STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

OAK HARBOR RETIREMENT COMMUNITY LLC
REGENCY ON WHIDBEY
1045 SW KIMBALL DR
OAK HARBOR, WA 98277

RE: REGENCY ON WHIDBEY License # 1738

Dear Administrator:

This letter addresses Compliance Determination(s) 57948 (Completion Date 04/11/2025) and 54461 (Completion Date 02/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/11/2025 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-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2, WAC 388-78A-2474-4, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 the unannounced on-site full inspection on 02/07/2025, 02/10/2025 and 02/11/2025 of:
REGENCY ON WHIDBEY
1045 SW KIMBALL DR
OAK HARBOR, WA 98277

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Allison Nunn, Long Term Care Surveyor
Steven Kindle,

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers 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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed Orientation and Safety training prior to providing care to residents for 1 of 6 staff (Staff C), 70-hour Basic training within 120 days from their of hire for 3 of 6 staff (Staff C, D, and E), Specialty dementia and mental health training for 1 of 6 staff (Staff C), Cardiopulmonary Resuscitation (CPR) and first aid training for 1 of 6 staff (Staff C), Department of Social and Health Services (DSHS) approved continuing education (CE) for 2 of 2 staff (Staff E and F), and received credentials through the Department of Health (DOH) within 200 days of hire for 2 of 6 staff (Staff C and D). This failure resulted in Staff C, D, E, and F not having the necessary training related to their job duties and expectations and placed all 35 residents at risk for compromised care and safety.

Findings included…

Orientation and Safety Training

Review of WAC 388-112A-0200(2)(a) showed all long-term care workers must complete two hours of long-term care worker orientation training before providing care to residents.

Review of WAC 388-112A-0220(1) showed all long-term care workers must complete three hours of safety training prior to providing care to a resident.

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 03/13/2024. Staff C's file showed a completed Orientation and Safety training course dated 06/12/2024, 91 days after their date of hire.

On 02/11/2025 at 2:51 PM, Staff H, Human Resources, stated that they weren't sure why Staff C didn't complete Orientation and Safety training when they were first hired. Staff H stated that schedules showed that Staff C was on the floor scheduled as a caregiver before completing their training.

Basic Training

Review of WAC 388-112A-0080(5) showed long-term care workers in assisted living facilities must complete the 70-hour Basic training within one hundred twenty days of their date of hire.

Review of the ALF's employee files showed the following:

Staff C was hired on 03/13/2024. Staff C's file showed no record of a completed 70-hour Basic training course.

Staff D, Caregiver, was hired on 05/08/2024. Staff D's file showed no record of a completed 70-hour Basic training course.

Staff E, Caregiver, was hired on 09/07/2023. Staff E's file showed no record of a completed 70-hour Basic training course.

On 02/11/2025 at 11:46 AM, Staff H stated that Staff C, D, and E had not completed their Basic training. Staff H stated that staff have 120 days after their date of hire to complete their 70-hour Basic training, so they weren't sure why Staff C, D, and E had not completed it as of yet.

On 02/13/2025 at 2:31 PM, Staff H stated that they had spoken with Staff C, D, and E, who all denied completing Basic training.

Specialty Training

Review of the ALF's Resident Characteristic Roster, dated 02/03/2025, showed 35 residents living in the ALF had a [redacted] diagnosis.

Review of the ALF’s employee files showed the following:

Staff C was hired on 03/13/2024. Staff C’s file showed no record of completed dementia or mental health training.

On 02/11/2025 at 11:46 AM, Staff H stated that Staff C had not taken any of the dementia or mental health trainings offered by the ALF.

On 02/13/2025 at 2:31 PM, Staff H stated that they had spoken with Staff C who denied ever taking dementia or mental health specialty training.

CPR and First Aid Training

Review of the ALF’s employee files showed the following:

Staff C was hired on 03/13/2024. Staff C had no record of a completed CPR and First Aid training.

On 02/11/2025 at 11:46 AM, Staff H stated that Staff C had not taken any of the CPR and First Aid training offered in-house by the ALF.

On 02/13/2025 at 2:31 PM, Staff H stated that they had spoken with Staff C who denied having a current CPR and First Aid card.

Continuing Education (CE)

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of continuing education by their birthday each year.

Review of WAC 388-112A-0600 showed DSHS must approve continuing education curricula.

Review of DSHS's Continuing Education Approval Process (https://www.dshs.wa.gov/altsa/faq?field_altsa_topics_value=ce) showed that once DSHS approves a CE, it is assigned a unique DSHS CE approval code and that without a DSHS CE approval code on the certificate or transcript, the CE cannot be used to meet the 12-hour CE requirement.

Review of the ALF's employee files showed the following:

Staff E was hired on 09/07/2023. There was no documentation that Staff E completed any CE in the time period between their birthday in 2023 and their birthday in 2024.

Staff F, Caregiver, was hired on 01/16/2016. Two of the 12 hours of CE's dated from their birthday in 2024 and their birthday in 2025 were not DSHS approved.

On 02/11/2025 at 11:46 AM, Staff H stated that they weren't aware that CE required an approval code and would work with their team to be sure courses provided to staff have been approved through DSHS.

On 02/13/2025 at 2:31 PM, Staff H stated that they had spoken with Staff E and F who stated that they had not completed any other CE's other than what was in their files.

DOH Credentials

Review of the ALF's employee files showed the following:

Staff C was hired on 03/13/2024. Staff C's file showed no record of obtaining certification as a home care aide.

Staff D was hired on 05/08/2024. Staff D's file showed no record of obtaining certification as a home care aide.

Review the DOH's Provider Credential Search (https://fortress.wa.gov/doh/providercredentialsearch/) showed that Staff C and D did not have any health care provider credentials in the State of Washington.

On 02/11/2025 at 11:46 AM, Staff H stated that Staff C and D had not yet completed their Basic training and therefore weren't yet able to take their test to be certified as a home care aide.

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, REGENCY ON WHIDBEY 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

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff E), who were provisionally employed, completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff E not having a completed fingerprint background check until 259 days after their date of hire and placed the safety of all 35 residents at risk by allowing an employee with a potentially disqualifying background access to them.

Findings included…

Review of the ALF's employee file showed Staff E was hired on 09/07/2023. A completed Washington State Name and Date of Birth background check was completed before their date of hire. A fingerprint background check was completed on 05/23/2024, 259

days after hire.

On 02/11/2025 at 11:46 AM, Staff H, Human Resources, stated that Staff E had issues making their scheduled fingerprint appointments. Staff H stated that Staff E was never removed from the schedule and continued to work with residents after 120 days of hire without a completed fingerprint background check.

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, REGENCY ON WHIDBEY 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

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was signed at least annually by the resident's representative for 2 of 7 Residents (Resident 3 and 6). This failure resulted in Resident 3 and 6 receiving care that was not agreed to and placed these residents at risk of unmet care needs.

Findings included…

Review of the ALF's policy titled, "Care Conference & Service Plan (NSA) Approval" dated 10/2024, showed the ALF will discuss the NSA and/or changes at the care conference, complete the service change approval form, and print it for the signature of the resident and/or family.

Resident 3

An undated face sheet showed Resident 3 was admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of an NSA dated 11/04/2024 showed a signature page with lines for Community Staff, Resident, Family Member, and Responsible Party to sign. The Resident, Family Member, and Responsible Party lines had no signatures. There were no NSA's signed by Resident 3's Responsible Party available for review.

Resident 6

An undated face sheet showed Resident 6 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted].

Review of an NSA dated 11/04/2024 showed with lines for Community Staff, Resident, Family Member, and Responsible Party to sign. The Resident, Family Member, and Responsible Party lines had no signatures. There were no NSA's signed by Resident 6's Responsible Party available for review.

On 02/11/2025 at 1:01 PM, Collateral Contact 1 (CC1), Resident Representative, stated that they don't remember signing a document that agreed to services.

On 02/11/2025 at 9:31 AM, Staff G, Director of Nursing, stated that they have talked with the resident representatives about the NSA, but they do not have all of the required signatures.

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, REGENCY ON WHIDBEY 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