STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

HIGHGATE BELLINGHAM LP
HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

RE: HIGHGATE SENIOR LIVING License # 2097

Dear Administrator:

This letter addresses Compliance Determination(s) 84627 (Completion Date 10/02/2026) and 81111 (Completion Date 08/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/02/2026 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-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2466, WAC 388-78A-2480-1, WAC 388-78A-2290-1, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-2-a, WAC 388-78A-3090-1-a, WAC 388-78A-2471-4, WAC 388-78A-2471-1, WAC 388-78A-2090-6-e, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-4, WAC 388-78A-24642-1

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J

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

Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2097	Compliance Determination # 81111
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 17	Licensee: HIGHGATE BELLINGHAM LP	08/05/2026

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 and complaint investigation on 07/27/2026, 07/28/2026, 07/29/2026 and 07/30/2026 of:

HIGHGATE SENIOR LIVING
155 E KELLOGG RD
BELLINGHAM, WA 98226

This document references the following complaint numbers: 232046, 230169.

The following sample was selected for review during the unannounced on-site visit: 10 of 74 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 2097	Compliance Determination # 81111
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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.

Janice Singer
Residential Care Services

8/17/2026
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)

8/21/26
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure hazardous items were inaccessible to residents in 1 of 1 Memory Care Units (MCU). This failure placed residents with dementia (a general term for a decline in mental ability, severe enough to interfere with daily life) at risk for accessing and ingesting potentially harmful substances.

Findings included...

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 22 residents in their locked MCU, seven of whom were identified as having a [redacted] diagnosis.

In an interview, on 07/27/2026 at 11:05 AM, Staff A, Executive Director, stated that they had had issues with a current resident ingesting non-food items in the past.

An observation, on 07/27/2026 at 11:13 AM, showed an open nook off the main dining

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room in the MCU that was accessible to all residents. The following items were observed in an unlocked cabinet in the nook:

- A 64-ounce bottle of Rx Destroyer (a liquid used to deactivate medications in order to dispose of them to avoid misuse) with a warning label that stated, "If ingested, contact poison control. If solution comes into contact with eyes, flush with cool water for 15 minutes and consult physician immediately";
- A tub of Super Sani-cloth wipes (disinfecting germicidal disposable wipes) with a warning label that stated, "Warning. Causes substantial but temporary eye damage. Do not get in eyes or on clothing. Avoid contact with skin. Wash hands thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco, or using restroom. Remove and wash contaminated clothing before reuse. First aid: Call a poison control center or doctor for treatment advice. Have the product container or label with you when calling a poison control center or doctor or going for treatment. If in eyes: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. If on skin: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes";
- Two bottles of Skintegrity wound cleanser, 26 ounces and 8 ounces, with a warning label that stated, "If swallowed, get medical help or contact a Poison Control Center immediately"
- An opened 100-count box of safety pen needles (single-use needles featuring an easily removed cap that covers the sharp end of the needle until it is ready for use).

An observation, on 07/27/2026 at 11:20 AM, in a MCU kitchen cabinet that was accessible to all residents, showed a second tub of Super Sani-cloth wipes.

In an interview, on 07/27/2026 at 3:51 PM, Staff A acknowledged that the items found in the MCU should have been inaccessible to 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) 9/18/26 .

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

Administrator (or Representative) — Date: 8/20/26

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WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 2 staff (Staff E and F) had a Washington state name and date of birth background check completed every two years. This placed residents at risk for receiving care and services from staff whose current criminal background history was unknown.

Findings included...

Record review of employee files showed the ALF hired Staff E, Medication Technician, on 05/24/2024. Staff E's file showed their Washington state name and date of birth background check expired on 06/04/2026. No current background check for Staff E was available for review.

Record review of employee files showed the ALF hired Staff F, Lead Caregiver, on 03/21/2024. Staff F's file showed their Washington state name and date of birth background check expired on 04/02/2026. No current background check for Staff F was available for review.

In an interview, on 07/28/2026 at 9:20 AM, Staff A, Executive Director, stated that they did not have a current Washington state name and date of birth background check for Staff E or F.

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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) 9/15/26.

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

Administrator (or Representative) 8/20/26 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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to initiate screening for tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of hire for 5 of 7 staff members (Staff B, C, D, J, and K). This placed residents at risk of exposure to a communicable disease.

Findings included...

Record review of employee files showed the ALF hired Staff B, Caregiver, on 03/02/2026. Staff B's record showed TB testing was initiated on 05/12/2026, 71 days after their hire date.

Record review of employee files showed the ALF hired Staff C, Caregiver, on 02/16/2026. Staff C's record showed TB testing was initiated on 05/21/2026, 94 days after their hire date.

Record review of employee files showed the ALF hired Staff D, Caregiver, on 01/19/2026. Staff D's record showed TB testing was initiated on 05/08/2026, 109 days after their hire date.

Record review of employee files showed the ALF hired Staff J, Medication Technician, on 05/15/2026. Staff J's record showed TB testing was initiated on 05/29/2026, 14 days after their hire date.

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Record review of employee files showed the ALF hired Staff K, Life Enhancement Specialist, on 06/01/2026. Staff K's record showed TB testing was initiated on 06/12/2026, 11 days after their hire date.

In an interview, on 07/30/2026 at 2:42 PM, Staff A, Executive Director, acknowledged that TB testing for Staff B, C, D, J, and K did not meet the required timeframes.

Plan/Attestation Statement

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

Administrator (or Representative) 8/20/26 Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan was written and signed when 1 of 1 residents (Resident 10) received family assistance with medications. This failure placed Resident 10 at risk for compromised health conditions if their designated family member was unavailable to

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assist.

Findings included...

Review of an undated face sheet showed the ALF admitted Resident 10 on [redacted]/2024 with multiple medical diagnoses.

Review of an Assessment, dated 06/24/2026, showed that the ALF provided Resident 10 with medication assistance.

Review of Electronic Medication Administration Record, dated 07/01/2026 to 07/31/2026, showed Resident 10 had administration notes to call the power of attorney to reorder the following medications: Aspirin (a medication used to prevent blood clots, heart attacks, and strokes) and Calcium/Vitamin D3 (a supplement used to build and maintain bone health).

Record review showed there was no written plan that detailed which family members were responsible for obtaining the medication, which medications would be provided, an alternate plan should the family member be unavailable and no signed documents that indicated family or ALF agreement with the plan.

In an interview, on 07/29/2026 at 2:59 PM, Staff G, Healthcare Director, confirmed Resident 10's family brings in some of Resident 10's medications. Staff G stated that a written family plan had not been completed for Resident 10.

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) 9/18/26 .

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

Administrator (or Representative) — Date: 8/20/26

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

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(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that safe medication systems were in place for 1 of 10 residents (Resident 4). This failure resulted in Resident 4 not receiving their diabetic medication as prescribed and placed Resident 4 at risk of adverse health effects associated with high blood sugar levels.

Findings included...

Review of an undated face sheet showed the ALF admitted Resident 4 on [redacted]/2026 with multiple medical diagnoses including [redacted].

Review of an Assessment, dated 07/27/2026, showed that the ALF provided Resident 4 with medication assistance.

Review of the Electronic Medication Administration Record (EMAR), dated 05/01/2026 to 07/29/2026, showed Resident 4 was prescribed glipizide (a medication used to lower blood sugar) once daily as needed for blood sugars greater than 160 for two days in a row.

Review of an EMAR, dated 05/01/2026 to 07/29/2026, showed Resident 4 met the prescribed criteria for administration of glipizide on 54 occasions based on recorded blood sugar readings of greater than 160 for two consecutive days. Resident 4 did not receive glipizide for 39 of the 54 occasions when the criteria for administration was met.

In an interview, on 07/30/2026 at 11:22 AM, Staff G, Healthcare Services Director, acknowledged that medication errors in the administration of Resident 4's glipizide had been occurring for the past three months. Staff G stated that the order was entered in a way that made it difficult for staff to recognize when the medication was required.

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Plan/Attestation Statement

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

Administrator (or Representative) 8/20/26 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;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF), failed to keep 5 of 14 bathroom vents in the Memory Care Unit (Rooms 1, 2, 10, 11 and 14) safe and sanitary. This failure resulted in residents living in an unsanitary environment and placed these residents at risk of harm and a decreased quality of life.

Findings included...

In an observation, on 07/28/2026 at 2:25 PM, Room 14 showed the bathroom ceiling vent had a buildup of dust.

In an observation, on 07/29/2026 at 11:00 AM, Rooms 1, 7, 9 and 10 showed the bathroom ceiling vents had a buildup of dust.

In an interview, on 07/29/2026 at 11:35 AM, Staff A, Executive Director, confirmed the dust buildup and stated that they would get those cleaned.

In an observation, on 07/30/2026 at 11:46 AM, Rooms 1, 2, 10, 11 and 14 showed the bathroom ceiling vents had not been cleaned and remained with a buildup of dust.

In an interview, on 07/30/2026 at 2:09 PM, Staff H, Maintenance Manager, stated that vents were supposed to be cleaned annually or on an as needed basis.

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Statement of Deficiencies	License #: 2097	Compliance Determination # 81111
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Page 10 of 17	Licensee: HIGHGATE BELLINGHAM LP	08/05/2026

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) 9/15/26 .

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

Administrator (or Representative) Date 9/22/26

WAC 388-78A-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:

(1) Maintained on-site in a confidential and secure manner;

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain records of background authorization forms for 1 of 1 staff members (Staff A). This failure resulted in the ALF not being able to demonstrate compliance with required background check timelines and placed residents in the ALF at risk receiving care and services from staff whose criminal background history was unknown.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2468 Background checks—Employment—Conditional hire—Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility: (1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working.

Record review of employee files showed the ALF hired Staff A, Executive Director, on 10/27/2025. A Washington state name and date of birth background check was completed on 11/26/2025. Staff A's record did not have any documentation to show a background check authorization was completed and submitted within one business day

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after their date of hire.

In an interview, on 08/05/2026 at 9:27 AM, Staff A stated they were unable to find a completed background authorization form and were unsure when it was completed.

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) 9/15/26 .

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

Administrator (or Representative) — Date: 8/20/26

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:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) 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.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Assisted Living Facility (ALF) failed to complete an assessment to determine the safety of medical devices for 5 of 5 residents (Resident 2, 3, 8, 9 and 10) who utilized a medical device. This failure resulted in residents not being informed of risks and safety issues associated with the devices being utilized and placed them at risk of injury and entrapment.

Findings included...

Resident 2

Record review of an undated face sheet showed that Resident 2 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses, including [redacted]

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[redacted].

Record review of an Assessment, dated 05/19/2026, showed that Resident 2 had a bed rail. There was no safety assessment for the bed rail available for review.

An observation, on 07/28/2026 at 2:25 PM, showed that Resident 2's bed had a bed rail.

Resident 3

Review of an undated face sheet showed the ALF admitted Resident 3 on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted].

Record review of an Assessment, dated 06/04/2026, showed that Resident 3 required a Hoyer lift (a mobile mechanical device with wheels that uses a fabric sling to lift, suspend, and transfer people with severe mobility limits). There was no safety assessment for the Hoyer lift available for review.

Resident 8

Record review of an undated face sheet showed that Resident 8 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses, including [redacted].

Record review of an Assessment, dated 06/08/2026, showed that Resident 8 had a trapeze (a mobility aid to assist individuals to reposition, stand, or transfer) for bed mobility. There was no safety assessment for the trapeze available for review.

An observation, on 7/30/26 at 9:20 AM, showed that there was a trapeze over Resident 8's bed.

Resident 9

Review of an undated face sheet showed the ALF admitted Resident 9 on [redacted]/2025 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 06/10/2026, showed that Resident 9 required a

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transfer pole (a vertical floor-to-ceiling standing pole acting as a grab bar to provide a sturdy handhold for individuals to push themselves up from a seated position). There was no safety assessment for the transfer pole available for review.

Resident 10

Review of an undated face sheet showed the ALF admitted Resident 10 on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 08/24/2026, showed that Resident 10 had a bed rail. There was no safety assessment for the bed rail available for review.

In an interview, on 07/30/2026 at 1:34 PM, Staff G, Healthcare Director, acknowledged that safety assessments for medical devices were not being completed and that they did not have a system in place.

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) ~~8/20/26~~ 9/15/26

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

Administrator (or Representative) — Date: 8/20/26

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

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

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff members (Staff B, F, and I) met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed residents in the ALF at risk of not receiving proper care and services from staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

75-HOUR BASIC TRAINING

NOTE: WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 03/02/2026. Staff B's file showed no record of completed basic training as of 147 days after being hired.

SPECIALTY DEMENTIA TRAINING

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire.

Record review of an undated Resident Characteristic Roster showed 14 residents in the ALF had a diagnosis of [redacted].

Record review of the ALF's undated Disclosure of Services, Subsection 7, Care for Residents with Dementia, Developmental Disabilities, or Mental Illness showed that if

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the ALF chose to serve residents with dementia, developmental disabilities, or mental health issues, they would provide employees with specialty training.

Record review of employee files showed the ALF hired Staff B, Caregiver, on 03/02/2026. Staff B's file showed no record of completed dementia specialty training as of 147 days after being hired.

HOME CARE AIDE (HCA) CERTIFICATION

NOTE: WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

NOTE: WAC 246-980-030 Working while obtaining certification as a home care aide. (1) A long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met: (2) A long-term care worker is no longer eligible to provide care without a credential under the following circumstances: (b) The long-term care worker has not obtained their certification within 365 calendar days from their date of hire, or 425 calendar days if granted a provisional certificate under RCW 18.88B.035. These timelines go into effect August 25, 2025, through December 31, 2027. These timelines apply to a pending applicant or a new applicant who has submitted an original application for certification as a home care aide by December 31, 2027.

Record review of employee files showed the ALF hired Staff F, Lead Caregiver, on 03/21/2024. Staff F's record showed Staff F obtained their HCA certification on 02/06/2026, 687 days after their date of hire.

Record review of employee files showed the ALF hired Staff I, Medication Technician, on 10/13/2024. Staff I's record showed Staff I had not received HCA certification as of 652 days after their date of hire.

In an interview, on 07/30/2026 at 10:36 AM, Staff I stated they did not have their HCA credentials yet.

In an interview, on 07/30/2026 at 12:17 PM, Staff A, Executive Director, confirmed that Staff B had not completed their basic or specialty dementia training and that Staff I had not received their HCA certification yet. Staff A verified that Staff F had received their HCA certification late.

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Plan/Attestation Statement

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

Administrator (or Representative) Date 8/28/26

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 6 staff (Staff B) had a national fingerprint background check completed. This placed residents at risk for receiving care and services from staff whose current criminal background history was unknown.

Findings included...

Record review of employee files showed the ALF hired Staff B, Caregiver, on 03/02/2026. Staff B had no fingerprint results available for review, 147 days after hire.

In an interview, on 07/28/2026 at 9:20 AM, Staff A, Executive Director, stated that they did not have a fingerprint background check for Staff B.

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Statement of Deficiencies	License #: 2097	Compliance Determination # 81111
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 17 of 17	Licensee: HIGHGATE BELLINGHAM LP	08/05/2026

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) 9/15/26 .

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

Administrator (or Representative) 8/20/26 Date

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