STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

06/22/2026

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

RE: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY # 1793

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 79312 (Completion Date 06/22/2026) and 73254 (Completion Date 04/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/22/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This document was prepared by Residential Care Services for the Locator website.

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

The Department staff who did the On Site verification:
Carol Gijima, Community Compaint Investigator (NCI)

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1793
Compliance Determination #: 73254
Investigator: Carol Gijima
Investigation Date(s): 02/20/2026 through 04/23/2026
Complainant Contact Date(s): 04/23/2026

Provider Type: Assisted Living Facility

Intake ID: 209517
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
1. Allegation of physical abuse and no documentation of injury
2. Allegation of neglect
3. Unsanitary living conditions
4. Negotiated service agreement signature dispute
5. Allegation of financial exploitation
6. Request for medical records denied
7. Resident not receiving medications as ordered

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident behaviors
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster List of discharged residents Resident assessments and negotiated service agreements including the discharged records of the named resident Medication administration records (MAR) Staff progress notes Incident log / reports, Facility P & P- Medication services

Investigation Summary:
1. Per interviews and record review of resident records, the injury in question was documented with an explanation of how the resident sustained it while using her wheelchair. The investigation did not have sufficient information to substantiate the

This document was prepared by Residential Care Services for the Locator website.

allegations identified in the intake.
2. Per interviews and record review of resident records the facility failed to provide showers or document care that was given to resident. There was not sufficient information to substantiate neglect. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/23/2026.
3. Per interviews and record review of resident records, there was not sufficient information to either support or refute this allegation.
4. Per interviews and record review of resident records the facility failed to ensure that negotiated service agreements were signed by residents and/or their representatives. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/23/2026.
5. Per interviews and record review of resident records and financial ledger, the resident's charges were prorated. The facility followed procedure. No failed facility practice identified.
6. Per interviews with resident's representative, facility staff, record review of resident records and communications between resident representative and facility, requested records there provided. The facility followed procedure. No failed facility practice identified.
7. Per interviews with resident's representative and facility staff, and review of residents' medication administration records, the facility failed to ensure that resident received their medications as ordered. The ALF demonstrated failed provider practice as documented in a Statement of Deficiencies dated 04/23/2026.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 completed data collection for an unannounced on-site complaint investigation on 02/20/2026 and 04/02/2026 of:

SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
17607 91ST AVENUE E
PUYALLUP, WA 98375

This document references the following complaint number(s): 209517

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1793	Compliance Determination # 73254
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 2 of 11	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/23/2026

As a result of the on-site visit(s), 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.

Clinton Fridley, RN
Residential Care Services

05/01/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

5/10/2026
Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure that 4 of 5 sample residents (Resident 1, Resident 2, Resident 3, and Resident 4) received showers as agreed upon in their negotiated service agreements. This failure placed Resident 1, Resident 2, Resident 3, and Resident 4 at risk for not receiving agreed upon services and a decreased quality of life.

Findings included...

Review of the facility resident records showed no shower records were available to review from November 2025 to January 2026.

Resident 1

Review of Resident 1's negotiated service agreement, dated [redacted]/2025, showed that facility staff were to assist Resident 1 with one shower a week. There was no documentation in Resident 1's records that showed Resident 1 received any showers from November 2025 to January 2026.

This document was prepared by Residential Care Services for the Locator website.

As a result of the on-site visit(s), 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.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure that 4 of 5 sample residents (Resident 1, Resident 2, Resident 3, and Resident 4) received showers as agreed upon in their negotiated service agreements. This failure placed Resident 1, Resident 2, Resident 3, and Resident 4 at risk for not receiving agreed upon services and a decreased quality of life.

Findings included…

Review of the facility resident records showed no shower records were available to review from November 2025 to January 2026.

Resident 1

Review of Resident 1's negotiated service agreement, dated [redacted]/2025, showed that facility staff were to assist Resident 1 with one shower a week. There was no documentation in Resident 1's records that showed Resident 1 received any showers from November 2025 to January 2026.

This document was prepared by Residential Care Services for the Locator website.

Resident 2

Review of Resident 2's negotiated service agreement, dated 10/24/2025, showed that facility staff were to assist Resident 2 with one shower a week. There was no documentation in Resident 2's records that showed Resident 2 received any showers from November 2025 to January 2026.

Resident 3

Review of Resident 3's negotiated service agreement, dated 11/14/2025, showed that Resident 3 required standby/minimal assistance from facility staff for showers once per week. There was no documentation in Resident 3's records that showed Resident 3 received any showers from November 2025 to January 2026.

Resident 4

Review of Resident 4's negotiated service agreement, dated 05/27/2025, showed that facility staff were to assist Resident 4 with three showers a week. There was no documentation in Resident 4's records that showed Resident 4 received any showers from November 2025 to January 2026.

During an interview on 02/04/2026 at 3:47 AM, Collateral Contact 1 (CC1), Resident 1's representative, stated that staff were to assist Resident 1 with showers. CC1 stated that they were unsure if Resident 1 received the showers or care that Resident 1 paid for. CC1 stated that when they requested shower records from the ALF, they were informed that the facility did not document showers or care services.

During an interview on 03/12/2026 at 2:01 PM, Staff B, Regional Director of Operations, stated "we don't do shower documentation. None of our buildings record ADLs (activities of daily living)". Staff B stated, "we chart by exception. We assume that care was given."

During an interview on 04/02/2026 at 11:55 AM, Staff D, Assisted Living Director, stated that residents were to receive two showers a week. Staff D stated that they could not say whether residents received their showers or not. Staff D stated that there was no documentation that showed that residents received or refused a shower.

During an interview on 04/02/2026 at 12:25 PM, Collateral Contact 2 (CC2), Anonymous staff, stated that residents were supposed to receive showers at least twice a week. CC2 stated that not all residents received their showers. CC2 stated that staff were to document on their task sheets if residents received or refused showers.

This document was prepared by Residential Care Services for the Locator website.

During an interview on 04/06/2026 at 3:42 PM, Staff A, Administrator, stated that residents were supposed to receive two showers according to their care plan. Staff A stated that showers and care services were not documented. Staff A stated that caregivers were to sign their task sheet indicating that showers and care were given. Staff A stated, "there was no way to prove that showers were given."

During an interview on 04/17/2026 at 9:58 AM, Staff C, Assistant Executive Director, stated that residents received showers according to their service agreements. Staff C stated that residents had the right to refuse showers. Staff C stated that they did not know where the documentation for shower refusals would be. Staff C stated "I don't know" where care staff document that showers were given.

During an interview on 04/17/2026 at 11:03 AM, Collateral Contact 3 (CC3), Anonymous Staff, stated that showers were given according to residents' care plan. CC3 stated they did not know if residents received showers or not. CC3 stated that they had "no idea" where shower documentation would be.

This is a recurring deficiency previously cited on 11/25/2024.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 6/7/26 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 5-10-26 Date

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service

This document was prepared by Residential Care Services for the Locator website.

During an interview on 04/06/2026 at 3:42 PM, Staff A, Administrator, stated that residents were supposed to receive two showers according to their care plan. Staff A stated that showers and care services were not documented. Staff A stated that caregivers were to sign their task sheet indicating that showers and care were given. Staff A stated, “there was no way to prove that showers were given.”

During an interview on 04/17/2026 at 9:58 AM, Staff C, Assistant Executive Director, stated that residents received showers according to their service agreements. Staff C stated that residents had the right to refuse showers. Staff C stated that they did not know where the documentation for shower refusals would be. Staff C stated “I don’t know” where care staff document that showers were given.

During an interview on 04/17/2026 at 11:03 AM, Collateral Contact 3 (CC3), Anonymous Staff, stated that showers were given according to residents’ care plan. CC3 stated they did not know if residents received showers or not. CC3 stated that they had “no idea” where shower documentation would be.

This is a recurring deficiency previously cited on 11/25/2024.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service

This document was prepared by Residential Care Services for the Locator website.

agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure that 4 of 5 sample residents (Resident 1, Resident 3, Resident 4, and Resident 5) received medications as ordered. This failure placed Resident 1, Resident 3, Resident 4, and Resident 5 at risk of harm, a potential decline in their health, and a poor quality of life.

Findings included…

Review of the AFL's undated medication policy showed the facility was to "establish/order systems to make resident medications available when needed" and to "be timely to provide medication administration/assistance according to physicians orders."

Resident 1

Review of Resident 1's negotiated service agreement, dated [redacted]/2025, showed that Resident 1 required staff assistance with medications, which included storage and ordering of medications on time.

Review of Resident 1's November 2025 Medication Administration Record (MARs) showed that Resident 1 received Hydrocodone-Acetaminophen (pain medicine) for right hip pain, 5-325 milligrams (mg) four times a day at 5:59 AM, 11:59 AM, 5:59 PM, and 11:59 PM. The MAR showed no documentation that Resident 1 received the 11:59 AM dose on 11/21/2025. An exception note stated that the medication was held because it was duplicate. The MAR showed no documentation of a duplicate order.

The November 2025 MAR showed Resident 1 received Metoprolol (blood pressure medicine), 50 mg, once a day. The order showed to hold the medication if Resident 1's blood pressure was below 100/60 or if the heart rate was below 60. The MAR showed that Resident 1 received blood pressure medicine on 11/17/2025 when the blood pressure was 90/66, on 11/18/2025 when blood pressure was 90/69, and on 11/19/2025 when blood pressure was 95/67.

The November 2025 MAR showed Resident 1 received Montelukast Sodium (medicine for fluid build-up in the lungs), 10 mg at bedtime. There was no documentation that showed Resident 1 received the medication on 11/13/2025.

This document was prepared by Residential Care Services for the Locator website.

The November 2025 MAR showed Resident 1 received Pregabalin (medication for pain), 75mg, three times a day at 8:00 AM, 1:00 PM, and 8:00 PM. There was no documentation that showed Resident 1 received the 8:00 AM dose on 11/22/2025, the 1:00 PM dose on 11/22/2025 and 11/24/2025, and the 8:00 PM dose on 11/21/2025.

The November 2025 MAR showed Resident 1 received Xiidra, 5% solution for dry eyes, twice a day at 8:00 AM and 8:00 PM. There was no documentation that showed Resident 1 received the 8:00 AM dose on 11/14/2025. Review of the exception notes showed “medication not arrived.”

Review of Resident 1’s December 2025 MAR showed Resident 1 received Cevimeline for Sjogren syndrome (an autoimmune disease that can cause joint pain), 30 mg, three times a day at 8:00 AM, 1:00 PM, and 8:00 PM. There was no documentation that showed Resident 1 received the 8:00 AM dose on 12/05/2025/, 12/07/2025/, 12/08/2025, and 12/10/2025. There was no documentation that showed Resident 1 received the 1:00 PM dose on 12/05/2025, 12/06/2025, 12/07/2025, 12/08/2025, 12/09/2025, and 12/10/2025. There was no documentation that showed Resident 1 received the 8:00 PM dose on 12/05/2025.

The December 2025 MAR showed Resident 1 received Hydrocodone-Acetaminophen 5-325 mg for right hip 5-325mg pain four times a day at 5:59 AM, 11:59 AM, 5:59 PM, and 11:59 PM. There was no documentation that showed Resident 1 received the 5:59 AM dose on 12/18/2025, 12/19/2025, 12/20/2025, 12/21/2025, 12/22/2025, 12/23/2025, 12/24/2025, and 12/25/2025. There was no documentation that showed Resident 1 received the 11:59 AM dose on 12/18/2025, 12/19/2025, 12/20/2025, 12/21/2025, 12/23/2025, 12/24/2025, and 12/25/2025. There was no documentation that showed Resident 1 received the 5:59 PM dose on 12/18/2025, 12/19/205, 12/20/2025, 12/21/2025, 12/22/2025, 12/23/2025, 12/24/2025, and 12/25/2025. There was no documentation that showed Resident 1 received the 11:59 PM dose on 12/18/2025, 12/19/2025, 12/20/2025, 12/21/2025, 12/22/2025, 12/23/2025, 12/24/2025, and 12/25/2025. Review of the exception notes showed “medication not arrived.”

Review of Resident 1’s January 2026 MAR showed Resident 1 received Hydrocodone-Acetaminophen for right hip pain 5-325mg four times a day at 5:59 AM, 11:59 AM, 5:59 PM and 11:59 PM. There was no documentation that showed Resident 1 received the 5:59 AM dose on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, 01/06/2026, and 01/07/2026. There was no documentation that showed Resident 1 received the 11:59 AM dose on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, 01/06/2026, and 01/07/2026. There was no documentation that showed Resident 1 received the 5:59 PM dose on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, and 01/06/2026. There was no documentation that showed Resident 1 received the 11:59 PM dose on 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, and 01/06/2026. Review of the exception notes showed “medication not arrived.”

This document was prepared by Residential Care Services for the Locator website.

Resident 3

Review of Resident 3's negotiated service agreement, dated 11/14/2025, showed that facility staff provided medication assistance, which included ordering medications on time.

Review of Resident 3's November 2025 MAR showed Resident 3 received cholecalciferol 1000-unit tablet daily for health supplement. There was no documentation that showed Resident 3 received the medication on 11/18/2025, 11/19/2025, 11/20/2025, and 11/21/2025. Review of the exception notes showed "medication not arrived."

The November 2025 MAR showed Resident 3 received Pradaxa (medicine to prevent a stroke), 150 mg twice a day at 7:00 AM and 5:00 PM. There was no documentation that showed Resident 3 received the 5:00 PM dose on 11/17/2025. There was no documentation that showed Resident did not receive both doses on 11/18/2025. Review of the exception notes showed "medication not arrived."

Review of Resident 3's December 2025 MAR showed Resident 3 received Calcium Carbonate 500 mg twice a day for heartburn at 9:00 AM and 9:00 PM. There was no documentation that showed Resident 3 received the 9:00 AM dose on 12/02/2025.

Review of Resident 3's December 2025 MAR showed Resident 3 received Vitamin C 1000 mg for supplement twice a day at 9:00 AM and 9:00 PM. There was no documentation that showed Resident 3 received the 9:00 PM dose on 12/30/2025 or the 9:00 AM dose on 12/31/2025. Review of the exception notes showed "medication not arrived."

Review of Resident 3's January 2026 MAR showed Resident 3 received Acetaminophen 1000 mg for pain every eight hours at 5:59 AM, 1:59 PM, and 9:59 PM. There was no documentation that showed Resident 3 received the 5:59 AM dose on 01/10/2026. Review of the exception notes stated, "cannot find."

Review of Resident 3's January 2026 MAR showed Resident 3 received cholecalciferol 1000-unit tablet daily for health supplement. There was no documentation that showed Resident 3 received the medication 01/29/2026. Review of the exception notes showed "medication not arrived."

Review of Resident 3's January 2026 MAR showed Resident 3 received Pradaxa 150 mg twice a day at 7:00 AM and 5:00 PM. There was no documentation that showed Resident 3 received the 5:00 PM dose on 01/31/2026. Review of the exception notes stated, "medication not arrived."

This document was prepared by Residential Care Services for the Locator website.

Resident 4

Review of Resident 4's negotiated service agreement, signed 05/27/2025, showed that facility staff provided medication administration.

Review of Resident 4's November 2025 MAR showed Resident 4 received Haloperidol (mental health medication), one mg twice a day at 9:00 AM and 9:00 PM. There was no documentation that showed Resident 4 received the 9:00 AM dose on 11/21/2025 and 11/24/2025. There was no documentation that showed Resident 4 received the 9:00 PM dose on 11/24/2025. Review of the exception notes stated, "medication not arrived."

Review of Resident 4's January 2026 MAR showed Resident 4 received 81 mg Aspirin daily for heart health. There was no documentation that showed Resident 4 received the medication on 01/10/2026. Review of the exception notes stated, "medication not arrived."

Resident 5

Review of Resident 5's negotiated service agreement, dated 05/27/2025, showed that facility staff provided medication administration, which included ordering of medications.

Review of Resident 5's January 2026 MAR showed Resident 5 received Famotidine 40 mg daily for prevention of heartburn and stomach ulcers. There was no documentation that showed Resident 5 received the medication on 01/25/2026 and 01/26/2026.

Review of Resident 5's January 2026 MAR showed Resident 5 received potassium chloride daily, 20 milliequivalent (mEq) to treat low potassium in the blood. There was no documentation that showed Resident 5 received the medication on 01/29/2026. Review of the exception notes stated, "medication not arrived."

During an interview on 04/02/2026 at 11:55 AM, Staff D, Assisted Living Director, stated that residents were supposed to be given medications according to doctor's orders. Staff D stated that they were not aware of any residents who missed their medications. Staff D stated that medication technicians were supposed to follow up with the family or pharmacy to ensure residents received their medications.

During an interview on 04/17/2026 at 9:58 AM, Staff C, Assistant Executive Director, stated that staff were to document on the MAR when medications were given. Staff C stated there was no reason that residents should not receive their medications, unless they refused.

This document was prepared by Residential Care Services for the Locator website.

During an Interview on 04/23/2026 at 11:50 AM, Staff C stated that medication technicians were responsible for auditing medication carts and refilling medications on time. Staff C stated that if medications were not delivered, they would obtain an emergency refill from the facility's preferred pharmacy. Staff C stated that there was no reason residents should miss their medications if there was an order.

During an Interview on 04/17/2026 at 11:58 AM, Staff A, Administrator, stated that residents should be given medications as ordered. Staff A stated that documentation should be in the MAR.

During an Interview on 04/17/2026 at 11:03 AM, Staff D, Assisted Living Director, stated that they had no idea what happened with medication administration. Staff D stated that they didn't know what the medication administration policy required staff to do and "I just did what I was told to do."

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 6/7/26 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 5-10-26

WAC 388-76A-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 record review and interviews, the Assisted Living Facility (ALF) failed to ensure that 2 of 5 sample resident's (Resident 1 and Resident 3) negotiated service agreements were signed by the resident, their representative, and the facility representative. This failure placed Resident 1 and Resident 3 at risk for not receiving agreed upon care and services, and not having their needs met.

This document was prepared by Residential Care Services for the Locator website.

During an interview on 04/23/2026 at 11:50 AM, Staff C stated that medication technicians were responsible for auditing medication carts and refilling medications on time. Staff C stated that if medications were not delivered, they would obtain an emergency refill from the facility's preferred pharmacy. Staff C stated that there was no reason residents should miss their medications if there was an order.

During an interview on 04/17/2026 at 11:58 AM, Staff A, Administrator, stated that residents should be given medications as ordered. Staff A stated that documentation should be in the MAR.

During an interview on 04/17/2026 at 11:03 AM, Staff D, Assisted Living Director, stated that they had no idea what happened with medication administration. Staff D stated that they didn't know what the medication administration policy required staff to do and "I just did what I was told to do."

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) 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 record review and interviews, the Assisted Living Facility (ALF) failed to ensure that 2 of 5 sample resident's (Resident 1 and Resident 3) negotiated service agreements were signed by the resident, their representative, and the facility representative. This failure placed Resident 1 and Resident 3 at risk for not receiving agreed upon care and services, and not having their needs met.

This document was prepared by Residential Care Services for the Locator website.

Findings Included…

Resident 1

Review of Resident 1's records showed the ALF admitted Resident 1 on [redacted]/2025.

Review of Resident 1's negotiated service agreement, dated [redacted]/2025, showed that the document was not signed by the resident, their representative, or the facility representative.

Resident 3

Review of Resident 3's records showed the ALF admitted Resident 3 on [redacted]/2025.

Review of Resident 3's negotiated service agreement, dated 11/14/2025, showed that the document was not signed by the resident, their representative, or the facility representative.

During an interview on 02/04/2026 at 3:47 PM, Collateral Contact 1 (CC1), Resident 1's representative, stated that they did not receive a service agreement from facility to sign. CC1 stated that the facility made Resident 1 scribble a signature on 01/16/2026 when they were confused and on the way to the hospital. CC1 stated that Resident 1 had no idea what they signed. CC1 stated that they informed the facility that everything should go through me. CC1 stated that the facility assessed Resident 1's care and services needs at a certain level. CC1 stated that Resident 1 never received the care and services as assessed, which included room cleaning, making the bed, and changing the bed linens.

During an interview on 04/17/2026 at 9:58 AM, Staff C, Assistant Executive Director, stated that residents and/or their representatives signed the negotiated service agreements at move in, then again in 30 days. Staff C stated that there was no reason negotiated service agreements would not be signed.

During an interview on 04/17/2026 at 11:03 AM, Collateral Contact 3 (CC3), Anonymous staff, stated that they did not know what the process was for signing service plans. CC3 stated that they were not trained on the process, they "just signed."

During an interview on 04/17/2026 at 11:58 AM, Staff A, Administrator stated that negotiated service agreements should be signed before the resident moved in or on the

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1793	Compliance Determination # 73254
Plan of Correction	SILVER CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 11 of 11	Licensee: SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/23/2026

day of admission. Staff A stated that they did not know why the service agreements were not signed within 30 days.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 6/1/26 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 5.10.26 Date

This document was prepared by Residential Care Services for the Locator website.

day of admission. Staff A stated that they did not know why the service agreements were not signed within 30 days.

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, SILVER CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.