STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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) 78819 (Completion Date 06/10/2026) and 76088 (Completion Date 05/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/10/2026 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

STATE OF WASHINGTON
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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 04/20/2026, 04/21/2026 and 04/22/2026 of:

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

This document references the following complaint numbers: 221125, 221284.

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, Nursing Consultant Institutional
Melissa Phillips, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 1736	Compliance Determination # 76088
Plan of Correction	REGENCY ON WHIDBEY	Completion Date
Page 2 of 4	Licensee: OAK HARBOR RETIREMENT COMMUNITY LLC	05/04/2026

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.

Jennie Swigen
Residential Care Services

5/13/2026
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.

Wilma Jo Flaherty
Administrator (or Representative)

05-18-26
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 staff (Staff A) had a Washington state name and date of birth background check completed every two years. This placed residents at risk for receiving care and services from staff whose current criminal background history was unknown.

Findings included...

Record review of employee files showed the ALF hired Staff A, Executive Director, on 10/17/2012. Staff A's file showed their Washington state name and date of birth background check expired on 02/20/2026. No current background check for Staff A was available for review.

In an interview, on 04/21/2026 at 3:17 PM, Staff H, Bookkeeper, confirmed that there was not a current Washington state name and date of birth background check for Staff A.

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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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(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 staff (Staff A) had a Washington state name and date of birth background check completed every two years. This placed residents at risk for receiving care and services from staff whose current criminal background history was unknown.

Findings included…

Record review of employee files showed the ALF hired Staff A, Executive Director, on 10/17/2012. Staff A’s file showed their Washington state name and date of birth background check expired on 02/20/2026. No current background check for Staff A was available for review.

In an interview, on 04/21/2026 at 3:17 PM, Staff H, Bookkeeper, confirmed that there was not a current Washington state name and date of birth background check for Staff A.

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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) 05-29-26

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

Administrator (or Representative) Wilma J. Flaherty Date 05-18-26

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to initiate and complete screening for tuberculosis (TB) for 1 of 3 sampled staff members (Staff B). This placed residents at risk of exposure to a communicable disease.

Findings included...

NOTE: Washington Administrative Code 388-78A-2484 - Tuberculosis—Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing: (1) An initial skin test within three days of employment; and (2) A second test done one to three weeks after the first test.

Review of staff records showed that the ALF hired Staff B, Aide, on 10/08/2025. Staff B's record showed no TB screening.

In an interview, on 04/22/2026 at 3:05 PM, Staff H, Bookkeeper, confirmed that Staff B had no documentation of a completed TB testing.

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Administrator (or Representative) Date

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Findings included…

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Statement of Deficiencies	License #: 1738	Compliance Determination # 76088
Plan of Correction	REGENCY ON WHIDBEY	Completion Date
Page 4 of 4	Licensee: OAK HARBOR RETIREMENT COMMUNITY LLC	05/04/2026

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Administrator (or Representative) Wilma J. Flaherty Date 05-18-26

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