



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

May 15, 2019

CERTIFIED MAIL

7017 2400 0000 6041 7250

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 May 7, 2019 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:
Desiree Jeschke, NCI ALF/AFH COMPLAINT INVESTIGATOR

Consultation:

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

The facility did not have a written alternate plan for a resident when the family was not able to supply the resident's diabetic shakes.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You May:

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

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

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The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

In Addition, You May:

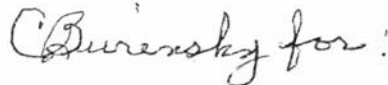
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person,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

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: The Hampton at Salmon Creek **Intake ID(s):** 3640135
Memory Care Community (807063)

License/Cert. #: AL2227

Investigator: Jeschke, Desiree **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 05/02/2019 through 05/07/2019

Complainant Contact Date(s):

Allegations:

Quality of care and treatment

Investigation Methods:

Sample: 3 current residents

Observations: General environment, resident-resident interactions, staff-resident interactions, resident verbal-non verbal behaviors and resident appearance.

Interviews: Residents, Staff, Family and Administrative Staff

Record Reviews: Resident records

Allegation Summary:

An on-site investigation was conducted on the allegations identified in the intakes related to quality of care and treatment. Resident care and treatment were reviewed. There was insufficient evidence to support failed practice. Additional residents were interviewed with no reported concerns.

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

Deficient not related to the original allegation was identified. See SOD

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

Failed Provider Practice Not Identified / No Citation Written

WAC 388-78a-2290-3-c



**Residential Care Services
Investigation Summary Report**

Provider/Facility: The Hampton at Salmon Creek **Intake ID(s):** 3638178
Memory Care Community (807063)

License/Cert. #: AL2227

Investigator: Jeschke, Desiree **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 05/02/2019 through 05/07/2019

Complainant Contact Date(s):

Allegations:

Injury of Unknown Origin

Investigation Methods:

Sample: 3 current residents **Observations:** General environment, resident-resident interactions, staff-resident interactions, resident verbal/non-verbal behaviors and resident appearance

Interviews: Residents, Family, Staff and Administrative Staff **Record Reviews:** Resident records

Allegation Summary:

An on-site investigation was conducted on the allegations identified in the intakes related to injury of unknown origin. Resident care and treatment were reviewed. There was insufficient evidence to support failed practice. Additional residents were reviewed and interviewed with no reported concerns.

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

Deficiency not related to the original allegation was identified. See SOD

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-78A-2290-3-c