STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SHIRMELA GADDAM
MOUNTLAKE AFH
5709 236TH ST SW
MOUNTLAKE TERRACE, WA 980435117

RE: MOUNTLAKE AFH License # 402000

Dear Provider:

This letter addresses Compliance Determination(s) 64287 (Completion Date 08/18/2025) and 62956 (Completion Date 07/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/18/2025 and found that you have corrected the violations listed in the Full report dated 07/28/2025. Your home is back in compliance as of 08/04/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10750-7, WAC 388-76-10485-1, WAC 388-76-10129-1-a, WAC 388-76-10129-1-e, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 402000	Compliance Determination #62956
Plan of Correction	MOUNTLAKE AFH	Completion Date
Page 1 of 6	Licensee: SHIRMELA GADDAM	07/28/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 07/22/2025 of:
MOUNTLAKE AFH
5709 236TH ST SW
MOUNTLAKE TERRACE, WA 98043

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 402000	Compliance Determination #62956
Plan of Correction	MOUNTLAKE AFH	Completion Date
Page 2 of 6	Licensee: SHIRMELA GADDAM	07/28/2025

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.

Rena' Bourque
Residential Care Services

07/30/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

S. Gaddam
Provider (or Representative)

8/7/2025
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury or illness if they accessed toxic chemicals.

Findings included...

Observation, on 07/22/2025 at 9:20 AM, showed cleaning supplies located in the unlocked cupboard underneath the kitchen sink. These cleaning supplies included dishwasher detergent pods, a metal polish aerosol spray, and "Soil and Stain Remover" laundry spray.

Observation, on 07/22/2025 at 9:53 AM, of the bathroom closest to bedrooms D and E (Bathroom 1), showed cleaning supplies located in the unlocked cupboard underneath the sink. These cleaning supplies included Lysol spray, glass cleaner aerosol spray, and Scrubbing Bubbles shower cleaner spray.

Observation, on 07/22/2025 at 9:57 AM, of the bathroom closest to bedrooms A and C (Bathroom 2), showed a jug of liquid laundry detergent in the unlocked cupboard underneath the sink.

In an interview, on 07/22/2025 at 9:20 AM, Staff B, Caregiver, stated that all chemicals

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.

Renee' Bourgue
Residential Care Services

07/30/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury or illness if they accessed toxic chemicals.

Findings included...

Observation, on 07/22/2025 at 9:20 AM, showed cleaning supplies located in the unlocked cupboard underneath the kitchen sink. These cleaning supplies included dishwasher detergent pods, a metal polish aerosol spray, and "Soil and Stain Remover" laundry spray.

Observation, on 07/22/2025 at 9:53 AM, of the bathroom closest to bedrooms D and E (Bathroom 1), showed cleaning supplies located in the unlocked cupboard underneath the sink. These cleaning supplies included Lysol spray, glass cleaner aerosol spray, and Scrubbing Bubbles shower cleaner spray.

Observation, on 07/22/2025 at 9:57 AM, of the bathroom closest to bedrooms A and C (Bathroom 2), showed a jug of liquid laundry detergent in the unlocked cupboard underneath the sink.

In an interview, on 07/22/2025 at 9:20 AM, Staff B, Caregiver, stated that all chemicals

are stored in the locked shed located in the backyard. Staff B was observed moving all of the cleaning supplies from the kitchen, Bathroom 1, and Bathroom 2 to the locked storage area in the shed.

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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 7/24/2025.

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

S. Gaddam
Provider (or Representative)

8/7/2025
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all medication was kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury from accessing unlocked medications.

Findings included...

Observation, on 07/22/2025 at 9:19 AM, showed a bag containing a medication located inside the door of the unlocked refrigerator. Further observation showed this medication was Lantus (used to control blood glucose).

In an interview, on 07/22/2025 at 9:18 AM, Staff B, Caregiver, stated that the medication was their own. Staff B stated that this medication was not prescribed to any of the residents at the AFH. Staff B immediately removed the Lantus from the unlocked refrigerator.

are stored in the locked shed located in the backyard. Staff B was observed moving all of the cleaning supplies from the kitchen, Bathroom 1, and Bathroom 2 to the locked storage area in the shed.

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, MOUNTLAKE AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all medication was kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury from accessing unlocked medications.

Findings included...

Observation, on 07/22/2025 at 9:18 AM, showed a bag containing a medication located inside the door of the unlocked refrigerator. Further observation showed this medication was Lantus (used to control blood glucose).

In an interview, on 07/22/2025 at 9:18 AM, Staff B, Caregiver, stated that the medication was their own. Staff B stated that this medication was not prescribed to any of the residents at the AFH. Staff B immediately removed the Lantus from the unlocked refrigerator.

Statement of Deficiencies	License #: 402006	Compliance Determination #:62956
Plan of Correction	MOUNTLAKE AFH	Completion Date
Page 4 of 6	Licensee: SHIRMELA GADDAM	07/28/2025

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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 7/23/2025.

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

S. Gaddam — Provider (or Representative)

8/7/2025 — Date

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 staff (Staff A, Provider, and Staff B, Caregiver) had documentation of skills testing or demonstration for their CPR and first aid training. This failure placed Residents 1, 2, 3, 4, and 5 at risk of not receiving appropriate life-saving care in the event of a medical emergency.

Findings included...

Review of staff records showed Staff A completed, "Adult/Infant/Child CPR & First Aid" training on 04/09/2024. The certificate of completion showed an expiration date of 04/09/2026. The certificate did not reference skills testing or demonstration.

Review of staff records showed Staff B completed, "CPR/AED: Adult, Child, Infant + First Aid (BLS)" training on 01/11/2025. The certificate of completion showed an expiration date of 01/11/2027. The certificate did not reference skills testing or demonstration.

In an interview, on 07/22/2025 at 1:47 PM, Staff B stated that the First Aid and CPR training included a video demonstration. Staff B stated that the training did not include skills testing or demonstration.

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, MOUNTLAKE AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 staff (Staff A, Provider, and Staff B, Caregiver) had documentation of skills testing or demonstration for their CPR and first aid training. This failure placed Residents 1, 2, 3, 4, and 5 at risk of not receiving appropriate life-saving care in the event of a medical emergency.

Findings included...

Review of staff records showed Staff A completed, "Adult/Infant/Child CPR & First Aid" training on 04/09/2024. The certificate of completion showed an expiration date of 04/09/2026. The certificate did not reference skills testing or demonstration.

Review of staff records showed Staff B completed, "CPR/AED: Adult, Child, Infant + First Aid (BLS)" training on 01/11/2025. The certificate of completion showed an expiration date of 01/11/2027. The certificate did not reference skills testing or demonstration.

In an interview, on 07/22/2025 at 1:47 PM, Staff B stated that the First Aid and CPR training included a video demonstration. Staff B stated that the training did not include skills testing or demonstration.

Statement of Deficiencies	License #: 402306	Compliance Determination #:52956
Plan of Correction	MOUNTLAKE AFH	Completion Date
Page 5 of 6	Licensee: SHIRMELA GADDAM	07/28/2025

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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 8/4/2025 .

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

S. Gaddam
Provider (or Representative)

8/7/2025
Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activites not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Services (Admission Agreement) at least once every 24 months to 2 of 5 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of not being fully informed of their rights and of the services provided by the AFH.

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, MOUNTLAKE AFH 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Services (Admission Agreement) at least once every 24 months to 2 of 5 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of not being fully informed of their rights and of the services provided by the AFH.

Statement of Deficiencies	License #: 402000	Compliance Determination #:62956
Plan of Correction	MOUNTLAKE AFH	Completion Date
Page 6 of 6	Licensee: SHIRMELA GADDAM	07/28/2025

Findings included...

Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2017. Record review showed Resident 2's Admission Agreement was last signed on 12/28/2021. There was no evidence the AFH gave Resident 2 or their representative a copy of the Admission Agreement to review, sign, and date again by December 2023.

Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]/2023. Record review showed Resident 3's Admission Agreement was last signed on 04/30/2023. There was no evidence the AFH gave Resident 3 or their representative a copy of the Admission Agreement to review, sign, and date again by April 2025.

In an interview, on 07/22/2025 at 11:10 AM, Staff B, Caregiver, stated that they did not know Admission Agreements needed to be updated every 24 months.

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, MOUNTLAKE AFH is or will be in compliance with this law and / or regulation on (Date) 7/24/2025.

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

S. Gaddam
Provider (or Representative)

8/7/2025
Date

Findings included...

Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]2017. Record review showed Resident 2's Admission Agreement was last signed on 12/28/2021. There was no evidence the AFH gave Resident 2 or their representative a copy of the Admission Agreement to review, sign, and date again by December 2023.

Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]2023. Record review showed Resident 3's Admission Agreement was last signed on 04/30/2023. There was no evidence the AFH gave Resident 3 or their representative a copy of the Admission Agreement to review, sign, and date again by April 2025.

In an interview, on 07/22/2025 at 11:10 AM, Staff B, Caregiver, stated that they did not know Admission Agreements needed to be updated every 24 months.

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, MOUNTLAKE AFH 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.

_____ _____
Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

07/30/2025

SHIRMELA GADDAM
MOUNTLAKE AFH
5709 236TH ST SW
MOUNTLAKE TERRACE, WA 980435117

RE: MOUNTLAKE AFH # 402000

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/28/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10550 Resident rights Adult family home staffing Notification required. The adult family home must provide the following information in writing to prospective residents before admission and current residents who were admitted before this requirement took effect:

(1) Information about the provider, entity representative, and resident manager, including:

(e) How to contact the provider, entity representative, and resident manager when not in the home.

The Adult Family Home (AFH) failed to ensure the owner's contact information was posted in a visible location in a common use area. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

The Adult Family Home failed to ensure that an expired medication was disposed of within 30 calendar days of expiration. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver, who disposed of the expired medication.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or

deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

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