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

07/24/2024

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) 44630 (Completion Date 07/23/2024) and 40826 (Completion Date 05/13/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/23/2024 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-d

The Department staff who did the on-site verification:
Allison Nunn, 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 #: 40826
Investigator: Helen Fisher
Investigation Date(s): 05/06/2024 through 05/13/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 128194
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Named Resident (NR1) pushed the Named Resident (NR2) after NR2 got in bed next to NR1 which resulted in a fall with injury.

Investigation Methods:

Sample:	Total residents: 70 Resident sample size: 3 Closed records sample size: 0
Observations:	NRs' appearance and demeanor, living quarter, common areas, meal service, hallways, residents' social interaction, staff to resident interaction.
Interviews:	Healthcare director, clinical coordinator, medication technician, caregiver, collateral contact, maintenance director.
Record Reviews:	NR's negotiated service agreement, medication administration records, incident investigation, progress notes. Abuse and neglect policy and procedures.

Investigation Summary:
The NR1 and NR2 were cognitively impaired. Both the NR1 and NR2 had no recollection of the event. The staff responded when they heard a commotion and found NR2 on the floor, called Emergency services and notified all parties including the Department. NR2 was transported to the Emergency Department. The ALF did an investigation and video monitoring was reviewed. Abuse and neglect was ruled out. Alert charting and monitoring were done. NR1's and NR2's care plans were updated. During observation, there were multiple dark brown and yellowish brown stains observed on NR2's apartment's carpeting. Failed practice was identified. A citation was written for non compliant with Washington Administrative Code 388-78A-3090 Maintenance and housekeeping. Previously cited on 02/17/2023.

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

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 05/06/2024 and 05/06/2024 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 128194

The following sample was selected for review during the unannounced on-site visit: 3 of 70 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

05/22/2024 — 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:

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to ensure basic housekeeping and maintenance were completed in 2 of 3 resident's (Resident 1 and 2's) apartments. This failure resulted in an unsanitary and unclean apartment and placed Resident 1 at risk of a diminished quality of life.

Findings included...

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted].

On 05/06/2024 at 11:51 AM, the following stains were observed; an 18 x 18 inch diameter brown-yellow with 4 dark brown spot was on the left side of a recliner, two 4 x 4 inch dark brown stains were at the foot of the bed, a 12 x 20 inch blackish splatter was by the wall, a 3 x 2 inches and 2 x 2 inches brown stains were under a chair.

Interview on 05/06/2024 at 11:55 AM, Staff A, Caregiver, stated that the stains had been there for at least a month. Staff A stated that they did not tell the housekeeping staff about it.

Interview on 05/06/2024 at 12:14 PM, Staff B, Medication Technician, stated that some of the stains had been there since last week and some of them were new.

Interview on 05/07/2024 at 10:05 AM, Collateral contact, (CC) stated that the stains on Resident 1’s carpeting had been there since last year.

Resident 2

Resident 2 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted].

On 05/06/2025 at 12:01, Resident 2's carpeting was observed to have a 20 x 10 inch black stain under the window cell.

Interview on 05/06/2024 at 12:32 PM, Staff C, Maintenance Director, stated that they had an electronic system to request a work order for carpeting and other maintenance issue. Staff C stated they expected everyone who had access in residents' room to request for a work order when needed. Staff C stated that the stain on Resident 2's carpeting was permanent and on the list for replacement. Staff C did not know the replacement date.

Interview on 05/06/2024 at 12:48 PM, Staff D, Healthcare Director, stated that Resident 1 & 2's housekeeping and maintenance were included in their monthly rates. Staff D stated that the care staff had no access to the maintenance electronic system to request for a carpeting work order.

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. The ALF signed an attestation statement that showed the ALF would have a system in place and the deficiency corrected by 05/09/2023.

This was a recuring deficiency previously cited on 02/17/2023.

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