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

CHINA CREEK VI LLC
REGENCY NEWCASTLE
7454 NEWCASTLE GOLF CLUB ROAD
NEWCASTLE, WA 98059

RE: REGENCY NEWCASTLE License # 2018

Dear Administrator:

This letter addresses Compliance Determination(s) 26318 (Completion Date 07/07/2023) and 23173 (Completion Date 05/09/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/07/2023 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-2202-2

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: REGENCY NEWCASTLE **Provider Type:** Assisted Living Facility
License/Cert.#: 2018
Compliance Determination #: 23173 **Intake ID:** 78318
Investigator: Deborah Corlis **Region/Unit #:** RCS Region 2 / Unit D
Investigation Date(s): 04/28/2023 through 05/09/2023
Complainant Contact Date(s): 04/27/2023

Allegation(s):
Facility refused respite resident's return following hospitalization

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 2 Closed records sample size: 1
Observations:	Facility environment, common areas, resident to staff interactions, adequate staffing, resident apartment.
Interviews:	Complainant, Executive Director, Wellness Director, Business Office Manager, named resident.
Record Reviews:	Characteristic Roster, Face sheet, care plan, progress/alert charting notes, Assisted Living Resident Rental Agreements.

Investigation Summary:
The department investigated the resident's hospitalization and the facilities refusal to allow residents return. Interviews and documentation showed resident was at the facility on respite, renewed their rental agreement three times, and refused to become a permanent resident. Failed practice identified when the facility renewed resident's rental agreement, serving them as respite for 73 days. See statement of deficiency.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2018	Compliance Determination # 23173
Plan of Correction	REGENCY NEWCASTLE	Completion Date
Page 1 of 3	Licensee: CHINA CREEK VI LLC	05/09/2023

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 on-site complaint investigation on 04/28/2023 and 04/28/2023 of:

REGENCY NEWCASTLE
7454 NEWCASTLE GOLF CLUB ROAD
NEWCASTLE, WA 98059

This document references the following complaint number(s): 78318

The following sample was selected for review during the unannounced on-site visit: 2 of 58 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
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

05-12-2023
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) — 5-24-23 Date

WAC 388-78A-2202 Respite General. An assisted living facility:

(2) Must limit the length of stay for an individual on respite to thirty calendar days or less; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 1 sampled resident's (Resident 1) completed their respite stay within thirty days or less, per requirement.

Findings included...

Record review of Resident 1's face sheet showed that Resident 1 moved into the community on [redacted]/2023 for private pay respite care. The face sheet showed Resident 1 discharged on [redacted]/2023. Resident 1's records showed Resident 1 stayed at the facility on respite services for a total of 73 days.

Review of Resident 1's first signed Assisted Living Resident Rental Agreement showed Resident 1's initial respite stay started on 01/30/2023 with an end date of 02/28/2023. Resident 1 signed the contract on 01/27/2023. Review of Resident 1's second signed rental agreement showed Resident 1 started a second respite stay on 02/28/2023, with an end date of 03/30/2023. Resident 1 signed the second contract on 03/22/2023. Review of Resident 1's third signed rental agreement showed Resident 1 started a third respite stay on 03/31/2023, with an end date of 04/30/2023. Resident 1 signed the third contract on 03/22/2023.

During an interview on 04/28/2023 at 11:05 AM, Staff A stated that Resident 1 renewed their rental agreement three different times. Staff A stated that Resident 1 refused to move into the community permanently. Staff A further stated that Resident 1 had no safe discharge plan available.

During an interview on 05/04/2023 at 1:38 PM, Resident 1 stated that they were a temporary resident only. Resident 1 stated that they renewed the rental agreement with the facility a few times. Resident 1 further stated their home was not livable due to tree and water damage. Resident 1 also stated that the facility told Resident 1 that they could only stay in the facility for three months without becoming a permanent resident.

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 NEWCASTLE 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)

5-24-23
Date