STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

11/1/2023

DARLA & DOUGLAS LAUGHLIN
LAKESIDE GARDENS ON WISER LAKE
130 Misty Waters Ln
LYNDEN, WA 98264

RE: LAKESIDE GARDENS ON WISER LAKE License # 419600

Dear Provider:

This letter addresses Compliance Determination(s) 31824 (Completion Date 10/31/2023) and 30309 (Completion Date 10/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/31/2023 and found that you have corrected the violations listed in the Complaint report dated 10/05/2023. Your home is back in compliance as of 09/29/2023 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 388-76-10165-1-a

The Department staff who did the off-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: LAKESIDE GARDENS ON WISER LAKE
Provider Type: Adult Family Home
License/Cert.#: 419600
Intake ID: 98458
Compliance Determination #: 30309
Region/Unit #: RCS Region 2 / Unit B
Investigator: Jennifer Nichols
Investigation Date(s): 09/29/2023 through 10/05/2023
Complainant Contact Date(s):

Allegation(s):

1) The named Adult Family Home (AFH) staff members abused unnamed residents verbally and mentally.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Activities Resident rooms Staff to resident interactions Kitchen
Interviews:	Identified staff Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Facility policies Personnel files

Investigation Summary:

1) Sampled residents reported they had no concerns of abuse and felt the staff were meeting their care needs. Sampled staff reported they had not seen or had any report to them of any resident abuse. Record review showed the AFH had an abuse policy and had posted Ombuds and The Department's hotline numbers in a common area. Record review of staff background checks (BGC) showed two staff had expired BGCs. The AFH submitted and corrected the expired BGCs during the investigation. Staff BGC all showed suitable to care for vulnerable adults.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 419600	Compliance Determination # 30309
Plan of Correction	LAKESIDE GARDENS ON WISER LAKE	Completion Date
Page 1 of 3	Licensee: DARLA & DOUGLAS LAUGHLIN	10/05/2023

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 an unannounced on-site complaint investigation on 09/29/2023 and 09/29/2023 of:

LAKESIDE GARDENS ON WISER LAKE
130 Misty Waters Ln
LYNDEN, WA 98264

This document references the following complaint number(s): 98458

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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: 10/11/2023

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.

X [signature] Provider (or Representative) X 10/13/23 Date

WAC 388-76-10165 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 adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a new Washington State Name and Date of Birth background check (BGC) was submitted to the department's background central unit every two years for 2 of 9 staff (Staff A & F). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6) at risk of being cared for and having unsupervised access by someone with a disqualifying criminal background.

Findings included...

Record review of BGCs for Staff A (Provider) showed one was dated 06/01/2021 and another on 09/29/2023. Staff A's BGC was three months and four weeks overdue at the time of the investigation on 09/29/2023.

Record review of BGCs for F (Caregiver) showed one was dated 03/28/2021 and another on 10/02/2023. Staff F's BGC was six months overdue at the time of the investigation on 09/29/2023.

In an interview, on 10/05/2023 at 9:42 AM, Staff A stated that they forgot to submit the BGC for Staff A and Staff F at the two-year time frame because the notifications in their calendar did not notify them.

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, LAKESIDE GARDENS ON WISER LAKE is or will be in compliance with this law and / or regulation on (Date) X 9/19/23 10/2/23.

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

X _____ Provider (or Representative)

X 10/13/23 Date