



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Highgate Vancouver LP
Highgate Senior Living
9803 NE Hazel Dell Ave
Vancouver, WA 98665

RE: Highgate Senior Living License # 2233

Dear Administrator:

This letter addresses Compliance Determination(s) 49187 (Completion Date 10/23/2024) and 46814 (Completion Date 09/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/23/2024 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-2484-1, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2

The Department staff who did the on-site verification:

Kyle Gehlen, ALF Licenser - LTC
Jennifer Siharath, ALF Licenser

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2233	Compliance Determination # 46814
Plan of Correction	Highgate Senior Living	Completion Date
Page 1 of 7	Licensee: Highgate Vancouver LP	09/12/2024

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 the unannounced on-site full inspection on 09/10/2024 and 09/12/2024 of:

Highgate Senior Living
9803 NE Hazel Dell Ave
Vancouver, WA 98665

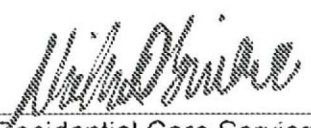
The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licenser - LTC
Jennifer Siharath, ALF Licenser
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

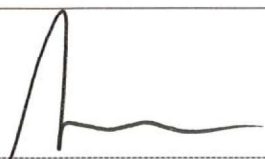
09/17/2024

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.

This document was prepared by Residential Care Services for the Locator website.

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Administrator (or Representative)



09/23/2024

Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff D, E and F) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing visit on 09/11/2024 at 10:30 AM, the department received the requested staff records.

Staff D

Record review for Staff D, Medication Assistant, showed Staff D was hired on 05/11/2023. Review of Staff D's TB records showed that Staff D had their first step TB test initiated on 06/28/2023.

Staff E

Record review for Staff E, Medication Assistant, showed Staff E was hired on 04/19/2024. Review of Staff E's TB records showed that Staff E had their first step TB test initiated on 05/03/2024.

Staff F

Record review for Staff F, Care Partner, showed Staff F was hired on 01/16/2024. Review of Staff F's TB records showed that Staff F had their first step TB test initiated on 01/24/2024.

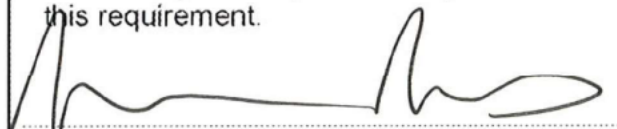
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During an exit interview on 09/12/2024 at 11:55 AM, Staff A, Executive Director, acknowledged that the first step TB tests for Staff D, E and F were completed late.

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) 10/17/2024.

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


 Administrator (or Representative)

09/23/2024
 Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

- (1) To effectively provide the care and services agreed upon with the resident; and
- (2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 14 of 24 residents (Resident 2, 3, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

During an unannounced full inspection on 09/10/2024 at 10:10 AM, the department received the facility's current resident characteristic roster.

Resident 2 (R2)

On 09/10/2024 at 12:50 PM, R2's records showed that R2 admitted to the facility on [REDACTED]/2018 with various diagnoses including [REDACTED], [REDACTED], [REDACTED].

Review of the facility's resident characteristics roster documented that R2 was utilizing a medical device.

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Review of R2's assessment and Negotiated Service Agreement (NSA) dated 07/02/2024 showed no documentation of R2 utilizing a medical device.

In an interview on 09/11/2024 at 11:20 AM, Staff A, Executive Director, confirmed that R2 does not utilize any medical device.

Resident 3 (R3)

On 09/10/2024 at 1:20 PM, R3's records showed that R3 admitted to the facility on [REDACTED]/2012 with various diagnoses including [REDACTED], [REDACTED], [REDACTED].

Review of the facility's resident characteristics roster documented that R3 has had a weight loss of more than 3 – 5 pounds within the last 60 days.

Review of R3's assessment and NSA dated 08/30/2024 showed no documentation that R3 has had a weight loss of more than 3 – 5 pounds within the last 60 days.

In an interview on 09/11/2024 at 12:30 PM, Staff A stated that R3's weight loss was in May.

Resident 6 (R6)

On 09/10/2024 at 1:45 PM, R6's records showed that R6 admitted to the facility on [REDACTED]/2024 with various diagnoses including [REDACTED] ([REDACTED]).

Review of the facility's resident characteristics roster documented that R6 as a non-insulin dependent diabetic.

Review of R6's NSA dated 07/31/2024 showed no documentation that R6 is a diabetic.

On 09/11/2024 at 11:20 AM, Staff A confirmed that R6 does not have diabetes.

Resident 8 (R8)

Record review of the facility's resident characteristics roster documented that R8 was receiving nurse delegation services.

On 09/12/2024 at 10:30 AM, record review of the facility's nurse delegation documents showed no documentation that R8 was receiving nurse delegation services.

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Resident 9 (R9)

Record review of the facility's nurse delegation documents showed a nurse delegation visit dated 08/08/2024 for R9.

Record review of the facility's resident characteristics roster documented that R9 was not receiving nurse delegation services.

Resident 10 (R10)

Record review of the facility's resident characteristics roster documented that R10 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R10 was receiving nurse delegation services.

Resident 11 (R11)

Record review of the facility's resident characteristics roster documented that R11 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R11 was receiving nurse delegation services.

Resident 12 (R12)

Record review of the facility's resident characteristics roster documented that R12 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R12 was receiving nurse delegation services.

Resident 13 (R13)

Record review of the facility's resident characteristics roster documented that R13 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R13 was receiving nurse delegation services.

Resident 14 (R14)

Record review of the facility's nurse delegation documents showed a nurse delegation visit dated 08/08/2024 for R9.

Record review of the facility's resident characteristics roster documented that R14 was not receiving nurse delegation services.

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Resident 15 (R15)

Record review of the facility's resident characteristics roster documented that R15 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R15 was receiving nurse delegation services.

Resident 16 (R16)

Record review of the facility's resident characteristics roster documented that R16 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R16 was receiving nurse delegation services.

Resident 17 (R17)

Record review of the facility's resident characteristics roster documented that R17 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R17 was receiving nurse delegation services.

Resident 18 (R18)

Record review of the facility's resident characteristics roster documented that R18 was receiving nurse delegation services.

Record review of the facility's nurse delegation documents showed no documentation that R18 was receiving nurse delegation services.

During an exit interview on 09/12/2024 at 11:55 AM, Staff A acknowledged that the facility's resident characteristic roster was not current for all residents.

Plan/Attestation Statement

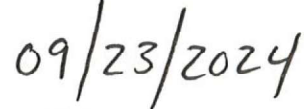
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Highgate Senior Living is or will be in compliance with this law and / or regulation on (Date) 09/30/2024.

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

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Administrator (or Representative)



Date

Plan of Correction

Highgate Senior Living

Date of Survey Conclusion-9/12/2024

- 1) WAC 388-78A-2484 Tuberculosis Two Step Skin Testing
 - a. Orientation will be rescheduled from Thursdays to either Mondays or Tuesdays to accommodate the Healthcare Director's availability to conduct the initial skin test for new hires.
 - b. If the Healthcare Director is unable to conduct the initial skin test at Highgate on the hire date, the team member will be sent to GoHealth Urgent Care Salmon Creek after orientation. Highgate has a contract with them to perform PPDs.
- 2) WAC 388-78A-2390 Resident Records.
 - a. The Resident Characteristic Roster has been completely revamped and reviewed for accuracy by the Healthcare Director and Clinical Assistant.
 - b. The Healthcare Director and Clinical Assistant have undergone training on accurately completing the Resident Characteristic Roster. This training covered understanding the distinctions between medical and assistive devices, nurse delegation records, and how to use the coding legend of the Resident Characteristic Roster.
 - c. The Healthcare Director will work with the Resident Care Coordinator to ensure the residents' NSA matches the Resident Characteristic Roster.
 - d. The Healthcare Director is responsible for updating the Resident Characteristic Roster to reflect changes in residents and the community. If the Healthcare Director is absent, the Clinical Assistant or Executive Director will take on this responsibility.

This document was prepared by Residential Care Services for the Locator website.