



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

December 4, 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 November 21, 2018 for the deficiency or deficiencies cited in the report/s dated August 24, 2018 and found no deficiencies.

The Department staff who did the follow-up inspection:  
Jenifer Jones, Complaint Investigator

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

Sincerely,

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



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** The Hampton at Salmon Creek      **Intake ID(s):** 3553822, 3554277  
Memory Care Community (807063)

**License/Cert. #:** AL2227

**Investigator:** Jones, Jenifer      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 08/23/2018 through 08/24/2018

**Complainant Contact Date(s):** 08/24/2018

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**Allegations:**

Quality of Care

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**Investigation Methods:**

**Sample:** 7 Current resident & 3 former respite care residents.

**Observations:** General environment, staff-resident interactions, resident-resident interactions, resident verbal/non-verbal behaviors, resident appearance

**Interviews:** Residents, family, Staff, and Administrative Staff

**Record Reviews:** Resident records

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**Allegation Summary:**

An on-site investigation was conducted on the allegation identified in the intake related to quality of care. Resident care and treatment were reviewed. There was sufficient evidence to support failed practice.

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

Deficiency not related to original allegation was identified.  
See SOD written 8/24/2018

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

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

Failed practice  
See SOD written 8/24/2018



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Statement of Deficiencies	License #: 2227	Completion Date
Plan of Correction	The Hampton at Salmon Creek Memory Care Community	August 24, 2018
Page 1 of 5	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.

This document references the following complaint numbers: 3553822 , 3554277

The department has completed data collection for the unannounced on-site complaint investigation on 8/23/2018 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 complaint investigation : 7 of 58 current residents and 3 former residents.

The department staff that inspected and investigated the assisted living facility:  
 Jenifer Jones, RN, Complaint Investigator

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

RECEIVED  
 SEP 10 2018  
 DSHS RCS  
 REGION 3

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.

C. Buresky for Karl Ramsey  
 Residential Care Services

08/28/2018  
 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)

9-6-2018  
 Date

DD  
 9/11/18

10/08/18

**WAC 388-78A-2190 Activities of daily living. Assistance with activities of daily living is an optional service that the assisted living facility may provide.**

(1) If an assisted living facility chooses not to provide assistance with activities of daily living:

(a) The assisted living facility must admit or retain only those residents who are independent in activities of daily living; except that

(b) A resident, or the resident's representative, may independently arrange for outside services to assist with activities of daily living.

(2) When an assisted living facility chooses to provide, either directly or indirectly, assistance with activities of daily living, the assisted living facility must provide that assistance consistent with the reasonable accommodation requirements in state and federal laws.

(3) When an assisted living facility chooses to provide, either directly or indirectly, assistance with activities of daily living, the assisted living facility must provide to each resident, consistent with the resident's assessed needs, minimal assistance with the following activities of daily living:

(a) Bathing: Minimal assistance with bathing means the assisted living facility must provide the resident with occasional:

(i) Reminding or cuing to wash and dry all areas of the body as needed;

(ii) Stand-by assistance getting into and out of the tub or shower; and

(iii) Physical assistance limited to steadying the resident during the activity.

(b) Dressing: Minimal assistance with dressing means the assisted living facility must provide the resident with occasional:

(i) Reminding or cuing to put on, take off, or lay out clothing, including prostheses when the assistance of a licensed nurse is not required;

(ii) Stand-by assistance during the activity; and

(iii) Physical assistance limited to steadying the resident during the activity.

(c) Eating: Minimal assistance with eating means the assisted living facility must provide the resident with occasional:

(i) Reminding or cuing to eat and drink; and

(ii) Physical assistance limited to cutting food up, preparing food and beverages, and bringing food and fluids to the resident.

(d) Personal hygiene: Minimal assistance with personal hygiene means the assisted living facility must provide the resident with occasional:

(i) Reminding and cuing to comb hair, perform oral care and brush teeth, shave, apply makeup, and wash and dry face, hands and other areas of the body;

(ii) Stand-by assistance during the activity; and

(iii) Physical assistance limited to steadying the resident during the activity.

(e) Transferring: Minimal assistance in transferring means the assisted living facility must provide the resident with occasional:

(i) Reminders or cuing to move between surfaces, for example to and from the bed, chair and standing;

(ii) Stand-by assistance during the activity; and

(iii) Physical assistance limited to steadying the resident during self-transfers.

(f) Toileting: Minimal assistance in toileting means the assisted living facility must provide the resident with occasional:

(i) Reminders and cuing to toilet, including resident self-care of ostomy or catheter, to wipe and cleanse, and to change and adjust clothing, protective garments and pads;

(ii) Stand-by assistance during the activity; and

(iii) Physical assistance limited to steadying the resident during the activity.

(g) Mobility: Minimal assistance in mobility means the assisted living facility must provide the resident with occasional:

(i) Reminding or cuing to move between locations on the assisted living facility premises;

(ii) Stand-by assistance during the activity; and

(iii) Physical assistance limited to steadying the resident during the activity.

(4) The assisted living facility may choose to provide more than minimal assistance with activities of daily living consistent with state and federal law.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to assist with activities of daily living (bathing) as agreed to in their negotiated service agreement for 1 of 3 respite residents (Resident #1). Failure to assist residents with activities of daily living placed residents at potential risk for poor hygiene and a decreased quality of life.

Findings include:

Observations, interviews and record reviews occurred on 8/23/2018 and 8/24/2018 unless noted otherwise.

Resident #1 was admitted to the facility for respite care from [REDACTED] 2018 through [REDACTED] 2018. He had a prior respite visit from [REDACTED] 2018 through [REDACTED] 2018.

Resident #1's admission assessment dated [REDACTED] 2018, completed by Staff A, indicated he needed shower assistance, was resistive to bathing, needed set-up and standby assist with showers.

Resident #1's New Admission Resident Care Plan (not dated) documented bathing assistance 2 times per week, with cuing for hair and body wash. The Nursing Care Directions (not dated) documented stand-by shower assistance 2 times per week.

Staff A stated resident care was documented on a Resident Assistant Record for each resident. Resident #1's Resident Assistant Record for showers during the [REDACTED] respite stay was blank indicating he did not receive a shower during the stay. Staff A stated Resident #1's shower days were Wednesday and Sunday. Staff A stated the shower aides for the 2 missed days were very good providers of care. Staff A was unable to contact Staff G, and Staff F (not typically a shower aid) stated she did not see Resident #1's name on the shower schedule.

**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) 10.16.2018. 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)

9.6.2018  
\_\_\_\_\_  
Date

**WAC 388-78A-2660 Resident rights. The assisted living facility must:**

- (1) Comply with chapter 70.129 RCW, Long-term care resident rights;
- (2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW;
- (3) Not use restraints on any resident;
- (4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;
- (5) Provide care and services to each resident in compliance with applicable state statutes related to substitute health care decision making, including chapters 7.70 , 70.122, 11.88, 11.92, and 11.94 RCW;
- (6) Reasonably accommodate residents consistent with applicable state and/or federal law; and
- (7) Not allow any staff person to abuse or neglect any resident.

**This requirement was not met as evidenced by:**

Based on observation and interview, the facility failed to promote dignity and respect for 1 of 7 residents (Resident #4) when the resident was observed with a heavily soiled shirt front for greater than 2 hours. This failure placed that resident at risk for not receiving care and services in a manner that maintained his dignity.

**Findings include:**

Observations and interviews occurred on 8/23/2018 and 8/24/2018 unless noted otherwise.

Resident #4 was admitted to the facility on [REDACTED] 2017 with diagnoses to include [REDACTED]. Resident #4's chart documentation indicated requiring moderate assist with activities of daily living. Resident #4's Resident Assistant Record (documentation of care), indicated hospice services as of 5/3/2018.

On 8/23/2018, at 10:20 a.m., Resident #4 was observed to be in a wheelchair sitting at the end of a hallway in a common sitting area outside room #1. Resident #4's shirt had a baseball size spot


of oatmeal on the center of the shirt about chest high and pants were covered with dander. At 11:45 a.m., Resident #4 propelled self to the dining room with the same soiled clothes. At 12:36 p.m. Resident #4 self-propelled out of the dining room with the same soiled clothes.

Staff D stated she got Resident #4 up and Staff G fed Resident #4 breakfast. Staff A stated Resident #4's shirt should have been cleaned or changed to a clean shirt.

#### 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) 10-10-2018 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)

9-6-2018  
\_\_\_\_\_  
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

August 28, 2018

**CERTIFIED MAIL**

7016 2070 0000 4687 3531

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 complaint investigation of your assisted living facility on August 24, 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.



- Contact me for clarification of the deficiency or deficiencies found.

**Consultation:**

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

**WAC 388-78A-2210 Medication services.**

(1) An assisted living facility providing medication service, either directly or indirectly, must:

- (a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and
- (b) Develop and implement systems that support and promote safe medication service for each resident.

On 8/23/2018, at 11:22a.m. a medication cart was observed to be unlocked outside room 33. The medication technician was observed coming out of room #34 and stated the cart should be locked when he is not near by.

**You Are Not:**

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

**You May:**

- Receive a letter of enforcement action based on any deficiency deficiency listed on the enclosed report.

**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 requests to:

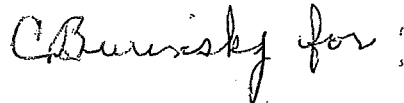
IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

The Hampton Salmon Creek LLC  
The Hampton at Salmon Creek Memory Care Community License #2227  
August 28, 2018  
Page 3

**If You Have Any Questions:**

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

Sincerely,



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

Enclosure