STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

04/02/2025

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) 57375 (Completion Date 04/02/2025) and 54515 (Completion Date 02/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/02/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

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

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HIGHGATE SENIOR LIVING
License/Cert.#: 2097
Compliance Determination #: 54515
Investigator: Syng To
Provider Type: Assisted Living Facility
Intake ID: 166446
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 02/10/2025 through 02/19/2025
Complainant Contact Date(s): 02/07/2025

Allegation(s):

1) The Assisted Living Facility (ALF) had a disease outbreak. The ALF did not test the residents to determine the illness.
2) The ALF had only one staff working during shift. There was only one nurse during the business day until 5 PM.
3) The ALF staff did not assess the Unidentified Resident (UR) for pain. The UR was not helped out of bed.
4) The UR was not offered as needed medication for pain.
5) The UR was not offered food or fluids

Investigation Methods:

Sample:	Total residents: 69 Resident sample size: 5 Closed records sample size: 0
Observations:	Facility Residents Infection Control
Interviews:	Resident representative Residents Administration Staff Local Health Jurisdiction
Record Reviews:	Facility Residents

Investigation Summary:

Based on interviews, observation and record reviews:
1) The ALF failed to initiate, conduct, follow all applicable infection prevention, control guidelines, and policies during the outbreak. Interviews and record reviews showed the communicable disease was not reported to the Local Health Jurisdiction (LHJ). A citation was issued for WAC 388-78A-2610 (2)(f) Infection Control.
2) Interviewed ALF Administration stated the ALF had three care staff, three med technicians and two licensed nurses working for day and evening shift; the ALF had

two care staff, two med technicians working and two licensed nurses on-call for night shift. Interviewed staff stated the ALF had adequate staffing. During an unannounced investigation visit, the ALF was observed to having eight clinical staff working. Reviewed of shift schedule records showed the ALF had three care staff, three med technicians and two licensed nurses working for day and evening shift; the ALF had two care staff, two med technicians working and two licensed nurses on-call for night shift. No failed practice was identified.
3) The UR could not be identified. Interviewed Sampled Residents stated they did not have any concerns over their care services. Interviewed staff and Administration stated the ALF did not have any resident had discomfort or assessment concerns. No failed practice was identified.
4) The UR could not be identified. Interviewed Sampled Residents stated they did not have any concerns over their medication services. Reviewed of residents' medication administration records showed the as needed pain medication was administered. No failed practice was identified.
5) The UR could not be identified. Interviewed Sampled Residents stated they did not have any concerns over their fluid intakes and beverage needs. Interviewed staff stated the residents were provided with beverages of their choice every two hours and as needed, residents also received their beverages by choice during meals and snacks time. During an unannounced investigation visit, the residents were observed having their beverages in their room and common areas. Residents were observed eating in their rooms due to isolation protocols during an infectious outbreak. Sampled residents had no complaints about the food. No failed practice was identified.

Conclusion / Action:

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

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 an unannounced on-site complaint investigation on 02/10/2025 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 166446

The following sample was selected for review during the unannounced on-site visit: 5 of 69 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.

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-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to report their norovirus (an infectious disease that cause acute gastroenteritis, inflammation of the stomach and intestinal system) to the Local Health Jurisdiction (LHJ). This failure resulted in the ALF not receiving current outbreak guidance from the LHJ, the LHJ not having updated Norovirus community outbreak numbers, and placed staff, visitors, and all 69 residents at risk of contracting and or spreading norovirus.

Findings included…

Review of WAC 246-101-101 Notifiable conditions-Health care providers and health care facilities showed outbreaks and suspected outbreaks was to be reported to the LHJ immediately.

Review of the ALF's Communicable Disease Policy dated April 2023, page 1, showed the norovirus should be suspected when two or more residents and/or staff have onset of new vomiting and diarrhea within one to two days of each other. The ALF procedure stated notification to the local health department was required for communicable illness including norovirus. The ALF would notify their appropriate LHJ with reportable diseases specific to

their locations.

On 02/10/2025 at 12:45 PM, Staff A, Executive Director, stated that the LHJ was not notified for the norovirus illness that occurred at the ALF on 01/28/2025. As of 02/10/2025, the LHJ had still not been notified.

On 02/10/2025 at 01:00 PM, Staff B, Health Director, stated that they had one resident tested positive for norovirus and six residents who currently had gastrointestinal symptoms including diarrhea and vomiting.

On 02/11/2024 at 11:35 AM, Collateral contact (CC), Local Health Jurisdiction, stated that the norovirus event that include the six residents having sign and symptoms of gastrointestinal illness at the ALF was determined as an outbreak. The ALF did not respond to LHJ's approaches for reportable illness event inquiry and infection control guidance that was initiated on 02/05/2025. They did not receive any information from the ALF about the outbreak until 02/10/2025.

On 02/12/2024 at 07:23 AM, CC stated that the ALF did not report any resident or staff illness to the LHJ.

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