



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

July 3, 2019

CERTIFIED MAIL

7018 3090 0000 2464 6996

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 June 26, 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-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

The facility did not timely notify the physician when a resident was noted to have a change in their medical condition. The facility did notify the resident's personal representative of the change in condition.

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.

The Department May:

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

The Hampton Salmon Creek LLC

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July 3, 2019

Page 2

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,

R. McCoy FOR

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):** 3650460
 Memory Care Community (807063)
License/Cert. #: AL2227
Investigator: Jeschke, Desiree **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 06/11/2019 through 06/24/2019
Complainant Contact Date(s):

Allegations:

Quality of care/treatment

Investigation Methods:

Sample: 3 sampled residents

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

Interviews: Residents, Staff, Family and Administrative Staff

Record Reviews: Resident records

Allegation Summary:

An on-site investigation was conducted on the allegation identified in the intake related to quality of care and treatment. 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 original allegations was identified.

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

WAC 388-78A2640-1-a



**Residential Care Services
Investigation Summary Report**

Provider/Facility: The Hampton at Salmon Creek **Intake ID(s):** 3649551
Memory Care Community (807063)

License/Cert. #: AL2227

Investigator: Jeschke, Desiree **Region/Unit:** RCS Region 3/Unit E **Investigation Date(s):** 06/11/2019 through 06/24/2019

Complainant Contact Date(s):

Allegations:

Quality of care/treatment

Investigation Methods:

Sample: 3 current residents

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

Interviews: Residents, Staff, Family and Administrative Staff

Record Reviews: Resident records

Allegation Summary:

An on-site investigation was conducted on the allegation identified in the intake related to quality of care/treatment. 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.

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

Failed Provider Practice Not Identified / No Citation Written

WAC 388-78A-2640