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

Newcastle Gardens Senior Home LLC

Newcastle Gardens Senior Home LLC
11508 SE 76TH ST
NEWCASTLE, WA 98056

RE: Newcastle Gardens Senior Home LLC License # 753935

Dear Provider:

This letter addresses Compliance Determination(s) 53434 (Completion Date 01/22/2025) and 50569 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2025 and found that you have corrected the violations listed in the Full report dated 11/26/2024. Your home is back in compliance as of 12/24/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10805-3, WAC 388-76-10415-1, WAC 388-112A-0610-1-f, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-ii

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

Statement of Deficiencies	License #: 753935	Compliance Determination #50569
Plan of Correction	Newcastle Gardens Senior Home LLC	Completion Date
Page 1 of 5	Licensee: Newcastle Gardens Senior Home LLC	11/26/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/19/2024 and 11/19/2024 of:
Newcastle Gardens Senior Home LLC
11508 SE 76TH ST
NEWCASTLE, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 12/2/2024 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Ling chen
Provider (or Representative)

12/07/2024
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure smoke alarms were interconnected. This failure placed 7 of 7 current residents (Residents 1, 2, 3, 4, 5, 6, and 7) at risk of harm in the event of a fire.

Findings included...

During unannounced visit to the AFH on 11/19/2024 between 10:10 AM to 4:51 PM, observation showed Residents 1, 2, 3, 4, 5, 6, and 7 were in the home.

During an environmental tour on 11/19/2024 at 12:52 PM with Staff A, Entity Representative, observation showed the smoke alarm in the dining area did not activate the rest of the smoke alarms in the AFH when pressed and activated by Staff A. Further observation on 11/19/2024 between 12:57 and 1:08 PM, showed the smoke alarm in the residents' rooms did not activate other alarms when pressed and turned on.

In an interview 11/19/2024 at 12:57 PM, Staff A stated that they were not aware of the requirement regarding smoke detectors to be interconnected.

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, Newcastle Gardens Senior Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/03/2024

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

Lisa Chair — Provider (or Representative)

12/07/2024 — Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the one half hour of safe food handling training requirements in the continuing education was met by 1 of 2 sampled staff (Staff A, Entity Representative). This failure placed all current residents at risk for food borne illnesses due to possible mishandling of food.

Findings included...

On 11/19/2024 from 11:56 AM to 12:34 PM, observation showed Staff A interacted and encouraged residents to eat their meals.

Review of personnel records showed Staff A, did not have a current food handler's certificate or one half hour of proper food handling CE.

In an interview on 11/19/2024 at 3:23 PM, Staff A stated that their food handler's certificate expired because they forgot to check it.

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, Newcastle Gardens Senior Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/23/2024 .

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

Provider (or Representative) — Date: 12/07/2024

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers 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:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the 12 hours continuing education (CE) requirements was met for 1 of 2 sampled staff (Staff C, Caregiver). This failure placed all current residents at risk for needs not being met in accordance with the current caregiving standard.

Findings included...

During an unannounced visit to the AFH on 11/19/2024 between 10:10 AM to 4:51 PM, observation showed Staff C, interacted and provided care to Residents 1, 2, 3, 4, 5, 6, and 7.

Personnel record review showed Staff C was a long-term care worker who is exempt

from the 70-hour home care aide basic training. Their personnel records showed no 12 hours of CE completed between their 2023 to 2024 birthday (Staff B's 2024 birthday had already passed at the time of visit).

In an interview on 11/19/2024 at 3:45 PM, Staff C stated that they took the 12 hours CE in October 2024. Staff C further stated that they contacted the pharmacy where they took the CE for their certificates but did not hear anything back.

In a telephone interview on 11/26/2024 at 11:05 AM, Staff A, Entity Representative, stated that Staff C did not have a 12 hours CE completed between their 2023 and 2024 birthday.

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, Newcastle Gardens Senior Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/26/2024

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

Provider (or Representative) — 12/07/2024 — Date

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

12/02/2024

Newcastle Gardens Senior Home LLC
Newcastle Gardens Senior Home LLC
11508 SE 76TH ST
NEWCASTLE, WA 98056

RE: Newcastle Gardens Senior Home LLC # 753935

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/26/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

Review of the Adult Family Home (AFH) records on 11/19/2024, showed they did not have a written plan (succession plan) that outlines how the home would continue to provide care and services to 7 current residents and future residents in an event Staff A, Entity Representative, was unable to fulfill their duties. Staff A immediately corrected the issue and developed a succession plan on 11/19/2024.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:
• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600