STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 84709 (Completion Date 10/07/2026) and 82043 (Completion Date 08/14/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/07/2026 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-2090-1-a, WAC 388-78A-2090-6-e, WAC 388-78A-2090-8-a, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2651-2-a, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2390-3

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

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1970	Compliance Determination # 82043
Plan of Correction	GOLDEN SANDS AT KLIPSAN BEACH	Completion Date
Page 1 of 10	Licensee: Regency Long Beach, LLC	08/14/2026

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 08/11/2026 and 08/14/2026 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: 7 of 39 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, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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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.

Cory Cisneros
Residential Care Services

08/27/2026
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.

E. M.
Administrator (or Representative)

8/31/26
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: G & F

Based on interview and record review, the assisted living facility (ALF) failed to complete a Washington state name and date of birth background check every two years for 2 of 2 sampled staff (Staff B and F). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

Staff B G

Record review for Staff B, Resident Care Coordinator, documented that Staff B was hired on 10/13/2023. Review of Staff B's background checks showed two Washington state name and date of birth background checks, one completed on 10/10/2023 and the other on 08/11/2026. No other background checks were found to show that a Washington state name and date of birth background check had been completed within two years of the previous background check for Staff B.

Staff F

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Record review for Staff F, Cook, documented that Staff F was hired on 05/19/2022. Review of Staff F's background checks showed two Washington State name and date of birth background checks, one completed on 05/19/2022 and the other on 11/11/2025. No other background checks were found to show that a Washington state name and date of birth background check had been completed within two years of the previous background check for Staff F.

On 08/13/2026 at 12:05 PM, Staff A, Executive Director, acknowledged that they had failed to complete a Washington state name and date of birth background check within the required timeframe for Staff B and Staff F.

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) 9/24/26 .

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

Administrator (or Representative) [signature] Date 8/31/26

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the assisted living facility (ALF) failed to complete a full assessment including a licensed medical or health professional's diagnosis and the use of a medical device for 2 of 7 sampled residents (Resident 5 and 6). This failure placed these two residents at risk of their care needs not being met.

Findings included...

Resident 5 (R5) ✓
Review of R5's records showed that they were admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of the ALF's resident characteristic roster (RCR), undated, documented that R5 utilized a medical device.

On 08/12/2026 at 11:00 AM, Staff F, Resident Care Coordinator, confirmed that R5 utilized bed rails.

On 08/13/2026 at 11:05 AM, bed rails were observed on R5's bed.

Record review of R5's assessment dated 06/29/2026 documented that R5 did not utilize bed rails and/or any other medical device.

Resident 6 (R6) ✓
Review of R6's records showed that they were admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of the ALF's RCR, undated, documented that R6 was a non-insulin dependent diabetic and had home health services.

Record review of R6's outside health services coordination of care forms, dated 07/21/2026 and 07/28/2026, documented that R6 had a physical therapy intake completed on 07/21/2026 and a physical therapy visit on 07/28/2026.

On 08/12/2026 @ 12:37 PM, Staff A, Executive Director, confirmed that R6 was a diabetic and still had home health services.

On 08/13/2026 at 10:45 AM, a bed cane was observed on both sides of R6's bed.

Record review of R6's assessment, dated 06/29/2026, showed no documentation that

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R6 was a diabetic, had home health services, or used a medical device.

On 08/13/2026 at 12:05 PM, Staff A and Staff B, Wellness Director, stated that they were unaware that R6 had any bed canes, and acknowledged that the assessment for R6 had not been updated to accurately document R6's care needs and services.

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) 9/14/26 .

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

E. M. 8/31/26

Administrator (or Representative) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility (ALF) failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 1 of 7 sampled residents (Residents 6). This failure to develop a complete NSA placed this resident at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Review of Resident 6's (R6) records showed that they were admitted to the ALF on

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[redacted]/2026 with various diagnoses including [redacted].

Record review of the ALF's RCR, undated, documented that R6 was a non-insulin dependent diabetic and had home health services.

Record review of R6's outside health services coordination of care forms, dated 07/21/2026 and 07/28/2026, documented that R6 had a physical therapy intake completed on 07/21/2026 and a physical therapy visit on 07/28/2026.

On 08/12/2026 @ 12:37 PM, Staff A, Executive Director, confirmed that R6 was a diabetic and still had home health services.

On 08/13/2026 at 10:45 AM, a bed cane was observed on both sides of R6's bed.

Record review of R6's NSA, dated 06/29/2026, showed no documentation that R6 was a diabetic, had home health services, or used a medical device.

On 08/13/2026 at 12:05 PM, Staff A and Staff B, Wellness Director, stated that they were unaware that R6 had any bed canes and acknowledged that the NSA for R6 had not been updated to accurately document R6's care needs and services.

Plan/Attestation Statement

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Administrator (or Representative) Date 8/31/26

WAC 388-78A-2651 Written residency agreement Residents with medicaid as a payor.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

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This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure a written residency agreement had been completed and signed by the resident or their representative upon admission to the ALF for 3 of 3 sampled residents (Resident 3, 4, and 7) with [redacted] as a payor. This failure placed these three residents and/or their representatives at risk for being unaware of the rights and responsibilities of the facility and the resident specific to transfer and discharge prior to being admitted into the facility or when the new regulation had come into effect on January 1, 2026.

Findings included...

Resident 3 (R3)
Review of R3's documents showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of the ALF's resident characteristics roster (RCR) documented that R3 had [redacted] as a payor source.

Review of R3's records showed a residency agreement signed on 08/13/2026. No other residency agreement was found to show that R3 or their representative had signed one on or prior to 01/01/2026.

Resident 4 (R4)
Review of R4's records showed that they were admitted to the ALF on [redacted]/2024 with various diagnoses including [redacted].

Record review of the ALF's RCR, undated, documented that R4 had [redacted] as a payor source.

Review of R4's records showed a residency agreement signed on 08/12/2026. No other residency agreement was found to show that R4 or their representative had signed one on or prior to 01/01/2026.

Resident 7 (R7)
Review of R7's records showed that they were admitted to the ALF on [redacted]/2022 with various diagnoses including [redacted].

Record review of the ALF's RCR, undated, documented that R7 had [redacted] as a payor source.

Review of R7's records showed a residency agreement signed on 08/12/2026. No other

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residency agreement was found to show that R7 or their representative had signed one on or prior to 01/01/2026.

On 08/13/2026 at 12:05 PM, Staff A, Executive Director, acknowledged that there was no copy of the residency agreements for R3, R4, and R7 in their resident records and that one had just been completed and signed during the full inspection.

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) 9/14/26.

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

E. M. — Administrator (or Representative)

8/31/26 — 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;

(2) To allow the resident to communicate with family, medical providers, and others; and

(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the assisted living facility (ALF) failed to maintain a current characteristic roster accurately documenting resident care needs and services for 2 of 7 sampled residents (Residents 5 and 6). This failure placed these two residents at risk unmet care needs.

Findings included...

Resident 5 (R5)
Review of R5's records showed that they were admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

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Review of R5's records showed a family assist with medication plan dated 06/29/2026.

On 08/13/2026 at 11:05 AM, R5 confirmed that they were independent with medication management and that their family brought medications to the facility for them.

Record review of the ALF's resident characteristic roster (RCR), undated, documented that R5 was independent with medication management but showed no documentation that they had a family assistance with medications plan.

Resident 6 (R6)
Review of R6's records showed that they were admitted to the ALF on [redacted]/2026 with various diagnoses including [redacted].

Record review of R6's assessment and Negotiated Service Agreement (NSA), both dated 06/29/2026, documented that R6 had hearing deficits, used hearing aides, and required communication to be spoken in a louder volume. The assessment and NSA documented that R6 was incontinent of bowel and bladder. They also documented that R6 required special texture modifications (soft foods) to their diet.

Record review of R6's progress notes dated, [redacted]/2026 – [redacted]/2026, documented that R6 had a recent hospitalization.

On 08/13/2026 at 10:45 AM, a bed cane was observed on both sides of R6's bed.

Record review of the ALF's RCR, undated, showed no documentation that R6 had any hearing impairments, had incontinence with bowel and bladder, required any special dietary needs, used a medical device, or that R6 had been hospitalized within the last 60 days.

On 08/13/2026 at 12:05 PM, Staff A, Executive Director, acknowledged that the ALF's RCR had not been updated to accurately document R5 and R6's care needs and services.

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Statement of Deficiencies	License #: 1970	Compliance Determination # 82043
Plan of Correction	GOLDEN SANDS AT KLIPSAN BEACH	Completion Date
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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, GOLDEN SANDS AT KLIPSAN BEACH is or will be in compliance with this law and / or regulation on (Date) 9/14/26 .

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

Administrator (or Representative) E. M. Date 8/31/26

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