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

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

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

RE: REGENCY NEWCASTLE # 2018

Dear Administrator:

This document references Compliance Determination 54003 (02/04/2025), which included complaint number(s) 161346, 162098.

The Department completed a complaint investigation of your Assisted Living Facility on 02/04/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Deborah Corlis, Complaint Investigator

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

The facility failed to notify the agency responsible to pay for the care and services of two residents who were relocated to the hospital. During the investigation, the facility explained the new process and training implemented to ensure all agencies involved in resident care were notified of any changes in resident status.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:
• Please contact me at (253)234-6020.

Sincerely,

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: REGENCY NEWCASTLE
Provider Type: Assisted Living Facility

License/Cert.#: 2018
Intake ID: 162098
Compliance Determination #: 54003
Region/Unit #: RCS Region 2 / Unit D
Investigator: Deborah Corlis
Investigation Date(s): 01/30/2025 through 02/04/2025
Complainant Contact Date(s):

Allegation(s):
Failure to report resident hospitalizations.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 2 Closed records sample size: 0
Observations:	Facility environment, common areas, resident to staff interactions, resident to resident interactions, adequate staffing.
Interviews:	Reporter, Executive Director, Regional Field Accountant.
Record Reviews:	Characteristic Roster, facility emails, reporter email, Medicaid Contract, Medicaid Policy.

Investigation Summary:
The Assisted Living Facility failed to notify the agency responsible to pay for care and services when two residents were hospitalized. Facility failed practice identified and corrected. See consultation statement.

Conclusion / Action:

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

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