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

11/07/2024

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) 49687 (Completion Date 11/07/2024) and 47000 (Completion Date 09/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/07/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the On Site verification:
Syng To, ALF Complaint Investigator

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 #: 47000
Investigator: Syng To
Investigation Date(s): 09/11/2024 through 09/19/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 144635
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Assisted Living Facility (ALF) failed their 3rd life and safety inspection.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size:
Observations:	Facility
Interviews:	Staff Administration State Patrol Fire Marshal
Record Reviews:	Facility State Patrol Fire Marshal

Investigation Summary:
Based on interviews and record reviews, the (ALF) failed to ensure the violation for 3 Fire and Life Safety annual inspections was corrected. A citation was written for noncompliance with WAC 388-78A-2040 (2) Other requirements.

Conclusion / Action:

- [x] 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 # 47000
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 3	Licensee: HIGHGATE BELLINGHAM LP	09/19/2024

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 09/11/2024, 09/11/2024 and 09/11/2024 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 144635

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

The department staff that investigated the Assisted Living Facility:

Syng To, ALF 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

09/23/2024
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-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the ALF failed 3 of 3 Fire and Life Safety annual inspections (01/23/2024, 03/18/2024 and 04/22/2024). This failure placed all residents, staff and visitors at risk of harm in the event of a fire.

Findings included…

Review of the Washington State Patrol Fire Protection Bureau report dated 03/18/2024 showed the ALF had failed to comply with International Fire Code (IFC) for 15 items. During the Fire Marshal's third visit on 04/22/2024, the following five items had not been corrected:

IFC 705.2.6 2018 Testing. Facility was unable to provide documentation for the annual testing the rolling fire doors located in the 1st floor activities room.

IFC 903.5 2009, 2012, 2015, 2018 Testing and Maintenance. Facility is unable to provide documentation for the annual sprinkler system inspection without deficiencies.

IFC 907.8 2018 Inspection, Testing and Maintenance. Facility is unable to provide documentation for the annual fire alarm system testing without deficiencies.

IFC 915.6.2018 Maintenance. Facility is unable to provide documentation for the monthly carbon monoxide detector testing.

IFC 1008.3.1 2015, 2018 Emergency Power for illumination-General. The emergency egress light near the Executive Directors office would not illuminate when the test button was pressed.

On 09/11/2024, 10:50 AM, Staff A, Clinical Liaison, stated that no information and no

documentation could be provided to show the deficiencies had been corrected.

On 09/12/2024 03:56 PM, Staff B, Executive Director, stated that all deficiencies listed in the State Fire Marshal inspection report dated 04/22/2024 had been corrected and they had all the paperwork ready as a plan of correction. They would email all the documentation for the deficiency corrections to the Department of Social and Health Services (DSHS) right away. No documentation was received.

On 09/12/2024 04:38 PM, Collateral Contact, Fire Marshal, stated that the ALF had received two letters of non-compliance, and the ALF was currently not in compliance.

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