



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

* Newcastle Adult Family Home LLC
*Newcastle Adult Family Home LLC
6583 125TH AVENUE SE
BELLEVUE, WA 98006

RE: *Newcastle Adult Family Home LLC License # 755161

Dear Provider:

This letter addresses Compliance Determination(s) 59723 (Completion Date 05/16/2025) and 56759 (Completion Date 03/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/16/2025 and found that you have corrected the violations listed in the Full report dated 03/21/2025. Your home is back in compliance as of 05/05/2025 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 388-76-10463-3, WAC 388-76-10485-1, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Claire Fleming, Long Term Care Surveyor

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 755161	Compliance Determination #56759
Plan of Correction	*Newcastle Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: * Newcastle Adult Family Home LLC	03/21/2025

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 03/20/2025 of:

*Newcastle Adult Family Home LLC
6583 125TH AVENUE SE
BELLEVUE, WA 98006

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Statement of Deficiencies	License #: 755161	Compliance Determination # 56759
Plan of Correction	*Newcastle Adult Family Home LLC	Completion Date
Page 2 of 6	Licensee: * Newcastle Adult Family Home LLC	03/21/2025

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.

Alfred Brown
Residential Care Services

04/02/2025
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.

[Signature]
Provider (or Representative)

4/10/25
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record, the Adult Family Home (AFH) failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings included...

Record review on 03/20/2025 at 10:20 AM showed the AFH admitted Resident 2 on [REDACTED] 2023, with multiple disabling diagnoses including [REDACTED]

and [REDACTED]

Observation, on 03/20/2025 at 1:26 PM, showed Resident 2's Medication Log for March 2025, and medication bin contained Quetiapine (an antipsychotic medication that treats several kinds of mental health conditions), Citalopram (atype of antidepressant known as a selective serotonin reuptake inhibitor), and Olanzapine (an atypical antipsychotic primarily used to treat schizophrenia and bipolar disorder),

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.

<u>Alfredo Brown</u> Residential Care Services	<u>04/02/2025</u> 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.	
_____ Provider (or Representative)	_____ Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record, the Adult Family Home (AFH) failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings included...

Record review on 03/20/2025 at 10:20 AM showed the AFH admitted Resident 2 on [REDACTED] /2023, with multiple disabling diagnoses including [REDACTED]

[REDACTED] and [REDACTED]
[REDACTED]

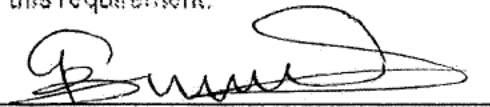
Observation, on 03/20/2025 at 1:26 PM, showed Resident 2's Medication Log for March 2025, and medication bin contained Quetiapine (an antipsychotic medication that treats several kinds of mental health conditions), Citalopram (atype of antidepressant known as a selective serotonin reuptake inhibitor), and Olanzapine (an atypical antipsychotic primarily used to treat schizophrenia and bipolar disorder),

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

Statement of Deficiencies	License #: 755161	Compliance Determination #56759
Plan of Correction	*Newcastle Adult Family Home LLC	Completion Date
Page 3 of 6	Licenses: * Newcastle Adult Family Home LLC	03/21/2025

Record review of Resident 2's NCP, dated 10/25/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2's agitation or depressive mood for which the mental and mood disorder medication was prescribed.

During an interview on 03/20/2025 at 10:55 AM, Staff B, Co-Provider stated Resident 2's NCP for the psychopharmacologic medication section needed to be filled out.

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 Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/10/2025 05/05/2025 - per conversation with provider + claive on 4/17/25, okay to change PRN date. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.  Provider (or Representative) 4/10/2025 Date	
--	--

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure resident medications were in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of accidental illness or injury from ingesting unprescribed medications

Findings included...

Observation, on 03/20/2025 at 9:35 AM, showed Resident 2 ambulating independently to their bedroom with no medical devices or standby assistance.

Observation, 03/20/2025 at 10:40 AM, showed Staff B, Co-Provider grabbed the door handle to the closet door. Staff B opened the door without any numerical input to unlock the electronic lock on the closet door. Observation inside the closet a supply of medications for all residents (mainly PRNs).

Observation, on 03/20/2025 at 10:42 AM, showed the Staff B attempted to lock the closet door ten times and was unsuccessful. The numerical electronic lock flashed red with each unsuccessful attempt. The door remained unlocked

Record review of Resident 2's NCP, dated 10/25/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2's agitation or depressive mood for which the mental and mood disorder medication was prescribed.

During an interview on 03/20/2025 at 10:55 AM, Staff B, Co-Provider stated Resident 2's NCP for the psychopharmacologic medication section needed to be filled out.

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 Adult Family Home LLC 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.

Provider (or Representative)

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure resident medications were in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of accidental illness or injury from ingesting unprescribed medications.

Findings included...

Observation, on 03/20/2025 at 9:35 AM, showed Resident 2 ambulating independently to their bedroom with no medical devices or standby assistance.

Observation, 03/20/2025 at 10:40 AM, showed Staff B, Co-Provider grabbed the door handle to the closet door. Staff B opened the door without any numerical input to unlock the electronic lock on the closet door. Observation inside the closet a supply of medications for all residents (mainly PRNs).

Observation, on 03/20/2025 at 10:42 AM, showed the Staff B attempted to lock the closet door ten times and was unsuccessful. The numerical electronic lock flashed red with each unsuccessful attempt. The door remained unlocked.

Statement of Deficiencies	License #: 755161	Compliance Determination # 56759
Plan of Correction	*Newcastle Adult Family Home LLC	Completion Date
Page 4 of 5	Licensee: * Newcastle Adult Family Home LLC	03/21/2025

During an interview, on 03/20/2025 at 11:40 AM, the Provider stated the batteries on the numerical electronic lock must be dead and they will change to batteries to see if that can lock the door.

Interview, on 03/20/2025 at 11:41 AM, Staff B stated that the closet door was usually locked, and they were not able to lock it at the moment.

During an interview, on 03/20/2025 at 1:10 PM, Staff B stated that the closet door was locked during the environmental tour.

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 Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 4/10/25

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


Provider (or Representative)

4/10/2025
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic cleaning supplies were in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of accidental illness or injury.

Findings included...

Observation, on 03/20/2025 at 9:35 AM, showed Resident 2 ambulating independently to their bedroom with no medical devices or standby assistance.

Observation 03/20/2025 at 10:40 AM, showed the Staff B, Co-Provider grabbed the door a handle to the closet door. Staff B opened the door without any numerical input to unlock the electronic lock on the closet door. Observation showed the inside of the closet contained cleaning chemicals.

During an interview, on 03/20/2025 at 11:40 AM, the Provider stated the batteries on the numerical electronic lock must be dead and they will change to batteries to see if that can lock the door.

Interview, on 03/20/2025 at 11:41 AM, Staff B stated that the closet door was usually locked, and they were not able to lock it at the moment.

During an Interview, on 03/20/2025 at 1:10 PM, Staff B stated that the closet door was locked during the environmental tour.

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 Adult Family Home LLC 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.

Provider (or Representative)

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic cleaning supplies were in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of accidental illness or injury.

Findings included...

Observation, on 03/20/2025 at 9:35 AM, showed Resident 2 ambulating independently to their bedroom with no medical devices or standby assistance.

Observation, 03/20/2025 at 10:40 AM, showed the Staff B, Co-Provider grabbed the door a handle to the closet door. Staff B opened the door without any numerical input to unlock the electronic lock on the closet door. Observation showed the inside of the closet contained cleaning chemicals.

Statement of Deficiencies	License #: 755161	Compliance Determination #56759
Plan of Correction	*Newcastle Adult Family Home LLC	Completion Date
Page 5 of 6	Licenses: * Newcastle Adult Family Home LLC	03/21/2025

Observation, on 03/20/2025 at 10:42 AM, showed the Staff B attempted to lock the closet door ten times and was unsuccessful. The numerical electronic lock flashed red with each unsuccessful attempt. The door remained unlocked.

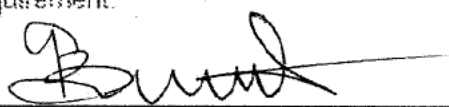
During an interview, on 03/20/2025 at 11:40 AM, the Staff B stated the batteries on the numerical electronic lock must be dead and they will change to batteries to see if that can lock the closet door.

Interview, on 03/26/2025 at 11:41 AM, Staff B stated that the closet door was usually locked, and they were not able to lock it at the moment.

During an interview, on 03/20/2025 at 1:10 PM, Staff B stated that the closet door was locked during the environmental tour.

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 Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 4/10/2025

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



Provider (or Representative)

4/10/2025

Date

Observation, on 03/20/2025 at 10:42 AM, showed the Staff B attempted to lock the closet door ten times and was unsuccessful. The numerical electronic lock flashed red with each unsuccessful attempt. The door remained unlocked.

During an interview, on 03/20/2025 at 11:40 AM, the Staff B stated the batteries on the numerical electronic lock must be dead and they will change to batteries to see if that can lock the closet door.

Interview, on 03/20/2025 at 11:41 AM, Staff B stated that the closet door was usually locked, and they were not able to lock it at the moment.

During an Interview, on 03/20/2025 at 1:10 PM, Staff B stated that the closet door was locked during the environmental tour.

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 Adult Family Home LLC 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.

Provider (or Representative)

Date