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
1040 SW KIMBALL DRIVE
OAK HARBOR, WA 98277

RE: REGENCY ON WHIDBEY License # 1739

Dear Administrator:

This letter addresses Compliance Determination(s) 59367 (Completion Date 05/09/2025) and 56039 (Completion Date 03/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/09/2025 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-2474-4, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681, WAC 388-78A-2230-1-c, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional

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
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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 and complaint investigation on 03/10/2025, 03/11/2025 and 03/12/2025 of:

REGENCY ON WHIDBEY
1040 SW KIMBALL DRIVE
OAK HARBOR, WA 98277

This document references the following complaint numbers: 168686.

The following sample was selected for review during the unannounced on-site visit: 9 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Melissa Phillips, Long Term Care Surveyor

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.

(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 1 of 5 staff (Staff E) obtained Home Care Aide (HCA) certification. This failure resulted in Staff E not having demonstrated, via an examination from the Washington State Department of Health, if they had the required level of skill and knowledge to become certified as an HCA and placed all 67 residents at risk for compromised care and safety.

Findings included…

Review of WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain home care aide certification.

Review of the Dear Provider Letter, ALF #2023-025, dated 10/13/2023, showed that the Department of Health extended certification deadlines for long-term care workers hired between 08/17/2019 and 01/31/2024. The letter showed that long-term care workers must meet the certification and training deadlines to be in compliance with regulatory requirements. An included table showed that a long-term care worker hired between 04/01/2022 and 09/30/2022 must be certified as an HCA no later than 10/31/2024.

Review of the ALF's employee files showed Staff E, Caregiver, was hired on 08/09/2022. There was no documentation that Staff E had obtained their HCA certification.

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

On 03/12/2025 at 10:59 AM, Staff H, Human Resources, stated that Staff E had not yet received their Home Care Aide certification.

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 5 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 317 days after their date of hire and placed the safety of all 67 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, Caregiver, was hired on 08/09/2022. A Washington State Name and Date of Birth background check was completed on their date of hire. A fingerprint background check was completed on 06/22/2023, 317 days after hire.

On 03/12/2025 at 10:47 AM, Staff H, Human Resources, stated that the fingerprint completed on 06/22/2023 was the earliest fingerprint background check conducted for Staff E. Staff H stated Staff E missed multiple previously scheduled fingerprint appointments.

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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the resident's physician for 4 of 9 residents (Residents 1, 6, 7, and 8) when Residents 1, 6, 7, and 8 chose not to take their medications as prescribed. These failures resulted in the resident's physicians not being aware of the missed medications and placed Resident 1, 6, 7, and 8 at risk for not receiving informed decisions by their health care provider and complications related to untreated health care needs.

Findings included…

Review of the ALF's policy titled, "Medication Services", dated 04/2024, showed that residents under medication assistance have the right to refuse medications but provided no guidance on what to do after resident refusal.

Resident 1

Review of Resident 1's face sheet, dated 03/10/2025, showed that Resident 7 was admitted to the ALF on [redacted]/2023 with multiple medical diagnoses including [redacted].

Review of Resident 1's Service Plan Report, dated 12/16/2024, showed that Resident 1 required medication assistance from the ALF. The Service Plan Report showed that Resident 1 would receive medications as prescribed.

Review of Resident 1's January, February, and March 2025 Electronic Medication Administration Records (EMARs) showed the following:

A physician's order for Nystatin Cream (used to treat fungal skin infections), to be applied topically to the affected area two times a day, starting 07/31/2024. Resident 1 had refused 137 of 137 doses from 01/01/2025 to 03/10/2025. The EMAR showed no communication with the physician regarding the refusals.

Review of January, February, and March 2025 progress notes showed no communication with Resident 1's physician regarding the

refusals.

Resident 6

Review of Resident 6's face sheet, dated 03/10/2025, showed Resident 6 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 6's Service Plan Report, dated 03/07/2025, showed that Resident 6 required medication assistance from the ALF.

Review of Resident 6's January and March 2025 EMARs showed the following:

A physician's order for Lidocaine External Patch 5% (used to treat pain), one patch to be applied on the skin to affected area daily, starting 10/03/2024. Resident 6 had refused 20 of 20 doses from 01/01/2025 to 01/20/2025 and refused 5 of 5 doses from 03/08/2025 to 03/12/2025. The EMAR showed no communication with the physician regarding the refusals.

A physician's order for Refresh Tears Solution (used for eye irritation), 1 drop in both eyes three times a day, starting 06/02/2023. Resident 6 had refused 24 of 60 doses from 01/01/2025 to 01/20/2025. The EMAR showed no communication with the physician regarding the refusals.

A physician's order for Debrox Otic Solution 6.5% (used for earwax blockage), 5 drops in both ears two times daily, starting 03/06/2025. Resident 6 refused 7 of 12 doses from 03/06/2024 to 03/12/2025. The EMAR showed no communication with the physician regarding the refusals.

Review of January and March 2025 progress notes showed no communication with Resident 6's physician regarding the refusals.

Resident 7

Review of Resident 7's face sheet, dated 03/10/2025, showed that Resident 7 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 7's Service Plan Report, dated 10/17/2024, showed that Resident 7 required medication assistance from the ALF.

Review of Resident 7's January, February, and March 2025 EMARs showed the following:

A physician's order for Furosemide Oral Tablet 20 MG (milligram) (used for high blood pressure), 20 MG by mouth one time a day, starting 04/09/2024. Resident 7 had refused 11 of 69 doses from 01/01/2025 to 03/10/2025. The EMAR showed no communication with the physician regarding the refusals.

A physician's order for Klor-Con Oral Tablet Extended Release 10 mEq (750 MG) (used to treat low potassium), 10 mEq by mouth one time a day, starting 04/09/2024. Resident 7 had refused 11 of 69 doses from 01/01/2025 to 03/10/2025. The EMAR showed no communication with the physician regarding the refusals.

A physician's order for Toprol XL Tablet Extended Release 24 Hour 100 MG (used for high blood pressure related to chronic atrial fibrillation unspecified), starting 05/24/2024. Resident 7 had refused 11 of 69 doses from 01/01/2025 to 03/10/2025. The EMAR showed no communication with the physician regarding the refusals.

A physician's order for Diltiazem Hydrochloride tablet (used to treat high blood pressure), 120 MG by mouth two times a day, starting 02/28/2024. Resident 7 had refused 18 of 118 doses from 01/01/2025 to 02/28/2025. The EMAR showed no communication with the physician regarding the refusals.

Review of January, February, and March 2025 progress notes showed no communication with Resident 7's physician regarding the refusals.

Resident 8

Review of face sheet, dated 03/10/2025, showed that Resident 8 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted].

Review of Resident 8's Service Plan Report, dated 10/05/2024, showed that Resident 8 required medication assistance from the ALF.

Review of Resident 8's January, February, and March 2025 EMAR's showed the following:

A physician's order for Senna Oral Tablet 8.6 MG (used to treat constipation) one tablet by mouth at bedtime, started 07/03/2024. Resident 8 had refused 60 of 68 doses from 01/01/2025 to 03/09/2025. The EMAR showed no communication with the physician

regarding the refusals.

A physician's order for Systane Complete Solution (used for dry eyes), 1 drop in both eyes three times a day, starting 05/04/2022. Resident 8 had refused 129 of 205 doses from 01/01/2025 to 03/10/2025. The EMAR showed no communication with the physician regarding the refusals.

Review of January, February, and March 2025 progress notes showed no communication with Resident 8's physician regarding the refusals.

On 03/12/25 at 2:35 PM, Staff G, Assisted Living Nurse Manager, stated that they did not have documentation to show communication with Resident 1, 6, 7, or 8's physician's when those residents refused medications, nor did they have a system in place where a qualified staff member completed an evaluation to determine the significance of the resident not getting his or her medication.

On 03/12/2025 at 3:05 PM, Staff I, Resident Care Coordinator, stated that if a resident refused medication(s) staff are to ask three times and if the resident still refused, they destroyed the medication, documented in the EMAR, and notified the Assisted Living Nurse Manager or other Registered Nurse. Staff I was unable to provide any documentation of communication with Resident 1, 6, 7, or 8's physicians.

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