STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/25/2025

HIGHGATE BELLINGHAM LP
HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

RE: HIGHGATE SENIOR LIVING # 2097

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64329 (Completion Date 08/25/2025) and 61607 (Completion Date 06/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/25/2025 and found no deficiencies.

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

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(4) Does not allow the person to have unsupervised access to any resident;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or

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

their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

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.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The Department staff who did the On Site verification:
Karen Glover, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 the unannounced on-site full inspection on 06/25/2025, 06/26/2025 and 06/27/2025 of:
HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

The following sample was selected for review during the unannounced on-site visit: 9 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

07/03/2025
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)

7/8/25
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff C and D) completed a national fingerprint background check. This failure resulted in Staff C and D working with vulnerable adults while not having all the necessary background checks and placed the safety of all 66 residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included...

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 10/10/2024. No fingerprint background check for Staff C was available for review.

Staff D, Medication Technician, was hired on 09/26/2024. No fingerprint background check for Staff D was available for review.

On 06/26/2025 at 12:56 PM, Staff H, Community Resource Manager, stated that they did not currently have any fingerprint background checks for Staff C and D. Staff H stated

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-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff C and D) completed a national fingerprint background check. This failure resulted in Staff C and D working with vulnerable adults while not having all the necessary background checks and placed the safety of all 66 residents at risk of being cared for by staff with potentially disqualifying backgrounds.

Findings included…

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 10/10/2024. No fingerprint background check for Staff C was available for review.

Staff D, Medication Technician, was hired on 09/26/2024. No fingerprint background check for Staff D was available for review.

On 06/26/2025 at 12:56 PM, Staff H, Community Resource Manager, stated that they did not currently have any fingerprint background checks for Staff C and D. Staff H stated

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

that fingerprinting has been a challenge for this community.

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 8/15/25 .

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

Administrator (or Representative) — Date: 7/8/25

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(4) Does not allow the person to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 staff (Staff B, C, and D), who were conditionally employed, completed a background authorization form within one business day after they began working and failed to ensure 1 of 4 staff (Staff I), who was conditionally employed, did not have unsupervised access to any residents. This failure resulted in Staff B, C, and D working with vulnerable adults while not having all the necessary background checks placing the safety of all 66 residents at risk of being cared for by staff with potentially disqualifying backgrounds and placed the safety of all 66 residents at risk by allowing Staff I, with a disqualifying crime in their background check, unsupervised access to them.

Findings included...

Background Authorization Form

Review of the ALF's employee files showed the following:

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

that fingerprinting has been a challenge for this community.

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, HIGHGATE SENIOR LIVING 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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(4) Does not allow the person to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 staff (Staff B, C, and D), who were conditionally employed, completed a background authorization form within one business day after they began working and failed to ensure 1 of 4 staff (Staff I), who was conditionally employed, did not have unsupervised access to any residents. This failure resulted in Staff B, C, and D working with vulnerable adults while not having all the necessary background checks placing the safety of all 66 residents at risk of being cared for by staff with potentially disqualifying backgrounds and placed the safety of all 66 residents at risk by allowing Staff I, with a disqualifying crime in their background check, unsupervised access to them.

Findings included…

Background Authorization Form

Review of the ALF's employee files showed the following:

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

Staff B, Caregiver, was hired on 01/03/2025. Staff B's background authorization form was dated 01/14/2025, 8 business days after hire.

Staff C, Caregiver, was hired on 10/10/2024. Staff C's background authorization form was dated 11/04/2024, 17 business days after hire.

Staff D, Medication Technician, was hired on 09/26/2024. Staff D's background authorization form was dated 9/30/2024, 3 business days after hire.

On 06/26/2025 at 12:56 PM, Staff H, Community Resource Manager, stated that background authorization forms should be submitted on the same day of hire. Staff H wasn't sure why the previous Community Resource Manager didn't do this for Staff B, C, and D when they were first hired.

Unsupervised Access

Review of the ALF's employee files showed Staff I, Previous Employee, was hired on 06/06/2025. Staff I's background authorization form was dated 06/06/2025. The Washington Name and Date of Birth background check, dated 06/09/2025, showed Staff I had a criminal conviction that automatically disqualified them from working in a position that may involve unsupervised access to vulnerable adults.

On 06/26/2025 at 8:55 AM, Resident 5 stated that Staff I had come alone to Resident 5's room while Resident 5 was there multiple times on 06/06/2025. Resident 5 stated that Staff I was working by themselves since their first day on the job.

On 06/26/2025 at 1:05 PM, Staff H stated that Staff I was an official employee with previous experience and so they had access to residents and their rooms unsupervised.

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

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 8/15/25 .

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

Administrator (or Representative) — Date 7/8/25

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and E) completed Dementia and Mental Health specialty training within 120 days of hire and failed to ensure 1 of 5 staff (Staff C) received credentials through the Department of Health (DOH). These failures resulted in Staff B, C, and E not having the necessary training related to their job duties and expectations and placed all 66 residents at risk for compromised care and safety.

Findings included...

Specialty Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF

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

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, HIGHGATE SENIOR LIVING 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and E) completed Dementia and Mental Health specialty training within 120 days of hire and failed to ensure 1 of 5 staff (Staff C) received credentials through the Department of Health (DOH). These failures resulted in Staff B, C, and E not having the necessary training related to their job duties and expectations and placed all 66 residents at risk for compromised care and safety.

Findings included…

Specialty Training

Review of WAC 388-112A-0495(4) showed if an ALF serves one or more residents with special needs, long-term care workers must complete specialty training within 120 days of their date of hire.

Review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if the ALF

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

chose to serve residents with dementia, developmental disabilities, or mental health issues, they must provide employees with specialty training.

Review of the ALF's Resident Characteristic Roster, dated 06/25/2025, showed 48 residents living in the ALF had a [redacted] diagnosis and two residents had a [redacted] diagnosis.

Review of the ALF's employee files showed the following:

Staff B, Caregiver, was hired on 01/03/2025. Staff B's file had no record of completed Dementia or Mental Health specialty trainings as of 175 days after their date of hire.

Staff E, Caregiver, was hired on 06/09/2021. Staff E's file showed no record of completed Mental Health specialty training as of 1329 days after their date of hire.

On 06/26/2025 at 12:56 PM, Staff H, Community Resource Manager, stated that Staff B and E did not have all of their specialty training completed at this time. Staff H stated that they are currently in the process of trying to get a qualified trainer to teach staff, instead of management, to lessen the burden of potential staff shortages.

DOH Credentials

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain, at the minimum, home care aide certification (HCA) within 200 days of their date of hire.

Review of the ALF's employee files showed the following:

Staff C was hired on 10/10/2024. Staff C's file showed no record of obtaining certification as an HCA as of 260 days after their date of hire.

Review the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed Staff C did not have HCA nor nursing assistant certified credentials in the State of Washington.

On 06/26/2025 at 12:56 PM, Staff H stated Staff C did not have HCA credentials yet.

On 06/27/2025 at 3:39 PM, Staff J, Resident Care Coordinator, stated that it will be an easy fix to get Staff C scheduled to take their HCA exam as soon as possible.

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

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 8/15/25 .

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

Administrator (or Representative) — Date 7/8/25

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 Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff C) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure resulted in Staff C not having been cleared of infection and placed all 66 residents at risk for possible exposure to a communicable disease.

Findings included...

Review of WAC 388-78A-2483 showed ALF staff are eligible for a one test only TB screen if the staff person has a documented negative result from a one skin or blood test in the previous 12 months.

Review of the ALF's employee files showed Staff C, Caregiver, was hired on 10/10/2024. Documentation of a previous TB test from a previous facility showed a one-step TB test was initiated on 01/30/2024. There was no documentation of the required one-step TB test completed within three days of hire at the ALF in Staff C's file as of 260 days after their date of hire.

On 06/26/2025 at 2:18 PM, Staff C stated that they did not have a TB test when they were hired at the ALF, only a one poke at a previous facility less than a year ago.

On 06/27/2025 at 10:19 AM, Staff H, Community Resource Manager, stated Staff C did not have evidence of a TB test upon hire.

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

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, HIGHGATE SENIOR LIVING 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-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 Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff C) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure resulted in Staff C not having been cleared of infection and placed all 66 residents at risk for possible exposure to a communicable disease.

Findings included…

Review of WAC 388-78A-2483 showed ALF staff are eligible for a one test only TB screen if the staff person has a documented negative result from a one skin or blood test in the previous 12 months.

Review of the ALF's employee files showed Staff C, Caregiver, was hired on 10/10/2024. Documentation of a previous TB test from a previous facility showed a one-step TB test was initiated on 01/30/2024. There was no documentation of the required one-step TB test completed within three days of hire at the ALF in Staff C's file as of 260 days after their date of hire.

On 06/26/2025 at 2:18 PM, Staff C stated that they did not have a TB test when they were hired at the ALF, only a one poke at a previous facility less than a year ago.

On 06/27/2025 at 10:19 AM, Staff H, Community Resource Manager, stated Staff C did not have evidence of a TB test upon hire.

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

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 8/15/25 .

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

Administrator (or Representative) — Date: 7/8/25

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 4 pets (Pet 1, 3, and 4) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 66 residents at risk of exposure to communicable diseases.

Findings included...

Review of the ALF's Pet Addendum, dated February 2024, showed that residents must provide documentation demonstrating that the pet has had regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in the state.

Review of records showed Pet 1 had no documentation of current or ongoing vaccinations.

Review of records showed Pet 3 had a rabies vaccination that expired on 11/02/2022.

Review of records showed Pet 4 had no documentation of current or ongoing vaccinations.

On 06/27/2025 at 9:30 AM, Staff A, Executive Director, stated that multiple staff were

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

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, HIGHGATE SENIOR LIVING 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 4 pets (Pet 1, 3, and 4) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 66 residents at risk of exposure to communicable diseases.

Findings included…

Review of the ALF's Pet Addendum, dated February 2024, showed that residents must provide documentation demonstrating that the pet has had regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in the state.

Review of records showed Pet 1 had no documentation of current or ongoing vaccinations.

Review of records showed Pet 3 had a rabies vaccination that expired on 11/02/2022.

Review of records showed Pet 4 had no documentation of current or ongoing vaccinations.

On 06/27/2025 at 9:30 AM, Staff A, Executive Director, stated that multiple staff were

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

responsible for keeping the pet records up to date and that they did not have a system in place that would alert them to when pets were due for their examinations and immunizations.

On 06/27/2025 at 11:19 AM, Staff H, Community Resource Manager, stated that they were unable to locate any records for Pets 1, 3, or 4. Staff H stated that they had reached out to the families for them to provide updated records and that they would work on a system to ensure pet records were kept up to date.

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 8/15/25 .

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

Administrator (or Representative) — Date: 7/8/25

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

responsible for keeping the pet records up to date and that they did not have a system in place that would alert them to when pets were due for their examinations and immunizations.

On 06/27/2025 at 11:19 AM, Staff H, Community Resource Manager, stated that they were unable to locate any records for Pets 1, 3, or 4. Staff H stated that they had reached out to the families for them to provide updated records and that they would work on a system to ensure pet records were kept up to date.

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, HIGHGATE SENIOR LIVING 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

07/03/2025

HIGHGATE BELLINGHAM LP
HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

RE: HIGHGATE SENIOR LIVING # 2097

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/27/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect your program to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Return the Plan/Attestation Statement and report with signatures to:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(8) Individual's level of personal care needs, including:

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

The Assisted Living Facility (ALF) failed to have an assessment completed for residents that were identified as independent with medication administration. The nursing staff was in the process of completing the Medication Self-Administration Assessment and the Family/Responsible Party Medication Management Primary Plan for each resident that was currently listed as independent with medication management prior to the start of the full inspection.

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:

• 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Enclosure

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