STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

04/10/2025

LAKE WHATCOM RESID & TRMT CTR
LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
3600 Meridian Street
Bellingham, WA 98225

RE: LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER License # 601

Dear Administrator:

This letter addresses Compliance Determination(s) 57655 (Completion Date 04/09/2025) and 53260 (Completion Date 02/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/09/2025 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-2610-2-f

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

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
License/Cert.#: 601
Compliance Determination #: 53260
Investigator: Syng To
Investigation Date(s): 01/16/2025 through 02/27/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 166962
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
The Assisted Living Facility (ALF) had an influenza outbreak.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 5 Closed records sample size: 0
Observations:	Facility Residents Infection Control
Interviews:	Residents Staff Administration Infection Control Local Health Jurisdiction
Record Reviews:	Facility Residents

Investigation Summary:
Based on interviews and record reviews:
The ALF failed to initiate, conduct, and follow all applicable infection prevention, control guidelines, and policies during the outbreak. Interviews and record reviews showed the communicable disease was not reported to the Local Health Jurisdiction (LHJ). A citation was issued for WAC 388-78A-2610 (2)(f) Infection Control.

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
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 601	Compliance Determination # 53260
Plan of Correction	LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER	Completion Date
Page 1 of 3	Licensee: LAKE WHATCOM RESID & TRMT CTR	02/27/2025

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 01/16/2025 and 02/25/2025 of:

LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER
3400 AGATE HEIGHTS RD
BELLINGHAM, WA 98226-9472

This document references the following complaint number(s): 159697, 166962

The following sample was selected for review during the unannounced on-site visit: 5 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

Statement of Deficiencies	License #: 601	Compliance Determination # 53260
Plan of Correction	LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER	Completion Date
Page 2 of 3	Licensee: LAKE WHATCOM RESID & TRMT CTR	02/27/2025

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.

Kim Ripley
Residential Care Services

03/07/2025
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)

3/13/2025
Date

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 interviews and record reviews, the Assisted Living Facility (ALF) failed to report their influenza (a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs) outbreak to the Local Health Jurisdiction (LHJ). This failure resulted in the ALF not receiving current outbreak guidance from the LHJ, the LHJ not having updated influenza community outbreak numbers, and placed staff, visitors, and all 56 residents at risk of contracting and or spreading the influenza virus.

Findings included...

Review of WAC 246-101-101 Notifiable conditions-Health care providers and health care facilities showed outbreaks and suspected outbreaks was to be reported to the LHJ immediately.

Review of the ALF's Policy "Infection Control" dated 10/17/2024, page 1, showed the ALF will maintain an infection control program that prevents the transmission of infections and communicable disease among residents, staff, and visitors by complying with chapters 246-100 and 246-101 WAC ensuring that staff report notifiable conditions and cooperate with public health authorities to facilitate investigation of a case, suspected case, or outbreak of a notifiable condition, and disease reporting to the State.

On 02/25/2025 at 12:39 PM, Staff A, Facility Supervisor, stated between 02/08/2025 and 02/25/2025 there were 30 residents with flu symptoms. Three of the residents with symptoms tested positive for influenza A virus. They did not make any contact towards the LHJ for the outbreak event.

On 02/25/2025 at 03:47 PM, Collateral contact (CC), Local Health Jurisdiction, stated that the event of having one or more residents who tested positive for influenza was determined as a reportable communicable disease event. The ALF did not report the outbreak occurrence to the LHJ.

On 02/27/2025 at 03:59 PM, Staff B, Quality Management Compliance and Utilization Analyst, stated that the ALF did not the LHJ for the outbreak event.

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, LAKE WHATCOM RESIDENTIAL & TREATMENT CENTER is or will be in compliance with this law and / or regulation on (Date) 4/13/2025 .

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

Administrator (or Representative) 3/13/2025 Date