STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Highgate Wenatchee LP
HIGHGATE SENIOR LIVING
1320 S MILLER ST
WENATCHEE, WA 98801

RE: HIGHGATE SENIOR LIVING License # 2225

Dear Administrator:

This letter addresses Compliance Determination(s) 79067 (Completion Date 06/16/2026) and 75610 (Completion Date 04/27/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2130-3-a

The Department staff who did the off-site verification:
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit G
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 follow-up on 04/14/2026 of:
HIGHGATE SENIOR LIVING
1320 S MILLER ST
WENATCHEE, WA 98801

This document references the following SOD dated: 04/27/2026

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Statement of Deficiencies	License #: 2225	Compliance Determination # 75610
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 2 of 4	Licensee: Highgate Wenatchee LP	04/27/2026

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.

Laura Williams-Davis
Residential Care Services

05/01/2026
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.

Jan F. Lehman, RN
Administrator (or Representative)

5/8/26
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that negotiated services agreements were updated following a change in condition for 1 of 3 residents (Resident 1). This failure placed this resident at risk of not having their care needs met.

Findings included...

Review of Resident 1's demographic sheet, dated 08/01/2024, showed that the resident had hearing loss to both ears, chronic kidney disease (kidneys unable to filter waste and fluid from the blood), and a history of cancer.

Review of Resident 1's facility assessment, dated 11/20/2025, showed that the resident had hearing and vision deficits, did not have a catheter (to drain the urine from the bladder), expressed sadness and anxiety verbally and physically, and had staff assistance for their medications. The assessment showed that the resident slept in their chair, had a history of non-injury and injury falls, was independent with grooming, needed physical assistance with bathing and mobility, required two person assistance with their sit to stand for transfers, and was independent with using their walker with staff escorts. Additionally, the assessment showed that the resident had weight

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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.

Residential Care Services | 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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that negotiated services agreements were updated following a change in condition for 1 of 3 residents (Resident 1). This failure placed this resident at risk of not having their care needs met.

Findings included…

Review of Resident 1’s demographic sheet, dated 08/01/2024, showed that the resident had hearing loss to both ears, chronic kidney disease (kidneys unable to filter waste and fluid from the blood), and a history of cancer.

Review of Resident 1’s facility assessment, dated 11/20/2025, showed that the resident had hearing and vision deficits, did not have a catheter (to drain the urine from the bladder), expressed sadness and anxiety verbally and physically, and had staff assistance for their medications. The assessment showed that the resident slept in their chair, had a history of non-injury and injury falls, was independent with grooming, needed physical assistance with bathing and mobility, required two person assistance with their sit to stand for transfers, and was independent with using their walker with staff escorts. Additionally, the assessment showed that the resident had weight

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fluctuation from their edema, preferred female caregivers, and would leave a quarter of their meal uneaten.

Review of Resident 1's, Negotiated Service Agreement (NSA), dated 11/20/2025, showed that the resident had been, "fairly independent," and now required, "a little more care." The NSA did not include any diagnoses, that the resident had hearing and vision impairments, that they slept in their chair, and that they required two-person assistance with their sit to stand device for transfers. Additionally, the NSA did not include that the resident had a history of falls, anxiety or sadness, weight gain from their edema, and would leave a quarter of their meal uneaten. The NSA did not include or address the residents changes per the assessment regarding Resident 1's physical, mental or emotional functions.

Review of Resident 1's facility assessment, dated 04/08/2026, showed that the resident was non-ambulatory, bed bound, and required extensive assistance from staff for mobility and transferring. The assessment showed that that they had fluid retention that caused their weight to fluctuate, sadness and anxiety that they expressed physically and verbally, and that they were hoping to qualify for hospice services. Resident 1's assessment showed that the resident refused to use a sit to stand (device used to transfer a person from one surface to another) and that physical therapy was to bring a hoyer lift (mechanical device to help with physically transferring a person) on a trial basis. Additionally, Resident 1's assessment showed that they used a hospital bed and would leave a quarter or more of their meal uneaten and staff would supervise their eating.

Review of Resident 1's NSA, dated 04/08/2026, showed that the resident required more care (no specific details), and had recently returned from the hospital for a gastrointestinal bleed. The NSA did not include Resident 1's diagnoses of [redacted], or their [redacted] that they had been hospitalized for. Resident 1's NSA did not include their hospital bed, which mechanical device was used for transfers, weight gain due to fluid retention and what staff were to monitor for and who to report to. Additionally, Resident 1's NSA did not address interventions for triggers with male caregivers and when the resident verbally or physically expressed anxiety, hospice roles and responsibilities for the resident's activities of daily living, and medication management that included hospice services. The NSA did not include or address the residents' changes per the assessment regarding Resident 1's physical, mental or emotional functions.

Review of Resident 1's progress note, dated 04/09/2026, showed that the resident was admitted to hospice on this date.

Review of Resident 1's hospice nursing visit, dated 04/14/2026, showed that their primary diagnosis was [redacted] and [redacted]. The nursing visit showed that the resident required a hoyer lift and that the sit to stand that had previously been used was unsafe to continue using.

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In an interview on 04/14/2026 at 3:10 PM, Staff B, Health Care Director, stated that if a resident had a change of condition, they would do an assessment, "right then." Staff B stated that if they had been sent out to the hospital they would do a change of condition assessment when they returned to the facility. Additionally, Staff B stated that a change of condition would be if a resident went onto hospice or if they could not do their activities of daily living at their previous level.

In an interview on 04/14/2026 at 3:15 PM, Staff A, Administrator and Staff B, reviewed and acknowledged that their plan of correction for service agreement planning was to have Staff B complete nursing assessments for each resident with a change of condition, have their NSA updated, and that Staff A would do an audit to confirm that required assessments and NSA's were current.

In an interview on 04/17/2026 at 3:00 PM, Staff A, stated that the facility was aware that Resident 1 would be going onto hospice, completed their assessment and NSA for the change of condition on 04/08/2026, and did not have an NSA that had been updated after 04/08/2026. Staff A stated that the NSA was the document that staff used to know the care needs and preferences of each resident. Staff A acknowledged that Resident 1's NSA did not address their diagnoses, their medical device used for transfers, monitoring for their edema and weight gain and anxiety, caregiver preference with male caregiver triggers, their hospital bed, and eating supervision. Additionally, Staff A acknowledged that Resident 1's NSA had missing information that should have been included and that they would need to review and fine tune their process.

This is an uncorrected deficiency previously cited on 03/06/2026 and a recurring deficiency, previously cited on 04/11/2025.

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, HIGHGATE SENIOR LIVING is or will be in compliance with this law and / or regulation on (Date) 5/20/26 .

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

Jan F. Lehman, CEO — Administrator (or Representative)

5/8/2026 — Date

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

In an interview on 04/14/2026 at 3:10 PM, Staff B, Health Care Director, stated that if a resident had a change of condition, they would do an assessment, “right then.” Staff B stated that if they had been sent out to the hospital they would do a change of condition assessment when they returned to the facility. Additionally, Staff B stated that a change of condition would be if a resident went onto hospice or if they could not do their activities of daily living at their previous level.

In an interview on 04/14/2026 at 3:15 PM, Staff A, Administrator and Staff B, reviewed and acknowledged that their plan of correction for service agreement planning was to have Staff B complete nursing assessments for each resident with a change of condition, have their NSA updated, and that Staff A would do an audit to confirm that required assessments and NSA’s were current.

In an interview on 04/17/2026 at 3:00 PM, Staff A, stated that the facility was aware that Resident 1 would be going onto hospice, completed their assessment and NSA for the change of condition on 04/08/2026, and did not have an NSA that had been updated after 04/08/2026. Staff A stated that the NSA was the document that staff used to know the care needs and preferences of each resident. Staff A acknowledged that Resident 1’s NSA did not address their diagnoses, their medical device used for transfers, monitoring for their edema and weight gain and anxiety, caregiver preference with male caregiver triggers, their hospital bed, and eating supervision. Additionally, Staff A acknowledged that Resident 1’s NSA had missing information that should have been included and that they would need to review and fine tune their process.

This is an uncorrected deficiency previously cited on 03/06/2026 and a recurring deficiency, previously cited on 04/11/2025.

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, HIGHGATE SENIOR LIVING 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

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

Highgate at Wenatchee
1320 South Miller Street
Wenatchee, WA 98801

: 509-665-6695
: 509-662-7827

HIGHGATE
SENIOR LIVING

5/8/2026

Laura Williams-Davis , ALF Field Manager

Residential Care Services

Region 1, Unit C

1200 Alder Street

Union Gap, WA. 98903

Regarding: Highgate Senior Living License #2225

Dear Laura,

Please see the attached signed and dated Statement of Deficiencies for Highgate Senior Livings for on-site follow up resulting in a re-site . We began correcting the deficiency immediately and will be in full compliance as of 5/20/2026.

If you have any questions, please contact me directly at 509-665-6695.

Sincerely,

Jean F. Lehman, Executive Director

Highgate Senior Living

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

WAC 388-78A-2130 Service Agreement Planning

a. The Health Care Director will contact Marcie Suppe, RN Director of Resident Services to coordinate a time to review the Nursing Assessment and Service Plan for each new Hospice resident. The Health Care Director will responsible for making recommended changes before finalizing the Nursing Assessment, updating the Service Plan, and setting up a meeting to review with the resident's responsible party.
b. Resident #1 Service Plan was immediately reviewed and additional information was added to direct the caregivers on care needs and when to contact the RN. Hospice Service Plans for remaining residents have already been reviewed by the surveyor during a previous site visit.
c. The Resident Care Coordinator resigned shortly after and Executive Director is in process of hiring a replacement. The Resident Care Coordinator is responsible to keeping resident Service Plans up to date.
d. Each month the Executive Director will audit Hospice Service Plans and confirm the information still matches the resident's current needs. The Executive Director will follow-up with the Health Care Director if there are any concerns following completion of the audit and updates will be made to the Service Plan immediately.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HIGHGATE SENIOR LIVING
License/Cert.#: 2225
Compliance Determination #: 72285
Investigator: Anna Cairns
Investigation Date(s): 02/03/2026 through 03/06/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 209432
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1. The named resident had delusions and agitation near their death.
2. The named resident was denied their medications by the facility nurse.
3. The named resident was denied their emergency kit hospice medications.
4. The resident was not assessed by the facility nurse.
5. The named resident was not medicated to sedation and had prolonged discomfort.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 3 Closed records sample size: 2
Observations:	Staff to resident interactions Common areas Resident apartments
Interviews:	Administrator Health Care Director/Licensed Practical Nurse Medication Technicians Residents Resident Representatives
Record Reviews:	Characteristic roster Facility policy (abuse, neglect, reporting) Resident records (face sheet, assessment, care plan, hospice documentation, medication administration records, physician orders, facility progress notes)

Investigation Summary:

1. The named resident had increased delusions and agitation and the Negotiated Service Agreement was not updated to reflect the named resident's change of condition. Failed practice identified. WAC 388-78A-2130.
2. Record review and interviews showed that the named resident had physician orders that were followed by facility and hospice staff. Record review of the named resident's medication administration record and hospice documentation showed

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that the resident had been monitored for symptoms and administered medications as ordered by their physician. No failed practice identified.
3. Record review showed that hospice provided an emergency kit to the facility, that hospice and facility staff documented when it was administered, and that the named resident received medications from the emergency kit when needed. No failed practice identified.
4. The named resident's Negotiated Service Agreement was not updated when they went onto hospice services or when they had a change of condition. Interview with facility staff showed that if a resident went onto hospice or had a change in condition, they would reassess the resident and update their care plan. Failed practice identified. WAC 388-78A-2130.
5. Record review showed that the named resident was monitored for pain and discomfort, that hospice services was notified when they had increased symptoms, and their medications were increased. Record review of the physician orders and medication administration record showed that the increased medications were added to the medication administration record and given to the resident every hour or as needed. Record review showed that with each dose of medication to decrease symptoms of pain, staff documented the pain level of the resident. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2225	Compliance Determination # 72285
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 1 of 5	Licensee: Highgate Wenatchee LP	03/06/2026

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 an unannounced on-site complaint investigation on 02/03/2026 of:

HIGHGATE SENIOR LIVING
1320 S MILLER ST
WENATCHEE, WA 98801

This document references the following complaint number(s): 209432, 210243

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Statement of Deficiencies	License #: 2225	Compliance Determination # 72285
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 2 of 5	Licensee: Highgate Wenatchee LP	03/06/2026

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.

Laura Williams-Davis
Residential Care Services

03/16/2026
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)

3/23/26
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure negotiated services agreements were updated following a change in condition for 2 of 3 residents (Resident 1 and 3). This failure placed residents at risk of not having their care needs and personal preferences met.

Findings included...

<Resident 1>

Review of Resident 1's demographic sheet, dated 02/06/2025, showed that the resident had diagnoses of [redacted]. and [redacted].

Review of Resident 1's hospice progress note, dated 11/05/2025, showed that the resident had documented weight loss since their admission to hospice and was having increased confusion and edema (swelling) to their left extremity.

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ 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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure negotiated services agreements were updated following a change in condition for 2 of 3 residents (Resident 1 and 3). This failure placed residents at risk of not having their care needs and personal preferences met.

Findings included…

<Resident 1>

Review of Resident 1's demographic sheet, dated 02/06/2025, showed that the resident had diagnoses of [redacted], and [redacted].

Review of Resident 1's hospice progress note, dated 11/05/2025, showed that the resident had documented weight loss since their admission to hospice and was having increased confusion and edema (swelling) to their left extremity.

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Review of Resident 1's hospice progress note, dated 11/07/2025, showed that the resident required oxygen, monitoring of their oxygen levels, and staff assistance for switching from a portable oxygen tank to their oxygen concentrator machine.

Review of Resident 1's hospice progress note, dated 11/10/2025, showed that staff were to elevate the resident's lower extremities and use a compression device to help with fluid retention in the legs.

Review of Resident 1's hospice progress note, dated 11/20/2025, showed that the resident had a wound on their left foot.

Review of Resident 1's hospice progress note, dated 11/22/2025, showed that the resident required nebulizer (inhaled medication) treatment and continued monitoring of their oxygen tanks.

Review of Resident 1's hospice progress note, dated 11/23/2025, showed that the resident had increased difficulty breathing, increased pain, and had hallucinations (false sensory perceptions).

Review of Resident 1's hospice progress note, dated 11/24/2025, showed that the resident was restless, had continued hallucinations, and had an indwelling catheter (tube inserted into the bladder to aid urine drainage) placed, that required monitoring by staff.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 07/08/2025, showed that Resident 1 had been admitted to hospice on 10/06/2025.

The NSA showed that it lacked updates to care needs following the resident's changes in condition that were identified by hospice to include oxygen, weight, edema, wound, leg elevation, mental functioning, and catheter.

In an interview on 02/06/2026 at 11:15 AM, Staff B, Health Care Director, stated that following hospice admissions or changes in condition, the residents should be assessed. Staff B stated that after the assessment the NSA should be updated for care needs. Staff B acknowledged that Resident 1's NSA had not been updated to include the residents additional care needs.

<Resident 3>

Review of Resident 3's demographic sheet, dated 07/02/2024, showed that the resident had diagnoses of [redacted],

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

[redacted], and [redacted].

Review of Resident 3's hospice progress note, dated 12/05/2025, showed that the resident was recertified (re-admitted) to hospice services as they were showing signs of a decline in health.

Review of Resident 3's hospice progress note, dated 12/10/2025, showed that the resident had a wound on their tailbone (lower back)that hospice cleaned and redressed and that the resident had a catheter that hospice services changed.

Review of Resident 3's hospice progress note, dated 12/19/2025, showed that the resident received a bed bath and preferred to stay in bed without clothing on.

Review of Resident 3's hospice progress note, dated 01/07/2026, showed that the resident's wound on their tailbone had not resolved and that hospice services staff completed the wound care and changed their catheter.

Review of Resident 3's hospice progress note, dated 01/13/2026, showed that the resident no longer wore clothing as their preference.

Review of Resident 3's NSA, dated 01/14/2026, showed that it lacked updates to care needs and preferences following the resident's changes in condition that were identified by hospice to include the resident's significant diagnoses, wound, clothing preferences, and bed baths.

In an interview on 02/06/2026 at 11:22 AM, Staff B acknowledged that Resident 3's NSA did not include diagnoses that were documented on the demographic sheet or the hospice updates.

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

Statement of Deficiencies	License #: 2225	Compliance Determination # 72285
Plan of Correction	HIGHGATE SENIOR LIVING	Completion Date
Page 5 of 5	Licensee: Highgate Wenatchee LP	03/06/2026

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) 4/3/2026 .

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

Administrator (or Representative) — Date: 3/23/26

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

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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

Highgate at Wenatchee
1320 South Miller Street
Wenatchee, WA 98801

T 509-665-6695
F 509-662-7827

HIGHGATE
SENIOR LIVING

3/23/2026

Laura Williams-Davis , ALF Field Manager

Residential Care Services

Region 1, Unit G

1200 Alder Street

Union Gap, WA. 98903

Regarding: Highgate Senior Living License #2225

Dear Laura,

Please see the attached signed and dated Statement of Deficiencies for Highgate Senior Livings for complaint investigation 3/6/26. We began correcting the deficiency immediately and will be in full compliance as of 4/3/2026.

If you have any questions, please contact me directly at 509-665-6695.

Sincerely,

Jean F. Lehman, Executive Director

Highgate Senior Living

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

WAC 388-78A-2130 Service Agreement Planning

a. Marcie Suppe, RN Director of Resident Services will complete re-education training with the Health Care Director on March 25, 2026. WAC 388-78A-2130 for Service Agreement Planning as well as Highgate Senior Living's policies and procedures for assessments will be reviewed and discussed. The Health Care Director will confirm an understanding of both requirements at the conclusion of the training.
b. Resident #1 and #2 both passed away while on Hospice services and are no longer living at Highgate Senior Living. Resident #3 was reassessed by the Health Care Director with a new nursing assessment and revisions to the Service Plan including diagnosis, start of Hospice services due to decline in health, wound care near tailbone on lower back, preference to wear no clothing, and request for bed baths.
c. The Health Care Director will complete nursing assessments with each resident change of condition. The Service Plan will be reviewed, updated, and a meeting set-up with resident and responsible party when appropriate.
d. The Health Care Director or designee will update Hospice resident progress notes weekly and as needed to assess changes due to declining terminal condition with Hospice service adjustments.
e. Each month the Executive Director will audit the Monthly Revenue Report to confirm that required assessments and Service Plans are current. The Executive Director will follow-up with the Health Care Director if there are any concerns following completion of the audit so that the Service Plans are updated promptly.

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