



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Highland Court Memory Care (985892)      **Intake ID(s):** 3679112  
**License/Cert. #:** AL2378  
**Investigator:** Pham, Phan      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 11/21/2019 through 11/21/2019  
**Complainant Contact Date(s):**

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**Allegations:**

Named resident involved in a resident to resident altercation, quality of care.

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**Investigation Methods:**

**Sample:** Named resident and three current sampled residents.

**Observations:** Named resident, residents, resident to resident interactions, environment, staff interactions with residents, staff members providing care and services and safety measures.

**Interviews:** Named resident, residents, staff members, administrative and a member not associated with the facility.

**Record Reviews:** Sampled residents and incident reports.

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**Allegation Summary:**

An on-site investigation was conducted and the allegation identified in the intake related to resident to resident altercation, quality of care and treatment were reviewed. There was insufficient evidence to support failed facility practice.

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**Unalleged Violation(s):**       **Yes**       **No**

Additional residents reviewed for care, services and safety found staff members failed to lock a resident's wheelchair during a transfer.



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**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

Staff members did not lock the wheelchair during a transfer for one sampled resident. See Statement of Deficiency dated 11/21/19 for more information



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504**

Statement of Deficiencies	License #: 2378	Completion Date
Plan of Correction	Highland Court Memory Care	November 21, 2019
Page 1 of 3	Licensee: Highland Court Operating Company LLC	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3679112

The department has completed data collection for the unannounced on-site complaint investigation on 11/21/2019 of:

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

The following sample was selected for review during the unannounced on-site complaint investigation : 4 of 32 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:  
 Phan Pham, RN, Nurse Surveyor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit D  
 PO Box 45819  
 Olympia, WA 98504  
 (360)664-8421

As a result of the on-site complaint investigation 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
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I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)	Date
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**WAC 388-78A-2700 Safety measures and disaster preparedness.**

(1) The assisted living facility must take necessary action to promote the safety of each resident whenever the resident is on the assisted living facility premises or under the supervision of staff persons, consistent with the resident's negotiated service agreement.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to ensure staff members locked the resident's wheelchair during a transfer to prevent avoidable injury for 1 of 4 current sampled residents (Resident #1) reviewed for safety measures. This failure placed the resident at risk for sustaining avoidable injuries.

Findings included...

Review of the service plan dated 11/21/19 showed Resident #1 admitted to the facility on [REDACTED]/19 with diagnoses including [REDACTED]. The resident was dependent on staff for assistance with activities of daily living and transfers.

On 11/21/19 at 10:45 AM Caregiver A was observed assisting with a transfer for Resident #1 from the wheelchair to a shower chair. Caregiver B stood behind the shower chair and was holding the shower chair's handles. The Caregivers did not lock the wheelchair.

At 10:48 AM Caregiver B was asked to observe the resident's wheelchair and he stated the wheelchair was not locked. Caregiver B stated the staff members were responsible for locking the resident's wheelchair.

At 11:13 AM Resident #1 was sitting in a wheelchair in the hallway, neatly groomed and dressed. When interviewed Resident #1 was not able to provide additional information related to the care and services she had received.

During an interview on 11/21/19 at 12:05 PM Caregiver A stated the resident's wheelchair was supposed to be locked during the transfer. Caregiver A stated locking the resident's wheelchair was a standard procedure and he had been trained.

At 12:45 PM during an interview the Executive Director stated the facility provided wheelchair transfer inservices during meetings and when the staff members are hired. The Executive Director stated management staff members routinely monitor staff members to ensure they were following the proper safety procedures and locking the resident's wheelchair.

**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.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date