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

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) 52972 (Completion Date 01/17/2025) and 47879 (Completion Date 11/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2025 and found that you have corrected the violations listed in the Complaint report dated 11/14/2024. Your home is back in compliance as of 01/01/2025 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 388-76-10430-2-d, WAC 388-76-10430-1, WAC 388-76-10430-3, WAC 388-76-10015-1

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

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit B
Residential Care Services

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 Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 09/27/2024, 10/02/2024 and 10/02/2024 of:

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

This document references the following complaint number(s): 145099, 149520

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

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to administer medications as prescribed for 1 of 5 residents (Resident 2). This failure placed Resident 2 at risk of medical complications and medication errors.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted]. Review of Resident 2's assessment, dated 08/22/2024, showed Resident 2 required caregiver assistance with medications.

Record review of Resident 2's faxed prescription from their health care provider office, dated 08/26/2024, showed that Resident 2 had an order for "CVS stool softener" 100 milligrams (mg). The faxed prescription did not include any further directions of quantity or frequency. Resident 2's record had no documentation that showed the AFH followed up with the health care provider to clarify the quantity and frequency of "CVS stool softener."

Record review of Resident 2's medication log (ML), dated September 2024, showed documentation that Resident 2's "stool softener" 100 mg was to be given daily. Resident 2's September 2024 ML showed staff documented their initials indicating they gave Resident 2 "stool softener" 100 mg 12 times during the month of September 2024, and that Resident 2 refused their "stool softener" 100 mg the remaining 14 days.

Observation, on 09/27/2024 at 3:28 PM, showed the AFH did not have any “stool softener” 100 mg onsite for Resident 2, but did have a bag with a manufacturer label that read Dulcolax Chews (a medication used to aid bowel irregularity) the main ingredient, Magnesium 1200 mg.

In an interview, on 09/27/2024 at 3:28 PM, Staff A (Entity Representative) stated that Resident 2 was given a Dulcolax Chew daily instead of the “stool softener” 100 mg. Staff A stated they were not aware Resident 2 was getting the wrong medication.

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)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 7 of 7 staff (Staff A (Entity Representative), Staff B (Entity Representative), Staff C (Caregiver), Staff D (Caregiver), Staff E (Caregiver), Staff F (Caregiver) and Staff G (Caregiver)) had no record of respirator fit testing. The AFH failed to obtain a medical test site waiver (MTSW) license as required prior to doing medical testing for residents. These failures placed residents at risk for unmet care needs and placed staff and residents at increased risk for illness and infection.

Findings included…

Respirator fit testing:
Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements

necessary in developing a respiratory protection program in a Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, “Respiratory Protection Program for Long-Term Care Facilities”, undated, showed healthcare employees must complete the facility’s site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of the AFH’s “Respiratory Protection Program for COVID-19 Prevention at Lakeside Gardens AFH”, updated 09/29/2024, showed that all employees that were required to wear a filtering facepiece respirator must pass an initial fit-test before using a respirator.

Review of Resident 4’s medication log, dated September 2024, showed they were prescribed a medication to treat Covid-19 (an illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze or talk) on 09/15/2024. Review of Resident 2’s medication log, dated September 2024, showed they were prescribed a medication to treat Covid-19 on 09/18/2024.

Record review of the AFH’s report to the Department, dated 10/02/2024, showed the AFH had an outbreak of Covid-19 that started on 09/15/2024.

In an interview, on 09/27/2024 at 2:22PM, Staff C reported that they used N95 respirators before entering Resident 2 and Resident 4’s rooms when the residents were positive for Covid-19.

In an interview, on 09/27/2024 at 3:35 PM, Staff A stated that staff wore N95 respirators during care assistance during the Covid-19 outbreak that started 09/15/2024. Staff A stated they did not have documentation of any initial fit testing of respirators for any staff yet but they were working on it.

MTSW license:
Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test (such as a Covid-19 test or blood sugar test), interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

In an interview, on 09/27/2024 at 3:35 PM, Staff A stated Staff E performed Covid-19 tests on all residents and staff. Staff A stated that they were not aware they had to have

a MTSW license.

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)_____ .

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

_____ _____

Provider (or Representative) Date