



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

June 20, 2019

**CERTIFIED MAIL**

7018 3090 0000 2464 6880

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

RE: Highland Court Memory Care License #2378

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on June 20, 2019 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:  
Angela Jones, Complaint Investigator

**Consultation:**

**WAC 388-78A-2170 Required assisted living facility services.**

(2) The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement:

- (b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building;
- (c) Laundry - Keeping the resident's clothing clean and in good repair, and laundering towels, washcloths, bed linens on a weekly basis or more often as necessary to maintain cleanliness;

The facility will ensure resident rooms, including the floors and bed sheets, are cleaned at a frequency to prevent debris buildup.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**You Are Not:**

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

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (360) 664-8421.

Sincerely,



Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services

Enclosure



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Highland Court Memory Care (985892)      **Intake ID(s):** 3653416  
**License/Cert. #:** AL2378  
**Investigator:** Jones, Angela      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 06/18/2019 through 06/18/2019  
**Complainant Contact Date(s):**

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**Allegations:**

11- Quality of care and Treatment: neglect to include housekeeping, personal care, billing, and feeding assistance

**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	Named resident and sampled residents	<input checked="" type="checkbox"/> <b>Observations:</b>	General environment, staff interacting with residents, residents interacting with residents, and staff providing care and services. Resident rooms, common areas.
<input checked="" type="checkbox"/> <b>Interviews:</b>	Named resident, residents, nursing staff, facility staff and a member not associated with the facility	<input checked="" type="checkbox"/> <b>Record Reviews:</b>	Named and sample resident records, incident reports, and billing statements.

**Allegation Summary:**

Resident was on hospice care at admission to facility. Resident was able to feed self with cueing. The resident had a decline in health and was expected to pass away but did not. Resident's diet and care needs have advanced to mirror health status. The resident's POA has not paid any money to the facility as of yet and will sell the house and pay when able.

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



**Residential Care Services  
Investigation Summary Report**

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**Conclusion / Action:**     **Failed Provider Practice Identified / Citation(s) Written**                       **Failed Provider Practice Not Identified / No Citation Written**

Lack of citation(s) related to your issue(s) does not mean your issues were not valid, but the investigator could not find sufficient evidence to support a citation.

A consultation was written for housekeeping of the floors and bed sheets.