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

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

RE: HIGHGATE SENIOR LIVING License # 2097

Dear Administrator:

This letter addresses Compliance Determination(s) 25007 (Completion Date 06/13/2023) and 20355 (Completion Date 04/11/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/13/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor
Robin Windhausen, Long Term Care Surveyor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HIGHGATE SENIOR LIVING
License/Cert.#: 2097
Compliance Determination #: 20355
Investigator: Helen Fisher
Investigation Date(s): 03/01/2023 through 04/11/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 70975
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
It was alleged the Named Resident (NR) had a fall.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 3 Closed records sample size:
Observations:	The Named Resident was out of the facility during onsite visit
Interviews:	Director of Nursing, Assistant Director of Nursing, Care Staff, other not associated with facility, Resident Care Coordinator, Med Tech
Record Reviews:	Resident records Facility records Staff records

Investigation Summary:
Based on interview and record review, it was determined that the NR was not assessed for injury prior to moving them back to bed after a fall. In an interview with Staff F, stated they heard a noise, found NR face down on the floor. Staff F picked the NR up and put back to bed then called the Med Tech. In an interview with Staff B (Director of Nursing), stated that Caregivers were told to not move the NR after a fall or when the NR was found on the floor until they were assessed by a Med Tech during night hours. In an interview with Staff D stated when they arrived that morning, The NR was crying and yelling and was told by a caregiver that the NR had been crying and moaning since 5:00 or 6:00 of 02/17/2023 in pain while sitting on the recliner and was not sent out until Staff D called family and emergency services for further evaluation at 5:40 AM, 12 hours later. Failed practice. A citation was written for WAC 388-78A-2120 Monitoring residents' well-being.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2097	Compliance Determination # 20355
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 3	Licensee: HIGHGATE BELLINGHAM LP	04/11/2023

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 03/01/2023, 04/11/2023 and 03/01/2023 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 68592, 70975

The following sample was selected for review during the unannounced on-site visit: 3 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

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

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 Riggs
Residential Care Services

4/19/2023
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.

X _____ Administrator (or Representative)

X _____ Date 4/26/23

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF); failed to take appropriate action following a fall for 1 of 3 Residents (Resident 1) when Resident 1 was moved before being assessed for injury and when Resident 1 was in left in pain for a whole shift. This failure placed Resident 1 at risk for further injuries and for delay of treatment following a fall.

Findings included...

Resident 1 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including [redacted] and [redacted]

In an interview on 04/03/2023 at 11:06 AM, Collateral Contact 1 (CC1) stated that in the early morning of 02/18/2023 she received a call from the med Tech (Staff D) who just had come on duty and said she was calling the Paramedics because Resident 1 seemed to be in pain and moaning. Resident 1 was taken to the hospital and was diagnosed with [redacted] and [redacted]

In an interview on 04/04/2023 at 1:07 PM, Staff B (Director of Nursing) stated that they told Caregivers not to move any resident after a fall until the nurse completed an evaluation. If the nurse is not available, then they must wait until the Med Tech performed the evaluation.

In an interview on 04/04/2023 at 1:43 PM, Staff F (Caregiver) stated that they heard a noise and found Resident 1 face down on the floor. Staff F was unable to recall the date or the time when the resident was found. Staff F stated that they asked Resident 1 if they were hurt. Resident 1 replied they were not. Staff F picked up Resident 1 and put Resident 1 back in their bed, then notified the Med Tech. Staff F then assisted Resident 1 to the bathroom.

In an interview on 04/06/2023 at 10:38 AM, Staff E (Med Tech) stated that they received a call in the morning on 02/16/2023 from Staff F who told him Resident 1 was found on the floor. Staff E did not remember the exact time. When the Med Tech arrived, Resident 1 had been moved from their bed and was sitting on the toilet. Staff E was confused seeing that Resident 1 was already moved. Staff E stated that they evaluated Resident 1 while on the toilet.

Review of Resident 1's incident report dated 02/16/2023 at 4:35 AM, showed Resident 1 was found lying on the floor by the side of bed, on the fall mat. Resident 1 made no statement. Resident 1's PCP and family was notified. The report was signed by Staff F and Staff B.

In an interview on 04/13/2023 at 8:23 AM, Staff D (Resident Care Coordinator/Med Tech) stated that when they arrived on 02/18/2023 at 5:30 AM to start their work shift, Resident 1 was sitting in the recliner crying and yelling in pain. Staff D was told by the Staff G (Caregiver) that Resident 1 was crying since 5:00 or 6:00 PM on 02/17/2023 the night before. Staff D stated that she was not aware about the fall. Staff did an assessment and determined Resident 1 may have had a hip injury. Staff D called family and emergency services to transport for further evaluation.

Review of Resident 1's chart notes dated 02/16/2023 at 8:32P PM, showed Resident 1 had a bruise on left hip, complained of pain, and medications given with effective result. On 02/17/2023 at 5:35 PM, Resident 1 was complaining of left hip pain, difficulty bearing weight during transfers, bruising on nose and legs. On 02/18/2023 at 5:40 AM, Emergency Response Services were called due to Resident 1's yelling and moaning all shift in pain and refused to take Tylenol (medication for pain).

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) 6/1/23 .

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

Administrator (or Representative) — Date 4/26/23