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

05/01/2024

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) 40216 (Completion Date 04/23/2024) and 37212 (Completion Date 02/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/23/2024 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-3090-1-a

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 2097	Compliance Determination # 37212
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 3	Licensee: HIGHGATE BELLINGHAM LP	02/29/2024

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 follow-up on 02/22/2024 and 02/29/2024 of:
HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following SOD dated: 02/29/2024

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

The department staff that inspected the Assisted Living Facility:

Judith Mellon, RN, Licensor

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 Ripley
Residential Care Services

03/13/2024
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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation, record reviews, and interviews, the Assisted Living Facility (ALF) failed to provide a safe and sanitary environment for memory care residents. This failure resulted in an unsanitary and unclean dining room floor and placed all memory care residents at risk for a diminished quality of life.

Findings included...

On 02/22/2024 at 10:30 AM, the memory care unit dining room carpeting was observed to have numerous large brownish stains under the resident dining tables and chairs. The stains extended into the resident common area.

In an interview on 02/22/2024 at 10:04 AM, Staff A, Executive Director stated that he must have mixed up the plan of correction dates and since he had two copies of his plan of correction thought it was a new citation.

In an interview on 02/22/2024 at 10:25 AM, Staff A stated that the carpet cleaners were scheduled to come out to the ALF 02/29/2024. Staff A stated that the carpets would be cleaned during the night so that the residents would not be disturbed.

An email notification received on 02/27/2024 from Staff A showed the Maintenance Manager had the carpet to be scheduled to be cleaned on 02/28/2024.

An email notification received on 02/29/2024 showed Staff A stated that he talked with his Maintenance Director and the carpet company could not make it out yesterday 02/28/2024.

During a phone interview on 02/29/2024 at 10:17 AM, Staff A stated that the carpet cleaning did not come out to the ALF and the carpet cleaning was not completed in the memory care unit.

Review of the Department of Social and Health Services' (DSHS) Secure Tracking and Reporting System (STARS) showed that on 02/17/2023 the ALF received an initial citation for this regulation. On 01/09/2024 the ALF received a second citation for this regulation. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 01/03/2024.

This was a recuring and uncorrected deficiency previously cited on 02/17/2023 and 01/09/2024.

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, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: HIGHGATE SENIOR LIVING
License/Cert.#: 2097
Compliance Determination #: 33423
Investigator: Helen Fisher
Investigation Date(s): 12/07/2023 through 01/09/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 107169
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
A memory care Named Resident (NR) sustained an injury following a fall.

Investigation Methods:

Sample:	Total residents: 73 Resident sample size: 5 Closed records sample size: 0
Observations:	NR and other resident's appearance, environment, general cleanliness, hallways, dining room, carpeting.
Interviews:	NR, other residents, Collateral contacts, resident care coordinator, healthcare services director, caregivers.
Record Reviews:	NR records. Incident investigation. Fall policy and procedure. Abuse and neglect policy and procedure.

Investigation Summary:
Record review showed the NR ambulated to the bathroom wearing one shoe on and fell. Prior to the fall the NR was able to self ambulate. The facility did an investigation, ruled out abuse and neglect, and updated the plan of care. However, the memory care unit dining room carpet was observed with multiple large stains under the tables. A citation was issued for non compliance with WAC-388-78A-3090, Maintenance and housekeeping.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2097	Compliance Determination # 33423
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 3	Licensee: HIGHGATE BELLINGHAM LP	01/09/2024

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 12/07/2023 and 12/07/2023 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 107169

The following sample was selected for review during the unannounced on-site visit: 5 of 73 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 Ripley
Residential Care Services

01/19/2024
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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to provide a safe and sanitary environment for memory care residents. This failure resulted in an unsanitary and unclean dining room floor and placed all residents at risk for a diminished quality of life.

Findings included...

On 12/07/2023 at 1:05 PM, the memory care unit dining room carpeting was observed to have numerous large brown stains underneath the dining tables and chairs.

In an interview on 12/07/2023 at 1:25 AM, Staff A, Resident Care Coordinator, stated that the facility was working on replacing the carpeting but did not provide the date. Staff A stated that the carpeting stains had been there for a little while.

In an interview on 12/07/2023 at 1:40 PM, Staff B, Housekeeping, stated that they noticed the dining room carpeting stains and wrote a notification for the maintenance department requesting a work order but cannot remember the exact date. Staff B stated that the housekeeping staff vacuumed the dining area every day and cleaned minor stains and new stains, while the maintenance staff managed the larger stains. Staff B stated that the maintenance director deep cleaned the carpeting once a year.

Review of a work order request from housekeeping to maintenance for the memory care unit dining room carpet cleaning showed a request was submitted on 11/07/2023.

In an interview on 1/07/2023 at 2:07 PM, Staff C, Healthcare Director, stated that they were not aware of the carpet stains in the memory care unit dining room. Staff C stated that they will let the maintenance director know.

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