STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Highgate Wenatchee LP
HIGHGATE SENIOR LIVING
1320 S MILLER ST
WENATCHEE, WA 98801

RE: HIGHGATE SENIOR LIVING License # 2225

Dear Administrator:

This letter addresses Compliance Determination(s) 29477 (Completion Date 09/18/2023) and 26953 (Completion Date 07/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/18/2023 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-2610-2-f

The Department staff who did the off-site verification:
Robin Rainville, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HIGHGATE SENIOR LIVING
License/Cert.#: 2225
Compliance Determination #: 26953
Investigator: Robin Rainville
Investigation Date(s): 07/19/2023 through 07/21/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 90403
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
The Assisted Living Facility (ALF) had an outbreak of flu-like symptoms and did not report it.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 13 Closed records sample size: 0
Observations:	Kitchen Food preparation Staff to resident interactions Residents
Interviews:	Residents Administrative staff Nursing staff Family members
Record Reviews:	Medical records Infection control log Infection prevention and Control tool Resident characteristic roster

Investigation Summary:
Interview and record review showed that eight residents in the memory care and five staff members exhibited various respiratory and gastrointestinal symptoms from 07/01/2023 through 07/05/2023. A second outbreak including five residents in the assisted living portion of the building and one staff member occurred from 07/16/2023 to 07/19/2023. The ALF isolated residents as possible, implemented additional cleaning practices, and limited traffic flow between the two areas of the facilities as able. The ALF monitored the ill residents, and followed guidance for return to work practices for staff. The ALF failed to notify the local health jurisdiction (LHJ) and thus did not follow LHJ guidelines, and failed to report the outbreak to the complaint resolution unit. Failed practice identified under WAC 388-78A-2610(2)(f), Infection Control on the statement of deficiencies dated 07/21/2023..

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 #: 2225	Compliance Determination # 26953
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 3	Licensee: Highgate Wenatchee LP	07/21/2023

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 07/19/2023 and 07/20/2023 of:

HIGHGATE SENIOR LIVING
1320 S MILLER ST
WENATCHEE, WA 98801

This document references the following complaint number(s): 90403

The following sample was selected for review during the unannounced on-site visit: 13 of 55 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Rainville, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

08/01/2023
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.

Statement of Deficiencies	License #: 2225	Compliance Determination # 26953
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 2 of 3	Licensee: Highgate Wenatchee LP	07/21/2023

Administrator (or Representative) — Date: 8/8/23

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 interview and record review, the Assisted Living Facility (ALF) failed to report the Local Health Jurisdiction (LHJ) and to the Department's Complaint Resolution Unit (CRU) when an outbreak of flu like symptoms developed in 12 of 12 Residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12), and contributed to 1 of 1 Residents (11) to require emergency treatment for dehydration. This failure placed residents at risk of exposure to the illness and disallowed the Department and the LHJ from the ability to provide guidance and regulatory oversight.

Findings included...

Review of WAC 246-100-021(3) Every health care provider, as defined in chapter 246-100 WAC, shall:
(3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC.

Review of WAC 246-101-101 (3) This section describes the conditions that Washington's health care providers must notify public health authorities of on a statewide basis. The board finds that the conditions in Table HC-1 of this section are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. (Includes outbreaks and suspected outbreaks)

Review of WAC 246-101-010 defines "Outbreak" as the occurrence of a condition in an area over a given period of time in excess of the expected number of occurrences including, but not limited to, foodborne disease, waterborne disease, and health care-associated infection.

Review of facility document titled," Infection Control Log for Non-Respiratory Illness," dated 07/01/2023 through 07/19/2023 provided by Staff C, Clinical Assistant on 07/20/2023 at 9:30 AM, showed the date of tracking began 07/01/2023. The log showed that there were 13 Residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) and 6 staff that developed various flu like symptoms which included but was not limited to nausea, vomiting, fever, and/or body aches. The log showed that Resident 11 developed symptoms and was sent to the emergency room on 07/16/2023 where they were treated for dehydration. The log also showed that there were still residents who continued to develop

the symptoms as of 07/19/2023.

On 07/19/2023 at 10:46 AM, when asked if the facility had any infectious disease or outbreak in the facility currently, Staff B, Community Resource Manager, stated that the ALF had, "a bug going around."

On 07/19/2023 at 10:50 AM, Staff A, Administrator, stated that the illnesses noted in the facility included varied symptoms in 5 residents and 2 staff members over a two-to-three-week period, but that no one was currently ill. Staff A stated that they had not reported an outbreak because not more than ten percent of residents were ill, as per their policy.

On 07/19/2023 at 11:45 AM, Staff C stated that the first symptoms started on 07/01/2023 and that nine residents were ill initially. Staff C stated that Resident 11 had gone to the emergency room on 07/16/2023 and was treated for dehydration due to their symptoms of nausea and vomiting. Staff C stated that they had not reported the outbreak 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) 8/21/23 .

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

Administrator (or Representative) — Date: 8/8/23

Plan of Correction

Highgate Senior Living

SOD Date: 7/21/23

WAC 388-78A-2610 Infection Control

a. Highgate Care Center Communicable Disease policy and procedure will be reviewed at Monthly All Team meeting scheduled for 8/17/23. All DH will be responsible for educating team members not in attendance regarding HGW Communicable Disease policy.
b. The Nurse and/or Clinical Assistant will be responsible for updating the Infection Control Log and monitoring to determine if an outbreak or suspected outbreak of a communicable disease is occurring.
c. The Nurse and/or Clinical Assistant will report any outbreak or suspected outbreaks to ED and report to Chelan Douglas Health District and Department Complaint Resolution Unit within 24 hours.
d. The Nurse and/or ED will initiate additional terminal cleaning and other infection control measures to help prevent further spread of communicable disease.
e. ED will review the Infection Control Log with the Nurse and/or Clinical Assistant on daily basis.