STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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) 75941 (Completion Date 04/15/2026) and 72847 (Completion Date 03/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/15/2026 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-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-2, WAC 388-78A-2140-1-d, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Syng To, ALF Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 03/03/2026 and 02/12/2026 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint number(s): 210808

The following sample was selected for review during the unannounced on-site visit: 3 of 63 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2097	Compliance Determination # 72847
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 2 of 6	Licensee: HIGHGATE BELLINGHAM LP	03/09/2026

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.

Jessie Seigel
Residential Care Services

3/11/2026
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)

3/21/26
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to develop a Negotiated Service Agreement (NSA) to address necessary care services to meet the residents' needs for 1 of 3 residents (Resident 1). This failure resulted in Resident 1 not receiving necessary care and services or medication as prescribed.

Findings included...

Review of a face sheet, dated 2/16/2026, showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 1's Assessment dated 10/21/2025, showed the resident had memory deficits, and required community staff to manage and provide assistance with medications.

Review of Resident 1's Care Plans (CP- equivalent to an NSA), dated 2/26/2026, did not include the level of medication services or assistance based on their assessed medication needs. The CP did not identify Resident 1's IDDM and included interventions and care need related to their blood sugar levels. The CP did not clearly define respective roles and responsibilities of Resident 1's Representative or the ALF staff in filling insulin orders, including an alternate plan should Resident 1's Representative be unavailable.

On 2/12/2026 11:57 AM, Staff A (Healthcare Director, Registered Nurse) confirmed Resident 1's CP lacked information on care and services needed for medication, IDDM safety concerns or information on Resident 1's Representative supplying medication with alternate plans.

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) 4/2/26 .

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

Administrator (or Representative) Date 3/26/26

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to implement systems that supported and promoted safe medication service for 1 of 3 residents (Resident 1) when they administered the wrong medication. This failure resulted in Resident 1 experiencing hypoglycemia (a condition when blood sugar levels were lower than the normal range) and placed them at risk for medical complications.

Findings included...

NOTE: Review of the website https://www.accessdata.fda.gov showed:

Insulin (a medication used to lower blood sugar) Aspart is a rapid-acting insulin that has short duration effect. It is used to improve blood sugar control in individuals with diabetes mellitus (a condition in which the body requires using insulin to control the blood sugar level). An injection of insulin aspart should immediately be followed by a meal within 5-10 minutes.

Insulin Glargine is a slow and long-acting insulin that has longer duration effect. Dosage adjustments may be needed with changes in physical activity, changes in meal patterns (i.e., macronutrient content or timing of food intake), during acute illness, or changes in kidney or liver function. Dosage adjustments should only be made under medical supervision with appropriate blood sugar level monitoring.

Insulin Novolin N is an intermediate-acting insulin. Its blood sugar lowering effects start working within 1.5 hours after injection and may achieve greatest blood sugar level lowering effect between 4 and 12 hours after the injection and may last up to 24 hours.

Insulin Novolin R is a short acting insulin. Its blood sugar lowering effect begins approximately 30 minutes after injection and may reach maximal between 1.5 and 3.5 hours, and last up to 8 hours. It has slower action onset and longer duration effect compared to the rapid-acting insulin.

Review of a face sheet, dated 2/16/2026, showed Resident 1 was admitted to the ALF on [redacted]/2025 with multiple diagnoses including Insulin [redacted] Review of Resident 1's Assessment, dated 10/21/2025, showed the resident had memory deficits, and required ALF staff to manage and provide assistance with medications.

In interview, on 02/26/2026, at 9:43 AM, Collateral Contact 1 (CC1 - Representative from Resident 1's Primary Care Providers (PCP) office stated that Resident 1 was ordered to take Insulin Aspart 100 units per milliliter (u/ml) 3 times daily and Insulin Glargine 100 u/ml daily. CC1 stated the PCP was notified by the ALF that Resident 1 had been receiving the wrong insulin. CC1 stated Resident 1 was not the receiving the correct insulins that were prescribed causing Resident 1 to experience low blood sugar levels.

Review of Resident 1's October, November, December of 2025 and January of 2026, Medication Administration Record (MAR) showed the ALF transcribed the correct type of insulin that was prescribed, Insulin Aspart 100 u/ml 3 times daily and Insulin Glargine 100 u/ml 13-14 units daily.

Review of Resident 1's Vital Sign Details Report (VSDR), dated 2/12/2026, showed that Resident 1's blood sugar levels had a pattern of being lower that the acceptable range. The VSDR showed blood sugar levels were documented as 57 milligrams per deciliter (mg/dL) on 1/2/2026 at 4:40 PM, 57 mg/dL on 1/12/2026 at 4:36 PM, 77mg/dL on 1/18/2026 at 4:42 PM, 67 mg/dL on 1/19/2026 at 4:57 PM and 74 mg/dL on 1/24/2026 at 4:33 PM.

Record review showed Staff A (Healthcare Director, Registered Nurse) documented in a Medication Error Form (MEF) on 1/28/2026 at 1:00 PM. The MEF showed the ALF had not been filling Resident 1's insulin through the community preferred pharmacy. The MEF showed Resident 1's Representative had been purchasing and bringing insulin in for the ALF to administer. The MEF documented that Resident 1's Representative had been bringing Novolin R and Novolin N, not the physician prescribed Aspart and Glargine. The MEF showed Staff A was unaware that Novolin R and Novolin N were not the same as insulin Aspart and Glargine. Staff A documented ALF Medication Technicians (MT) had notified them that the insulin they were administering did not match the physician's

orders.

In interview, on 2/12/2026 at 11:57 AM, Staff A stated that Resident 1's Representative was bringing in the wrong type of insulin. Staff A confirmed the ALF administered the wrong insulin to Resident 1 but could not clarify how long it had been happening. Staff A stated they were notified that Resident 1's blood sugar had been low. Staff A stated they had not discovered the medication error until 1/28/2026.

In interview, on 2/12/2026 at 11:00 AM, Staff B (MT) stated that Resident 1's Representative was supplying the wrong insulin. Staff B stated the wrong insulin was administered to Resident 1 from the month of October 2025 through 1/28/2026.

In interview, on 2/12/2026 at 11:26 AM, Staff C (MT) stated that Resident 1's Representative was supplying the wrong insulin. Staff C stated the wrong insulin was administered to Resident 1 from the month of October 2025 through 1/28/2026.

In interview, on 3/9/2026 at 1:39 PM, Collateral Contact 2 (CC2- Resident 1's Representative) stated that they had been buying and bringing two wrong insulins to the ALF and they were administered to Resident 1 from the month of October 2025 through January 2026.

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) 4/2/26 .

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

Administrator (or Representative) Date 3/26/26