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

11/12/2025

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

RE: Highland Court Memory Care # 2378

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68638 (Completion Date 11/12/2025) and 64165 (Completion Date 09/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

The Department staff who did the On Site verification:

Pamela Horlick, NCI RN Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Highland Court Memory Care
License/Cert.#: 2378
Compliance Determination #: 64165
Investigator: Pamela Horlick
Investigation Date(s): 08/14/2025 through 09/23/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 190890
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Infection Control: While on site during a covid outbreak, staff interviewed stated they were not fit tested and were observed performing care on covid positive residents without proper Personal Protective Equipment being used.

Investigation Methods:

Sample:	Total residents: 35 Resident sample size: 3 Closed records sample size: 2
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Residents Housekeeping staff Business office manager Executive Director
Record Reviews:	State reporting log Incident investigation Facility policies Fit testing records Outbreak reporting policy

Investigation Summary:

Infection Control: Facility failed to follow guidance from the Local Health Jurisdiction during a covid outbreak in the community and ensure staff were fit tested to wear N-95 respirators. Failed practice 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

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

Statement of Deficiencies	License #: 2378	Compliance Determination #64165
Plan of Correction	Highland Court Memory Care	Completion Date
Page 1 of 6	Licensee: Highland Court Operating Company LLC	09/23/2025

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 08/14/2025 of:

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

This document references the following complaint number(s): 188563, 190890

The following sample was selected for review during the unannounced on-site visit: 3 of 35 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
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.

Clinton Fridley
Residential Care Services

09/29/2025
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)

9.30.2025
Date

WAC 388-78A-2610 Infection control.

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(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure staff were fit tested for an N95 respirator (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances) for 3 of 3 Staff (Staff C, Staff D and Staff E) and failed to ensure 1 of 3 facility staff (Staff C) donned (put on) personal protective equipment (PPE) when entering a Covid (an infectious disease) positive residents room. This placed all residents and staff at risk of a spread of an infectious disease.

Findings included...

Review of Centers for Disease Control (CDC) website, titled, "Transmission-Based Precautions," dated 04/03/2024, documents [facilities] use airborne precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route, to use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel.

Record review of facility policy titled, "Respiratory Protection Program," undated, documented employees who are required to wear respirators will be fit tested prior to being allowed to wear any respirator with a tight fitting facepiece, annually, or when there are changes in the employees physical condition that could affect respiratory fit. Employees will be fit tested with make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Respiratory protection is required for all staff in all departments and are required to participate in the program. The program administrator will arrange for training to be provided to respirator users and their supervisors of the facility's Respiratory Protection Standard. Workers will be trained prior to using a respirator in the workplace.

In an interview on 08/14/2025 at 12:20PM, Staff B, Resident Care Manager, stated staff are to wear full PPE when providing care to residents. Staff B stated there are carts outside the doors of covid residents with PPE for staff to use.

In an interview on 08/29/2025 at 12:30PM, Staff A, Executive Director, stated they follow the guidelines given by the local health jurisdiction when there is a covid outbreak.

Record review of facility provided staff list, dated 08/14/2025, documented Staff C, caregiver, was hired on 07/16/2025, Staff D, caregiver, was hired on hired was 07/09/2025, and Staff E, housekeeper, was hired on 06/30/2020.

In an interview on 08/14/2025 at 1:21PM, Staff C stated when they were providing care to a resident who was covid positive they wear gloves, goggles, gown and an N-95 mask. Staff C stated they were not fit tested to wear an N-95 face mask.

In an interview on 08/14/2025 at 1:30PM, Staff D stated they were pretty surprised they haven't gotten sick with covid because everyone is catching it. Staff D stated they were not fit tested to wear an N-95, and that they just "put it on" and didn't know what it meant to be "fit tested". Staff D stated when they provide care to covid positive residents they wear an N-95 mask, gloves, gown and goggles. Staff D stated they ran out of gowns and were entering covid positive rooms to care for covid positive residents without wearing a gown that day.

In an interview on 08/14/2025 at 2:03PM, Staff E stated they wear gloves, gown, goggles and an N95 mask when they clean the rooms and bathrooms of covid positive residents. Staff E stated they sanitize doors and handrails throughout the facility during the covid outbreak. Staff E stated they were fit tested when covid first started.

Record review of the facility fit testing records on 08/14/2025 showed that Staff C and Staff D had no records available for review.

In an interview on 08/14/2025 at 2:24PM, Staff A stated Staff C does not have a fit test record and that fit testing should have been done during orientation. Staff A stated Staff D doesn't have a fit test record either. Staff A stated Staff B, Registered Nurse, was responsible for doing fit testing.

Record review of facility document titled, "Respirator Fit Test Record," dated 06/11/2024, showed Staff E, had an expired fit test record.

In an interview on 08/14/2025 at 2:56PM, Staff A stated fit testing should have happened at orientation, before or on day of hire. Staff A stated it was then done annually or on any physical change.

In an interview on 08/14/2025 at 3:08PM, Staff A stated there is not a current respirator fit testing record for Staff E.

Record review of facility Characteristic Roster, undated, showed R4 was admitted to the facility on [redacted]/2025.

Record review of facility list of Covid positive residents, dated 08/14/2025, did not show R4 listed as being Covid positive.

Record review of an updated facility list of Covid positive residents, undated, documented R4 was Covid positive on 08/07/2025.

In an observation on 08/14/2025 at 1:57PM, Staff C was observed in R4's room standing next to R4 while they laid in bed. Staff C was not wearing a gown or gloves. On the residents room door was a sign indicating the resident had Covid. Inside the resident's room was a cart with PPE and a trashcan. There was no cart outside the room with PPE. Staff C stated they were trying to keep the resident calm and didn't know why they didn't put on PPE. Staff C stated they didn't know what residents at the facility had covid.

Record review of facility Characteristic Roster, undated, showed R5 was admitted to the

facility on [redacted]/2025.

Record review of facility list of residents with covid, dated 08/14/2025 showed resident R5 as testing positive for covid on 08/08/2025.

In an observation on 08/14/2025 at 2:00PM, there was a sign R5's door indicating the resident was positive with covid, there was no PPE cart outside the door and no trashcan on the inside of the door for staff to dispose of used PPE.

Record review of facility Characteristic Roster, undated, showed R6 was admitted to the facility on [redacted]/2025.

Record review of facility list of residents with covid, dated 08/14/2025 showed R6 tested positive for covid on 08/10/2025.

In an observation on 08/14/2025 at 2:03PM, there was a sign on R6's door indicating the resident in that room was infected with covid. There was no cart outside the door with PPE supplies.

In an interview on 08/15/2025 at 1:22PM, Collateral Contact 1 (CC1), Epidemiologist, stated the facility received guidance via email at the beginning of their outbreak. CC1 stated the guidance they gave was for staff to follow CDC guidance for health care personal and wear an N-95, gown, gloves, and eye protection when entering covid positive resident rooms. CC1 stated staff need to be fit tested for N-95's to be effective. CC1 stated PPE carts should be outside the door of the covid positive resident and accessible. CC1 stated they instruct that staff need to adhere to strict PPE protocols due to the difficulty in keeping memory care residents in their rooms.

In an interview on 08/14/2025 at 3:56PM, Staff A stated that everyone who is covid positive should have a cart outside the door with PPE supplies and there should be a sign on the door indicating the resident is positive with covid. Staff A stated the system failed and the ball got dropped and they were going to fix the problem. Staff A stated they were going to get staff fit tested right away.

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) 11.6.2025.

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

Administrator (or Representative) [signature] Date 9.30.25