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

Highland Court Operating Company LLC
Highland Court Memory Care
1704 Melody Ln
Port Angeles, WA 98362

RE: Highland Court Memory Care License # 2378

Dear Administrator:

This letter addresses Compliance Determination(s) 62658 (Completion Date 07/16/2025) and 56055 (Completion Date 03/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/16/2025 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-3090, WAC 388-78A-3090-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-c, WAC 388-78A-2210-2, WAC 388-78A-2260-1, WAC 388-78A-2260-2, WAC 388-78A-2260-2-d, WAC 388-78A-2260, WAC 388-78A-2090, WAC 388-78A-2474-4, WAC 388-78A-2474-6, WAC 388-78A-2480-1, WAC 388-78A-2480, WAC 388-78A-2480-2

The Department staff who did the on-site verification:
Clinton Fridley, Adult Family Home Nurse Field Manager

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

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 03/10/2025 and 03/12/2025 of:
Highland Court Memory Care
1704 Melody Ln
Port Angeles, WA 98362

The following sample was selected for review during the unannounced on-site visit: 9 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Megan Zerby, Community ALF/AFH Licensor

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

Statement of Deficiencies	License #: 2378	Compliance Determination # 55055
Plan of Correction	Highland Court Memory Care	Completion Date
Page 2 of 14	Licensee: Highland Court Operating Company LLC	03/18/2025

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.

Jody Just
Residential Care Services

03/26/2025
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)

4.3.25
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide a safe and well-maintained environment for 1 of 1 facility kitchen and 1 of 7 sampled resident rooms (Resident 5 [R5]). This failure placed 35 of 35 memory care residents at risk of decreased quality of life due to lack of a home-like environment.

Findings included...

<Kitchen>
Observation on 03/11/2025 at 3:30 PM, showed there was a hole in the kitchen ceiling. The hole was 6.3 in wide and 12.4 in long and were cut into the ceiling tile. The pipes in the ceiling were exposed.

In an interview on 03/11/2025 at 3:30 PM, Staff M, Cook, stated that the hole in the kitchen ceiling was due to a pipe freezing causing a leak about 3 weeks ago. They then stated that the pipe was fixed but the hole was still there to dry out the ceiling.

In an interview on 03/12/2025 at 1:23 PM, Staff M stated that there was a leak in the kitchen ceiling in November 2024, but that was fixed, and this recent leak happened right next to the last one.

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.

Jody Just
Residential Care Services

03/26/2025
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-3090 Maintenance and housekeeping.

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(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide a safe and well-maintained environment for 1 of 1 facility kitchen and 1 of 7 sampled resident rooms (Resident 5 [R5]). This failure placed 35 of 35 memory care residents at risk of decreased quality of life due to lack of a home-like environment.

Findings included...

<Kitchen>
Observation on 03/11/2025 at 3:30 PM, showed there was a hole in the kitchen ceiling. The hole was 6.3 in wide and 12.4 in long and were cut into the ceiling tile. The pipes in the ceiling were exposed.

In an interview on 03/11/2025 at 3:30 PM, Staff M, Cook, stated that the hole in the kitchen ceiling was due to a pipe freezing causing a leak about 3 weeks ago. They then stated that the pipe was fixed but the hole was still there to dry out the ceiling.

In an interview on 03/12/2025 at 1:23 PM, Staff M stated that there was a leak in the kitchen ceiling in November 2024, but that was fixed, and this recent leak happened right next to the last one.

In an interview on 03/12/2025 at 4:36 PM, Staff A, Administrator, stated that they called someone to come and fix the ceiling. The ceiling was not fixed before the Department's exit.

<Resident 5>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R5 moved into the facility on [redacted]/2024, received medication assistance and was diagnosed with [redacted]).

Observation on 03/12/2025 at 11:25 AM, showed the door handle on the inside of R5's room was missing. The door was difficult to grab and twist handle to exit room.

In an interview on 03/12/2025 at 11:27 AM, R5 stated that they wanted the door handle fixed, the call light in the bathroom was not working, and their closet had no lock. They then stated that they had a fall the day before, 03/11/2025, and pulled the call light in the bathroom, but no one came to help them.

In an interview on 03/12/2025 at 11:38 AM, Staff K, Caregiver-Intern, stated that the doorknob in R5's room has been broken for a couple of days. In an observation on 03/12/2025 at 11:31 AM, the Department attempted to pull down the call light in R5's bathroom but was unable to pull it all the way down.

In an interview on 03/12/2025 at 12:54 PM, Staff E, Resident Care Coordinator, stated that staff usually notices things that need to be repaired in residents' rooms and let Staff L, Maintenance Director, know.

In an interview on 03/12/2025 at 2:14 PM, Staff B, Registered Nurse, stated that they called a locksmith to fix R5's doorknob, and were in the process of completing an incident report for R5's unreported fall on 03/11/2025. The doorknob and the call light were fixed before the Department's exit.

Statement of Deficiencies	License #: 2378	Compliance Determination #:56055
Plan of Correction	Highland Court Memory Care	Completion Date
Page 4 of 14	Licensee: Highland Court Operating Company LLC	03/18/2025

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) 4.3.25 Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

This requirement was not met as evidenced by:

Based on record review and interview, the facility staff failed to follow physician orders for 2 of 4 residents (Resident 2 [R2] and Resident 6 [R6]). This failure placed R2 and R6 at risk for health complications by failing to follow physician's orders for medication services and patient monitoring.

Findings included:

<Resident 2>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R2 moved into the facility on [redacted]2024, required nurse delegation, received medication assistance, and was diagnosed with [redacted].

Record review of R2's "Resident Evaluation/Assessment," dated 01/28/2025, showed R2 required daily blood pressure checks from staff.

Record review of R2's medication administration record (MAR), dated 12/10/2024 through 01/09/2025, showed R2 was prescribed a blood pressure medication with instructions to take one tab nightly with instructions to alert the facility Registered Nurse (RN) when R2's heart rate was below 60. The record showed that on 12/10/2024 and 12/12/2024 at 6:00 PM, R2's heart rate was 58. Review of the medication notes for that time showed the medication was held due to vital signs outside of parameters.

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, Highland Court Memory Care 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

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

This requirement was not met as evidenced by:

Based on record review and interview, the facility staff failed to follow physician orders for 2 of 4 residents (Resident 2 [R2] and Resident 6 [R6]). This failure placed R2 and R6 at risk for health complications by failing to follow physician's orders for medication services and patient monitoring.

Findings included...

<Resident 2>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R2 moved into the facility on [redacted]/2024, required nurse delegation, received medication assistance, and was diagnosed with [redacted] ([redacted]).

Record review of R2's "Resident Evaluation/Assessment," dated 01/28/2025, showed R2 required daily blood pressure checks from staff.

Record review of R2's medication administration record (MAR), dated 12/10/2024 through 01/09/2025, showed R2 was prescribed a blood pressure medication with instructions to take one tab nightly with instructions to alert the facility Registered Nurse (RN) when R2's heart rate was below 60. The record showed that on 12/10/2024 and 12/12/2024 at 6:00 PM, R2's heart rate was 58. Review of the medication notes for that time showed the medication was held due to vital signs outside of parameters.

Record review of R2's progress notes, dated 12/10/2024 through 01/09/2025 showed there were no notes that showed the RN nor Primary Care Physician (PCP) were notified that R2's heart rate was below 60.

<Resident 6>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R6 moved into the facility on [redacted]/2023 with a diagnosis of [redacted] and requiring medication assistance.

Record review of R6's medication administration record (MAR), dated 12/10/2025 - 03/10/2025, showed R6's required staff to monitor and record their blood pressure twice daily. The document also stated that staff must notify R6's PCP if the systolic blood pressure was below 100 or above 180, and the diastolic blood pressure was below 60 or above 100.

Record review of R6's Progress Notes, dated 12/10/2024 - 03/10/2025, showed that on 12/11/2024, R6's blood pressure was recorded at 114/52, outside of the parameters given by the PCP. The document stated that the PCP was faxed. There were no other instances of R6's blood pressure being out of parameters and the PCP was notified on R6's Progress Notes.

Record review of R6's MAR dated 12/10/2024 - 03/10/2025 showed that R6 had blood pressures documented out of parameters on 12/10/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/31/2024, 01/01/2025, 01/02/2025, 01/03/2025, 01/05/2025, 01/08/2025, 01/10/2025, 01/29/2025, 02/05/2025, 02/21/2025, 02/23/2025, and 03/07/2025. There were no notes on the document stating that the PCP was notified of the resident's blood pressure. The incident on 12/11/2024 noted on R6's Progress Notes was also not documented on R6's MAR.

In an interview on 03/18/2025 at 4:21 PM, Staff A stated that they told staff to make a note in the resident's progress notes if they sent a fax, they should be documenting that they sent a fax. They also stated that they hold meetings with the medication technicians because they are not documenting in the residents' notes.

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) 4.3.2025 Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure all medications were stored and locked in a secure manner in 2 of 9 areas (staff medication room and 2 resident rooms (Resident 5 [R5] and Resident 7 [R7]). The failure to secure medications placed 62 of 62 memory care residents at risk of access and potential ingestion of potentially harmful substances and presented risk for tampering with or misuse of medications by residents, staff, or visitors in the facility.

Findings included:

Record review of the facility's policy titled, "Medication Services," undated, stated that unless a resident is independent with medications, all medications, including over-the-counter medications and nutrients, such as vitamins and supplements, need an order by a person authorized to prescribe medications. The document also stated the procedure staff must follow for residents who receive medication assistance services, includes unlocking a medication cabinet to remove and prepare medications and returning the medication to a locked cupboard.

Record review of the facility's, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 03/18/2025, showed 35 of 35 memory care residents were classified to have a diagnosis of [redacted]

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, Highland Court Memory Care 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

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure all medications were stored and locked in a secure manner in 2 of 9 areas (staff medication room and 2 resident rooms (Resident 5 [R5] and Resident 7 [R7])). The failure to secure medications placed 62 of 62 memory care residents at risk of access and potential ingestion of potentially harmful substances and presented risk for tampering with or misuse of medications by residents, staff, or visitors in the facility.

Findings included...

Record review of the facility's policy titled, "Medication Services," undated, stated that unless a resident is independent with medications, all medications, including over-the-counter medications and nutrients, such as vitamins and supplements, need an order by a person authorized to prescribe medications. The document also stated the procedure staff must follow for residents who receive medication assistance services, includes unlocking a medication cabinet to remove and prepare medications and returning the medication to a locked cupboard.

Record review of the facility's, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 03/10/2025, showed 35 of 35 memory care residents were classified to have a diagnosis of [redacted]

[redacted].

<Resident 5>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R5 moved into the facility on [redacted]/2024, received medication assistance and was diagnosed with [redacted].

Record review of R5's Negotiated Service Agreement (NSA) dated 03/10/2025, showed that R5 required assistance with their medications, including monitoring, storing and reordering medications.

Observation on 03/12/2025 at 11:45 AM, showed a 1oz tube of Hydrocortisone Cream (used to treat itchy skin), and a 0.5 fl oz bottle of Refresh eye drops (used to treat dry eyes) were in an unlocked drawer in R5's bathroom.

Record review of R5's MAR dated 12/10/2024-03/10/2025, did not show that R5 was prescribed hydrocortisone cream or Refresh eyedrops.

<Resident 7>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R7 moved into the facility on [redacted]/2020, received nurse delegation, medication administration services and was diagnosed with [redacted].

Record review of R7's "Face Sheet," dated 03/10/2025, showed hospice provider was managing resident's medications and that R7 had memory impairment that impacted their awareness that they took medication.

Record review of R7'sNSA, dated 03/10/2025, showed R7 required assistance with their medications including medication assistance, storing, and re-ordering.

Observation on 03/12/2025 at 12:05 PM, showed a 7-ounce container of Astura melt away pain 0.25 % capsaicin ointment (medication applied to skin to help with aches and pains), 4 ounces of skin dioxide paste protectant (medication applied to protect the skin), and a 4-ounce container of vitamin a and d skin protectant medication applied to protect the skin) were observed on their dresser.

In an interview on 03/12/2025 at 12:52 PM, Staff E, Resident Care Coordinator, stated that medications should not be in any resident room.

In an interview on 03/12/2025 at 2:27 PM, Staff B, RN Delegator, stated that all medications should be in the medication cart and not accessible to residents.

In an interview on 03/12/2025 at 7:15 PM, Staff A, Administrator, stated that all rooms were checked for medications, and medications found were removed from resident rooms after the department notified them of their finding.

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) — Date: 4.3.2025

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 4 of 7 residents (Resident 2[R2], Resident 4[R4], and Resident 5[R5], and Resident 8 [R8]) received a full assessment within 14 days after move-in. This failure placed these three residents at risk for unmet care needs due to unidentified care needs.

Findings included...

RCW18.20.360
Full reassessment of resident
(1) The assisted living facility licensee shall within fourteen days of the resident's date of move-in, unless extended by the department for good cause, and thereafter at least annually, complete a full reassessment addressing the following
(a) The individual's recent medical history, including, but not limited to: A health professional's diagnosis, unless the resident objects for religious reasons; chronic, current, and potential skin conditions; known allergies to foods or medications; or other considerations for providing care or services;

In an interview on 03/12/2025 at 2:27 PM, Staff B, RN Delegator, stated that all medications should be in the medication cart and not accessible to residents.

In an interview on 03/12/2025 at 7:15 PM, Staff A, Administrator, stated that all rooms were checked for medications, and medications found were removed from resident rooms after the department notified them of their finding.

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, Highland Court Memory Care 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

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This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 4 of 7 residents (Resident 2[R2], Resident 4[R4], and Resident 5[R5], and Resident 8 [R8]) received a full assessment within 14 days after move-in. This failure placed these three residents at risk for unmet care needs due to unidentified care needs.

Findings included...

RCW18.20.360
Full reassessment of resident.
(1) The assisted living facility licensee shall within fourteen days of the resident's date of move-in, unless extended by the department for good cause, and thereafter at least annually, complete a full reassessment addressing the following:
(a) The individual's recent medical history, including, but not limited to: A health professional's diagnosis, unless the resident objects for religious reasons; chronic, current, and potential skin conditions; known allergies to foods or medications; or other considerations for providing care or services;

(b) Current necessary and contraindicated medications and treatments for the individual, including:
(i) Any prescribed medications and over-the-counter medications that are commonly taken by the individual, and that the individual is able to independently self-administer or safely and accurately direct others to administer to him or her;
(ii) Any prescribed medications and over-the-counter medications that are commonly taken by the individual and that the individual is able to self-administer when he or she has the assistance of a resident-care staff person; and
(iii) Any prescribed medications and over-the-counter medications that are commonly taken by the individual and that the individual is not able to self-administer;
(c) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises;
(d) The individual's sensory abilities, including vision and hearing;
(e) The individual's communication abilities, including modes of expression, ability to make himself or herself understood, and ability to understand others;
(f) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: History of substance abuse; history of harming self, others, or property, or other conditions that may require behavioral intervention strategies; the individual's ability to leave the assisted living facility unsupervised; and other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility;
(g) The individual's special needs, by evaluating available information, or selecting and using an appropriate tool to determine the presence of symptoms consistent with, and implications for care and services of: Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws; developmental disability; dementia; or other conditions affecting cognition, such as traumatic brain injury;
(h) The individual's level of personal care needs, including: Ability to perform activities of daily living; medication management ability, including the individual's ability to obtain and appropriately use over-the-counter medications; and how the individual will obtain prescribed medications for use in the assisted living facility;
(i) The individual's activities, typical daily routines, habits, and service preferences;
(j) The individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort; and
(k) Who has decision-making authority for the individual, including: The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future; the presence of any legal document that establishes a current substitute decision maker; and the scope of decision-making authority of any substitute decision maker

In an interview on 03/10/2025 at 3:58 PM, Staff A, Administrator, stated that Staff B, RN Delegator, conducted all resident assessments.

<Resident 2>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R2 moved into the facility on [redacted]/2024.

Record review of R2's assessment history showed R2 was assessed on [redacted]/2024 and 09/02/2024. R2's full assessment post-move-in was 4 days late.

<Resident 4>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R4 moved into the facility on [redacted]/2024.

Record review of R4's assessment history showed R4 was assessed on [redacted]/2025. R4's full assessment post-move-in was 4 days late.

<Resident 5>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R5 moved into the facility on [redacted]/2024.

Record review of R5's assessment history showed R5 was assessed on [redacted]/2024. R5's full assessment post-move-in was 7 days late.

<Resident 8>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R8 moved into the facility on [redacted]/2025.

Record review of R8's assessment history showed R8 was assessed on [redacted]/2025 and 03/01/2025 by Staff B. R8's full assessment post-move-in was conducted 3 days late.

In an interview on 03/12/2025 at 7:00 PM, Staff H, Director of Operations, stated that they thought the full assessment requirement was 30-days, not 14-days post-move-in.

In an interview on 03/12/2025 at 7:25 PM, Staff A and Staff B stated that they did not realize the timeline for the full assessment requirement. Staff B acknowledged R2, R4, and R5 did not receive their full assessment post move-in within 14 days.

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) — 4.3.2025 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

<Resident 4>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R4 moved into the facility on [redacted]/2024.

Record review of R4's assessment history showed R4 was assessed on [redacted]2025. R4's full assessment post-move-in was 4 days late.

<Resident 5>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R5 moved into the facility on [redacted]/2024.

Record review of R5's assessment history showed R5 was assessed on [redacted]/2024. R5's full assessment post-move-in was 7 days late.

<Resident 8>
Record review of the facility's characteristic roster, dated 03/10/2025, showed R8 moved into the facility on [redacted]/2025.

Record review of R8's assessment history showed R8 was assessed on [redacted]/2025 and 03/01/2025 by Staff B. R8's full assessment post-move-in was conducted 3 days late.

In an interview on 03/12/2025 at 7:00 PM, Staff H, Director of Operations, stated that they thought the full assessment requirement was 30-days, not 14-days post-move-in.

In an interview on 03/12/2025 at 7:25 PM, Staff A and Staff B stated that they did not realize the timeline for the full assessment requirement. Staff B acknowledged R2, R4, and R5 did not receive their full assessment post move-in within 14 days.

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, Highland Court Memory Care 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

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the facility failed to ensure 2 of 6 sampled staff (Staff C and Staff D) had the required credentials to provide care and services to residents. This failure placed 35 of 35 residents at risk of receiving care from unqualified staff and at risk for unmet care needs.

Findings included...

WAC 246-980-020
"Long-term care workers and home care aide certification.
Any person who is hired on or after January 7, 2012, as a long-term care worker for the elderly or persons with disabilities, regardless of the employment title, must obtain certification as a home care aide, unless exempt under WAC246-980-025. This includes, but is not limited to:
... (4) A direct care worker in a state licensed assisted living facility;"

<Staff C>
Record review of the staff roster showed that Staff C, Caregiver and Medication Technician, was hired on 12/14/2021.

Record review of the Department of Health (DOH) provider credential search on 03/10/2025 showed Staff C did not have an active nor pending Home Care Aide (HCA) certification.

In an interview and observation on 03/10/2025 at 2:00 PM, Staff C was observed at the medication cart in the dining room passing medications to residents. Staff C stated that they were a medication technician and said they were not sure whether they had an active HCA credential.

In an interview on 03/10/2025 at 6:51 PM, Staff A, Administrator, stated that Staff C was sent home early and taken off the schedule as a caregiver and medication technician until their HCA credential showed as active in the DOH system.

<Staff D>
Record review of the facility's staff roster showed that Staff D, Resident Care Coordinator, was hired on 07/21/2022.

Record review of the DOH provider credential search on 03/10/2025 showed Staff D did not have an active HCA certification.

As of 03/10/2025, Staff D was employed for 963 days, and their HCA credential was 783 days late.

In an interview on 03/10/2025 at 5:35 PM, Staff A stated that Staff D took their HCA test on 03/10/2025.

In an interview on 03/10/2025 at 5:46 PM, Staff A stated that Staff C, Medication Technician, and Staff D, Resident Care Coordinator, did not have an active HCA.

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) — 4.3.2025 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 3 of 4 sampled staff (Staff A, Staff D, and Staff E) received their tuberculosis (TB) (a bacterial infection that typically affects the lungs but can also affect any part of the body) test within 3 days of employment. This failure placed 35 of 35 residents and all staff at risk for exposure to TB.

Findings included...

As of 03/10/2025, Staff D was employed for 963 days, and their HCA credential was 763 days late.

In an interview on 03/10/2025 at 5:35 PM, Staff A stated that Staff D took their HCA test on 03/10/2025.

In an interview on 03/10/2025 at 5:45 PM, Staff A stated that Staff C, Medication Technician, and Staff D, Resident Care Coordinator, did not have an active HCA.

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, Highland Court Memory Care 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

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 3 of 4 sampled staff (Staff A, Staff D, and Staff E) received their tuberculosis (TB) (a bacterial infection that typically affects the lungs but can also affect any part of the body) test within 3 days of employment. This failure placed 35 of 35 residents and all staff at risk for exposure to TB.

Findings included...

Record review of the Centers of Disease Control document titled, "Testing for Tuberculosis: skin test", dated 04/22/2024, showed a TB skin test required two visits with a healthcare provider. If a person received a TB skin test, they would have two visits with the healthcare provider. During the first visit, the healthcare provider would inject a small amount of TB solution just under the skin on the lower part of the inner arm. On the second visit after two or three days, the person would return to the healthcare provider and have the skin test that was injected on the inner arm observed and determine if it was a positive or negative test result. Under the section titled, "two-step TB skin test", showed if someone was a healthcare worker they would have a two-step TB skin test. The two-step TB skin test could lower the chance that boosted reaction from an old TB infection would be misinterpreted as a recent infection. If the first-step TB skin test was classified as negative, a second-step TB skin test would be given one to three weeks after the first test was read.

Record review of a Dear Provider Letter, titled, "Reinstatement of tuberculosis testing requirements July 1, 2022," dated 05/17/2022 and amended on 05/26/2022, stated "Currently, tuberculosis (TB) testing requirements are suspended by the Department of Social and Health Services user WSR 22-07-004, which will expire July 1, 2022. To be prepared to meet the TB testing requirements on July 1, 2022, RCS (Residential Care Services) encourages all facilities and providers to immediately begin staff testing. This will allow time to meet the requirements once the emergency rules have expired and the permanent rules are reimplemented. The following rules will be reimplemented on July 1, 2022: For ALF (Assisted Living Facility) – WACs 388-78A-2484, -2480(1), and 2485(1)."

<Staff A>
Record review of the staff roster showed that Staff A, Administrator, was hired on 01/17/2017.

Record review of Staff A's personnel file showed they received TB testing by interferon gamma release assays (IGRA) testing-method on 09/06/2023 and the result was negative. There were no other TB testing records, with a test date after Staff A's date of hire, available to review.

The records showed that Staff A's TB-testing was conducted 3,154 calendar days after their date of hire. Staff A's TB testing was conducted 3,151 days late.

<Staff D>
Record review of the facility's staff roster showed that Staff D, Resident Care Coordinator, was hired on 07/21/2022.

Record review of document titled "Highland Court Employee Tuberculosis Screening," dated 07/28/2022, showed Staff D received their first step of TB testing by Mantoux-method on 07/28/2022. The test was read as negative on 07/30/2022 by Staff B, RN Delegator.

The record review showed Staff D's first-step of the TB testing series was initiated 7 days after their date of hire. The test was initiated 4 days past the requirement.

<Staff E>
Record review of the facility's staff roster showed that Staff E, Resident Care Coordinator, was re-hired on 03/10/2023.

In an interview on 03/18/2025 on 4:21 PM Staff A stated that Staff E was rehired with an original date of hire of 10/06/2022.

Record review of Staff E's personnel file did not show Staff E received TB testing after their date of hire. There were no documents available for review, that showed Staff E received TB test screening, by any method, after their re-hire date.

<Staff F>
Record review of the facility's staff roster showed that Staff F, Medication Technician, was re-hired on 08/05/2024.

Record review of Staff F's personnel file showed that there was not a TB testing record to review after their 08/05/2024 re-hire date.

In an interview on 03/14/2025, Staff A, and Staff H, Director of Operations, acknowledged the facility did not meet the requirements for testing new employees within the first three days of employment.

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, Highland Court Memory Care is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) — Date: 4.3.2025

The record review showed Staff D's first-step of the TB testing series was initiated 7 days after their date of hire. The test was initiated 4 days past the requirement.

<Staff E>
Record review of the facility's staff roster showed that Staff E, Resident Care Coordinator, was re-hired on 03/10/2023.

In an interview on 03/18/2025 on 4:21 PM Staff A stated that Staff E was rehired with an original date of hire of 10/06/2022.

Record review of Staff E's personnel file did not show Staff E received TB testing after their date of hire. There were no documents available for review, that showed Staff E received TB test screening, by any method, after their re-hire date.

<Staff F>
Record review of the facility's staff roster showed that Staff F, Medication Technician, was re-hired on 08/05/2024.

Record review of Staff F's personnel file showed that there was not a TB testing record to review after their 08/05/2024 re-hire date.

In an interview on 03/14/2025, Staff A, and Staff H, Director of Operations, acknowledged the facility did not meet the requirements for testing new employees within the first three days of employment.

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, Highland Court Memory Care 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

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

03/26/2025

Highland Court Operating Company LLC
Highland Court Memory Care
1704 Melody Ln
Port Angeles, WA 98362

RE: Highland Court Memory Care # 2378

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/18/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Cory Cisneros, Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to obtain a signature from the resident or resident representative for 3 of 7 sampled residents. After request for a copy of the signed documents, the facility obtained signatures for 3 of 7 residents Medicaid policies and provided to the department for review prior to physically exiting during the full inspection process. The administrator verbalized the requirement that this document must be provided to prospective residents, signed by the resident and/or resident representative.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to ensure the water temperature for resident accessible sinks were maintained between 105 degrees Fahrenheit and 120 degrees Fahrenheit. After the facility was notified, a plumber serviced the water tanks within 2 hours and the issue was resolved prior to the licensing team physically exiting the facility's premises. There were no documented resident outcomes, and the facility verbalized their responsibility related to water temperature monitoring and service.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

o What specific deficiency or deficiencies you disagree with;

o Why you disagree with each deficiency; and

o Whether you want an IDR to occur in-person, by telephone or as a paper review.

o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (253)254-3190.

Sincerely,

Jody Just Jody Just Field Services Administrator Region 3 signing for Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure