STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Regency Long Beach, LLC
GOLDEN SANDS AT KLIPSAN BEACH
21608 O LANE
OCEAN PARK, WA 98640

RE: GOLDEN SANDS AT KLIPSAN BEACH License # 1970

Dear Administrator:

This letter addresses Compliance Determination(s) 58689 (Completion Date 05/05/2025) and 56827 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/05/2025 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-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 an unannounced off-site follow-up on 03/24/2025 and 03/28/2025 of:

GOLDEN SANDS AT KLIPSAN BEACH
21608 O LANE
OCEAN PARK, WA 98640

This document references the following SOD dated: 03/31/2025

The following sample was selected for review during the unannounced off-site verification: 8 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the off-site verification(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.

Jody Just
Residential Care Services

04/10/2025
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.

E-M.
Administrator (or Representative)

4/19/25
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 1 of 3 sampled staff (Staff H) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection follow up on 03/26/2026 at 6:26 PM, the department received the requested staff documents.

Record review for Staff H, caregiver, showed that Staff H was hired on 03/14/2025. Review of Staff H's documents showed no documentation of a TB test being completed.

On 03/27/2026 at 12:01 PM, Staff A, Executive Director, stated that Staff H's TB test wasn't complete.

As a result of the off-site verification(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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 1 of 3 sampled staff (Staff H) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection follow up on 03/26/2025 at 6:26 PM, the department received the requested staff documents.

Record review for Staff H, caregiver, showed that Staff H was hired on 03/14/2025. Review of Staff H’s documents showed no documentation of a TB test being completed.

On 03/27/2025 at 12:01 PM, Staff A, Executive Director, stated that Staff H’s TB test wasn’t complete.

On 03/27/2025 at 6:16 PM, Staff A confirmed that Staff H had onboarded on 03/14/2025, had training on 03/18/2025, and worked on 03/20/2025, 03/22/2025, and 03/23/2025. Staff A also confirmed that a first step had not been initiated yet.

On 03/31/2025 at 12:37 PM, Staff A acknowledged that Staff H did not have her TB test initiated within three days of employment.

This is an uncorrected deficiency previously cited on 01/28/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 4/25/25.

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

E. M. — Administrator (or Representative)

4/19/25 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 2 of 4 sampled residents (Resident 4 and 11). This failure placed these two residents at risk for proper care needs not being met.

Findings included...

Resident 4 (R4)

During an unannounced licensing full inspection follow up on 03/27/2025 at 9:05 AM, R4's records showed that they admitted to the facility on [redacted] 2024 with various diagnoses including [redacted] ([redacted]).

On 03/27/2025 at 6:18 PM, Staff A confirmed that Staff H had onboarded on 03/14/2025, had training on 03/16/2025, and worked on 03/20/2025, 03/22/2025, and 03/23/2025. Staff A also confirmed that a first step had not been initiated yet.

On 03/31/2025 at 12:37 PM, Staff A acknowledged that Staff H did not have her TB test initiated within three days of employment.

This is an uncorrected deficiency previously cited on 01/29/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH 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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 2 of 4 sampled residents (Resident 4 and 11). This failure placed these two residents at risk for proper care needs not being met.

Findings included…

Resident 4 (R4)

During an unannounced licensing full inspection follow up on 03/27/2025 at 9:05 AM, R4's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]

[redacted].

Record review of R4's Negotiated Service Agreement (NSA), with a print date of 03/27/2025, showed documentation that R4 had [redacted] with an initiation date of 10/22/2024.

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R4 had [redacted].

Resident 11 (R11)

On 03/27/2025 at 9:04 AM, R11's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Record review of R11's NSA, with a print date of 03/27/2025, showed documentation that R11 utilizes bed rails as a supportive or transfer device, and was initiated on 03/14/2025.

Record review of the facility's RCR showed no documentation that R11 utilizes any medical devices.

On 03/31/2025 at 12:37 PM, Staff A, Executive Director, acknowledged that the facility's RCR did not match R4's NSA regarding the diagnosis of [redacted] and that R11's medical device was not documented on the RCR.

This is an uncorrected deficiency previously cited on 01/29/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 4/25/25.

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

E. M.
Administrator (or Representative)

4/19/25
Date

[redacted]).

Record review of R4's Negotiated Service Agreement (NSA), with a print date of 03/27/2025, showed documentation that R4 had [redacted] with an initiation date of 10/22/2024.

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R4 had [redacted].

Resident 11 (R11)

On 03/27/2025 at 9:04 AM, R11's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]).

Record review of R11's NSA, with a print date of 03/27/2025, showed documentation that R11 utilizes bed rails as a supportive or transfer device, and was initiated on 03/14/2025.

Record review of the facility's RCR showed no documentation that R11 utilizes any medical devices.

On 03/31/2025 at 12:37 PM, Staff A, Executive Director, acknowledged that the facility's RCR did not match R4's NSA regarding the diagnosis of [redacted], and that R11's medical device was not documented on the RCR.

This is an uncorrected deficiency previously cited on 01/29/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH 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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 2 of 7 sampled residents (Resident 10 and 11). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included…

During an unannounced licensing full inspection follow up on 03/26/2025 at 6:26 PM, the department received the requested resident documents.

Resident 10 (R10)

On 03/27/2025 at 9:04 AM, R10's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]).

Resident 11 (R11)

On 03/27/2025 at 9:04 AM, R11's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]).

Review of the resident's documents showed no signed Medicaid policy for R10 and R11.

On 03/27/2025 at 12:01 PM, Staff A, Executive Director, stated that they didn't know that the Medicaid policy would apply to R11.

On 03/31/2025 at 12:37 PM, Staff A verbalized understanding that all residents living in the facility need to have a Medicaid policy signed and kept in their records.

This is an uncorrected deficiency previously cited on 01/29/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 4/25/25.

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

E. M. — Administrator (or Representative)

4/19/25 — Date

On 03/27/2025 at 12:01 PM, Staff A, Executive Director, stated that they didn't know that the Medicaid policy would apply to R11.

On 03/31/2025 at 12:37 PM, Staff A verbalized understanding that all residents living in the facility need to have a Medicaid policy signed and kept in their records.

This is an uncorrected deficiency previously cited on 01/29/2025.

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, GOLDEN SANDS AT KLIPSAN BEACH 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 01/27/2025 and 01/29/2025 of:

GOLDEN SANDS AT KLIPSAN BEACH
21608 O LANE
OCEAN PARK, WA 98640

The following sample was selected for review during the unannounced on-site visit: 9 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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 — 01/31/2025 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) — 2/6/25 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:

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 5 sampled staff (Staff A, E, F) had completed and/or had documentation of them completing their required basic training, specialty training, and/or first aid/cardiopulmonary resuscitation (CPR) per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection on 01/27/2025 at 10:00 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 08/05/2024. Review of Staff A's personnel records showed no documentation that Staff

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

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(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:

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 5 sampled staff (Staff A, E, F) had completed and/or had documentation of them completing their required basic training, specialty training, and/or first aid/cardiopulmonary resuscitation (CPR) per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included…

During an unannounced licensing full inspection on 01/27/2025 at 10:00 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 08/05/2024. Review of Staff A's personnel records showed no documentation that Staff

A had completed the required dementia and mental health specialty training.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 03/22/2024. Review of Staff E's personnel records showed no documentation that Staff A had completed the required dementia and mental health specialty training, and/or first aid/CPR training.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 10/24/2023. Review of Staff F's personnel records showed no documentation that Staff F had completed the required dementia and mental health specialty training, first aid/CPR training, and/or food handler's training.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 3/15/25.

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

E. M. — Administrator (or Representative)

2/6/25 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated

A had completed the required dementia and mental health specialty training.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 03/22/2024. Review of Staff E's personnel records showed no documentation that Staff A had completed the required dementia and mental health specialty training, and/or first aid/CPR training.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 10/24/2023. Review of Staff F's personnel records showed no documentation that Staff F had completed the required dementia and mental health specialty training, first aid/CPR training, and/or food handler's training.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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, GOLDEN SANDS AT KLIPSAN BEACH 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-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated

service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Negotiated Service Agreement (NSA) was agreed to and signed within 30-days of admission to the facility and/or at least annually for 7 of 9 sampled residents (Resident 1, 3, 5, 6, 7, 8, and 9). This failure placed these residents at risk for proper care needs not being met.

Findings included…

Resident 1 (R1)
During an unannounced licensing full inspection on 01/28/2025 at 10:20 AM, R1's records showed that R1 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted], and [redacted].

Record review of R1's NSA, dated 12/06/2024, showed no signature from R1 or R1's representative to confirm that the NSA was discussed and agreed to by R1 or R1's representative prior to initiation of the NSA.

During an interview on 01/28/2025 at 1:20 PM, Staff B, Regional Director, stated that they do not have a signed copy of R1's NSA.

Resident 3 (R3)
On 01/28/2025 at 10:50 AM, R3's records showed that R3 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]), [redacted] and [redacted] ([redacted]), [redacted].

Record review of R3's NSA, dated 01/07/2025, showed no signature from R3 or R3's

representative to confirm that the NSA was discussed and agreed to by R3 or R3's representative prior to initiation of the NSA. A signature page was provided with R3's signature, dated 11/15/2024, for an NSA dated 05/25/2024.

Resident 5 (R5)
On 01/28/2025 at 12:00 PM, R5's records showed that R5 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Record review of R5's NSA, dated 01/05/2024, showed a signature from R5 on 01/09/2024. No other NSA's were provided with a date of 01/05/2025 or prior, to show that a current NSA had been discussed and agreed to in the last year for R5.

Resident 6 (R6)
On 01/28/2025 at 12:10 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]), [redacted].

Record review of R6's NSA dated 12/05/2024, showed that it was initiated on [redacted]/2024 and revised on 10/16/2024. No signatures were found for R6 or R6's representative.

Resident 7 (R7)
On 01/28/2025 at 2:50 PM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]), [redacted] ([redacted]) and [redacted].

Record review of R7's NSA dated 11/26/2024, showed that it was initiated on 09/02/2024 and revised on 09/10/2024 and 10/08/2024. A signature was provided for R7, dated 09/17/2024, for an NSA dated 09/10/2024. No other signatures were provided to show that the NSA's dated, 10/08/2024 and 11/26/2024, had been discussed and agreed to prior to initiation for R7.

Resident 8 (R8)
On 01/28/2025 at 3:15 PM, R8's records showed that R8 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R8's NSA dated 11/20/2024, showed that it was initiated on 09/10/2024, 10/07/2024, and 12/24/2024, and revised on 09/10/2024, 10/08/2024, and 12/24/2024. A signature was provided for R8 dated 11/05/2024. No other signatures were provided to show that the NSAs dated, 11/20/2024 and revised on 12/24/2024, had been discussed and agreed to prior to initiation for R8.

Resident 9 (R9)
On 01/28/2025 at 2:50 PM, R9's records showed that R9 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted].

Record review of R9's NSA dated 11/20/2024, showed that it was initiated on 08/17/2024, and revised on 08/22/2024 and 09/24/2024. A signature was provided for R9 with no date to show when the NSA had been discussed and agreed to prior to initiation for R9.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 3/15/25

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

E. M. — Administrator (or Representative)

2/6/25 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, E, F) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Resident 9 (R9)
On 01/28/2025 at 2:50 PM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R9's NSA dated 11/20/2024, showed that it was initiated on 08/17/2024, and revised on 08/22/2024 and 08/24/2024. A signature was provided for R9 with no date to show when the NSA had been discussed and agreed to prior to initiation for R9.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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, GOLDEN SANDS AT KLIPSAN BEACH 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, E, F) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

During an unannounced licensing full inspection on 01/29/2025 at 10:00 AM, the department received the requested staff documents

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 09/05/2024. Review of Staff A's personnel records showed a first step TB test on 09/18/2024 and results read on 09/20/2024. No second step TB test was provided.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 03/22/2024. Review of Staff E's personnel records showed a first step TB test completed on 05/28/2024 and results read on 05/29/2024. Documentation showed the second step TB test was completed on 06/19/2024 and results read on 06/22/2024.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 10/24/2023. Review of Staff F's personnel records showed no documentation of a TB test being completed.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A acknowledged that the TB test for Staff A and E was not completed within three days of hire and/or the second step was not completed. Staff A also acknowledged that Staff F had no documentation that a TB test was completed.

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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 3/15/25

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

E. M. — Administrator (or Representative)

2/6/25 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

During an unannounced licensing full inspection on 01/28/2025 at 10:00 AM, the department received the requested staff documents.

Staff A
Record review for Staff A, Executive Director, showed that Staff A was hired on 08/05/2024. Review of Staff A's personnel records showed a first step TB test on 09/18/2024 and results read on 09/20/2024. No second step TB test was provided.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 03/22/2024. Review of Staff E's personnel records showed a first step TB test completed on 05/26/2024 and results read on 05/29/2024. Documentation showed the second step TB test was completed on 06/19/2024 and results read on 06/22/2024.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 10/24/2023. Review of Staff F's personnel records showed no documentation of a TB test being completed.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A acknowledged that the TB test for Staff A and E was not completed within three days of hire and/or the second step was not completed. Staff A also acknowledged that Staff F had no documentation that a TB test was completed.

Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 3 of 12 sampled residents (Resident 2, 8, and 10). This failure placed these three residents at risk for proper care needs not being met.

Findings included…

Resident 1 (R1)
During an unannounced licensing full inspection on 01/28/2025 at 10:20 AM, R1's records showed that R1 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted], and [redacted].

Record review of R1's negotiated service agreement, dated 12/06/2024, documented R1 as having a vision deficit, a pressure ulcer, and receiving home health services.

Record review of R1's assessment, dated 12/12/2024, confirmed R1 as having a vision deficit, a pressure ulcer, and receiving home health services.

Record review of the facility's resident characteristics roster (RCR) documented that R1 requires nurse delegation. The RCR did not document R1 as having a vision deficit, a pressure ulcer, and receiving home health services.

During an interview on 01/28/2025 at 3:45 PM, Staff C, Wellness Director, confirmed that R1 does not require nurse delegation.

Resident 4 (R4)
On 01/28/2025 at 1:15 PM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R4's NSA, dated [redacted]/2024, showed documentation that R4 was a diabetic and that R4 was independent with most activities of daily living (ADL).

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R4 was a diabetic and the box for assistance with ADLs was left blank.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

Plan/Attestation Statement

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E. M. — Administrator (or Representative)

2/6/25 — Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, 6). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged the department's findings.

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, GOLDEN SANDS AT KLIPSAN BEACH 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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 6 of 6 sampled residents (Resident 1, 2, 3, 4, 5, 6). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included…

Resident 1 (R1)
During an unannounced licensing full inspection on 01/28/2025 at 10:20 AM, R1's records showed that R1 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted] and [redacted].

Resident 2 (R2)
On 01/28/2025 at 10:45 AM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Resident 3 (R3)
On 01/28/2025 at 10:50 AM, R3's records showed that R3 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]), [redacted] and [redacted] ([redacted]), [redacted].

Resident 4 (R4)
On 01/28/2025 at 1:15 PM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including[redacted].

Resident 5 (R5)
On 01/28/2025 at 12:00 PM, R5's records showed that R5 admitted to the facility on [redacted]2023 with various diagnoses including [redacted] and [redacted].

Resident 6 (R6)
On 01/28/2025 at 12:10 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]), [redacted].

Review of the resident records showed no Medicaid policy for R1, 2, 3, 4, 5, and 6.

During an exit interview on 01/29/2025 at 10:00 AM, Staff A, Executive Director, acknowledged that there were no Medicaid policies for R1, 2, 3, 4, 5, and 6.

Plan/Attestation Statement

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

E. M. — Administrator (or Representative)

2/6/25 — Date

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date