faxed several times after 10/09/17.

Staff D, a caregiver was hired on 10/01/17. Staff D's file showed a Washington state name and date of birth background check for Staff D was completed on 11/08/17.

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 7/15/18. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

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Administrator (or Representative)

6/15/18

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure five of five sampled residents

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(Resident #1, #2, #3, #4 and #10) had their Negotiated Service Agreement (NSA) signed at least annually as required. This failure placed the residents at risk for their rights being violated by not having a signed NSA documenting the agreement made between the residents and the facility regarding the care and services they were to receive.

Findings included:

Resident #1 was admitted to the facility on [REDACTED]/14. On 05/30/18 and 05/31/18, Staff B, the director of resident services (DRS), was asked to provide Resident #1's signed NSA for 2017. Staff B was unable to locate documentation in the file showing the 2017 NSA was agreed to and signed by Resident #1 and/or Resident #1's family member and a facility representative.

Resident #2 was admitted to the facility on [REDACTED]/15. There was no documentation found in Resident #2's file showing Resident #2's NSA for 2017 and 2018 were agreed to and signed by Resident #2 and /or Resident #2's family member and a facility representative. On 05/31/18, during an interview, Staff B stated that she conducted the care conference with Resident #2's family member over the phone for the 2017 NSA. Staff B stated she could not locate the documentation. Staff B stated she had not yet conducted a care conference with Resident #2's family member for the 2018 NSA.

Resident #3 was admitted to the facility on [REDACTED]/16. There was no documentation in Resident #3's file showing the 2017 and 2018 NSA were agreed to and signed by Resident #3 and/or Resident #3's family member and a facility representative.

Resident #4 was admitted to the facility on [REDACTED]/17. There was no documentation found in Resident #4's file showing Resident #4's NSA for 2018 was agreed to and signed by Resident #4 and/or Resident #4's family member and a facility representative. On 05/31/18, during an interview, Staff B stated she had just conducted the care conference with Resident #4's family member and the 2018 NSA was signed on 05/31/18.


Resident #10 was admitted to the facility on [REDACTED]/16. There was no documentation in Resident #10's file showing the 2017 NSA was agreed to and signed by Resident #10 and/or Resident #10's family member and a facility representative. On 05/31/18, during an interview, Staff B stated that she did not have a signed 2017 NSA for Resident #10.

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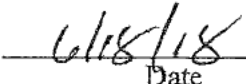
Plan/Attestation Statement

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 7/15/18. 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)



Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
- (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure one of six sampled residents (Resident #4) had an updated Negotiated Service Agreement (NSA), and failed to include fall interventions when Resident #4 had falls resulting in injuries. This failure placed the residents at risk for unmet care needs and possible injury due to not having an updated and current NSA.

Findings included:

Resident #4 had a diagnosis of [REDACTED] Observation on 05/30/18 at 10:34 AM showed Resident #4 was sitting in a wheelchair in the facility lobby area and had a scabbed laceration on the right side of the forehead. The measurement of the scabbed laceration was 1.8 cm in length. Resident #4 did not answer when asked if he had any pain.

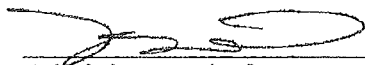
Documentation in Resident#4's file showed Resident #4 had falls with injuries on 05/12/18, 05/19/18 and 05/26/18, and a non-injury fall on 05/27/18. The signed NSA dated 05/31/18 did not reflect the fall incidents occurring in May 2018 or interventions for fall preventions.

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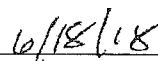
Plan/Attestation Statement

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, The Hampton at Salmon Creek Memory Care Community is or will be in compliance with this law and / or regulation on (Date) 7/15/18. 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)



Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

June 11, 2018

CERTIFIED MAIL

7016 2070 0000 4687 2350

The Hampton Salmon Creek LLC
The Hampton at Salmon Creek Memory Care Community
2305 NE 129th Street
Vancouver, WA 98686

RE: The Hampton at Salmon Creek Memory Care Community License #2227

Dear Administrator:

The Department completed a full inspection of your assisted living facility on May 31, 2018 and found that your facility does not meet the assisted living facility licensing requirements.

The Department:

- Wrote the enclosed report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed "Plan/Attestation Statement";
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement with original signatures to:

Karyl Ramsey, Field Manager
Residential Care Services
Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684

- Complete correction within 45 days or sooner if directed by the department after review of your proposed correction dates.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

One staff person had not completed a national fingerprint based background check.

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

- (b) Dementia specialty training as described in WAC 388-112A-0440 ; and
- (c) Mental health specialty training as described in WAC 388-112A-0450 .

Specialty training in mental health and dementia was not completed for one staff person.

You Are Not:

- Required to submit a plan-of-correction for the consultation deficiency or deficiencies not listed on the enclosed report.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration

The Hampton Salmon Creek LLC
The Hampton at Salmon Creek Memory Care Community License #2227
June 11, 2018
Page 3

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360) 397-9549.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karyl Ramsey for".

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure