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

CRISTINA SUCIU
LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

RE: LAKE LEOTA SENIOR CARE License # 750810

Dear Provider:

This letter addresses Compliance Determination(s) 71383 (Completion Date 01/13/2026) and 69780 (Completion Date 12/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/13/2026 and found that you have corrected the violations listed in the Complaint report dated 12/16/2025. Your home is back in compliance as of 12/26/2025 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 388-76-10225-1-a, WAC 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-iii, WAC 388-76-10220-1

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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***



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 12/08/2025 of:

LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

This document references the following complaint number(s): 202442

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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 #: 750810 | Compliance Determination # 69780 |
|---|---|---|
| Plan of Correction | LAKE LEOTA SENIOR CARE | Completion Date |
| Page 2 of 5 | Licensee: CRISTINA SUCIU | 12/16/2025 |

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.

Renee Bourque — Residential Care Services — 12/17/2025 — 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) — 12/26/2025 — Date

**WAC 388-76-10225 Reporting requirement.**

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a report was made to the Department's centralized reporting unit (CRU) when AFH's Staff E (former caregiver) made allegation against Staff B (caregiver) of purposefully secluding 2 of 4 residents (Resident 2 and Resident 3) and washing 1 of 4 residents with potentially harmful solution ( Resident 3). This failure resulted in delayed management and investigation of potential abuse and neglect.

Findings included...

Observation on 12/08/2025 at 11:00 AM showed the AFH was providing care and various services for four residents.

Review of Resident 3's demographic data, undated, showed the AFH admitted Resident 3 on [redacted]/2022 with multiple medical diagnoses.

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 Bourque
Residential Care Services

12/17/2025
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

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(iii) To the local law enforcement agency when required by RCW 74.34.035 .

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a report was made to the Department's centralized reporting unit (CRU) when AFH's Staff E (former caregiver) made allegation against Staff B (caregiver) of purposefully secluding 2 of 4 residents (Resident 2 and Resident 3) and washing 1 of 4 residents with potentially harmful solution ( Resident 3). This failure resulted in delayed management and investigation of potential abuse and neglect.

Findings included...

Observation on 12/08/2025 at 11:00 AM showed the AFH was providing care and various services for four residents.

Review of Resident 3's demographic data, undated, showed the AFH admitted Resident 3 on [redacted]/2022 with multiple medical diagnoses.

Review of Resident 4's demographic data and negotiated care plan (NCP), dated 04/01/2025, showed the AFH admitted Resident 4 on [redacted]/2023 with multiple medical diagnosis.

In an interview, on 12/05/2025 at 3:44 PM, Staff E, former caregiver, reported that Staff B told Resident 2 and Resident 3 to go back to their rooms because they did not like the lunch Staff B made for them. Staff E stated that they reported the incident to Staff A, Provider, because they (Staff E) believed that this was involuntary seclusion for the residents. Staff E stated that they (Staff E) witnessed this kind of incident between residents and Staff B on two occasions in June and July of 2025.

Additionally, around the same time Staff E stated that they (Staff E) observed Staff B use a bleach solution to clean Resident 3's perineal area. Staff E stated that they (Staff E) confronted Staff B about using a bleach solution on Resident 3 and reported the observation to Staff A..

In an interview, on 12/08/2025 at 12:10 PM, Staff A stated that they were not aware of any allegations regarding possible resident seclusions occurring in the AFH. Staff A stated that they were aware of the allegation that Staff E made against Staff B washing Resident 3's perineal area with bleach solution. Staff A stated that this was not true because they checked the solution themselves at the time. Staff A stated that Staff E made allegations because they had ill intent and wanted Staff B to be fired, and that was the reason they (Staff A) did not make a report to the CRU because the allegations were not true. Staff A stated that if these allegations were made by anyone else but Staff E, they would have made the reporting to CRU. Staff A stated that they fired Staff B and Staff E because they did not get along and they bickered (fought) at each other. Staff A reported that they re-hired Staff B back three days after firing them.

In an interview, on 12/08/2025 at 12:40 PM, Staff B denied washing Resident 3's perineal area with bleach solution or secluding Resident 3 and Resident 4 by sending them to their rooms. Staff B stated that Staff A was aware of allegations that Staff E made against them and this was the reason that they got fired.

Review of Department's Safety, Tracking And Reporting System (STARS) showed that AFH did not make a report on either of the incidents with Resident 2 and Resident 3.

| Statement of Deficiencies | License #: 750810 | Compliance Determination # 69780 |
|---|---|---|
| Plan of Correction | LAKE LEOTA SENIOR CARE | Completion Date |
| Page 4 of 5 | Licensee: CRISTINA SUCIU | 12/16/2025 |

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 12/26/25

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

Provider (or Representative) 12/26/2025 Date

**WAC 388-76-10220 Incident log. The adult family home must keep a log of:**

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation:

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an incident log was made when AFH's Staff E (former caregiver) made allegations against Staff B (caregiver) purposefully secluding 2 of 4 residents (Resident 2 and Resident 3) and washing 1 of 4 residents with potentially harmful solution (Resident 3). This failure resulted in AFH not documenting allegations about Resident 2 and Resident 3 being involuntary secluded in their rooms and Resident 3's perineal area being potentially washed with harmful solution placing Resident 2 and Resident 3 at risk of potential abuse and neglect.

Findings included...

Observation on 12/08/2025 at 11:00 AM showed the AFH was providing care and various services for four residents.

Review of Resident 3's demographic data, undated, showed the AFH admitted Resident 3 on [redacted]/2022 with multiple medical diagnoses.

Review of Resident 4's demographic data and negotiated care plan (NCP), dated 04/01/2025, showed the AFH admitted Resident 4 on [redacted]/2023 with multiple medical diagnosis.

In an interview, on 12/05/2025 at 3:44 PM, Staff E, former caregiver, reported that Staff B, caregiver, told Resident 2 and Resident 3 to go back to their rooms because they did

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____
Provider (or Representative) Date

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(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an incident log was made when AFH's Staff E (former caregiver) made allegations against Staff B (caregiver) purposefully secluding 2 of 4 residents (Resident 2 and Resident 3) and washing 1 of 4 residents with potentially harmful solution (Resident 3). This failure resulted in AFH not documenting allegations about Resident 2 and Resident 3 being involuntary secluded in their rooms and Resident 3's perineal area being potentially washed with harmful solution placing Resident 2 and Resident 3 at risk of potential abuse and neglect.

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In an interview, on 12/05/2025 at 3:44 PM, Staff E, former caregiver, reported that Staff B, caregiver, told Resident 2 and Resident 3 to go back to their rooms because they did

not like the lunch Staff B made for them. Staff E stated that they (Staff E) reported the incident to Staff A, Provider, because they (Staff E) believed that this was involuntary seclusion for the residents. Staff E stated that they witnessed this kind of incident between residents and Staff B on two occasions in June and July of 2025.

Additionally, Staff E stated that around the same time they (Staff E) observed Staff B used a bleach solution to clean Resident 3's perineal area. Staff E stated that they (Staff E) confronted Staff B about it using a bleach solution on Resident 3, and reported the observation to Staff A.

Record review of AFH's incident log showed the AFH did not log allegations related to Resident 2 and Resident 3 incidents.

In an interview, on 12/08/2025 at 12:10 PM, Staff A stated that they did not document allegation incidents made by Staff E, caregiver, about Staff B.

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 12/26/2025 .

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

Provider (or Representative) 12/26/2025 Date

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Additionally, Staff E stated that around the same time they (Staff E) observed Staff B used a bleach solution to clean Resident 3's perineal area. Staff E stated that they (Staff E) confronted Staff B about it using a bleach solution on Resident 3, and reported the observation to Staff A.

Record review of AFH's incident log showed the AFH did not log allegations related to Resident 2 and Resident 3 incidents.

In an interview, on 12/08/2025 at 12:10 PM, Staff A stated that they did not document allegation incidents made by Staff E, caregiver, about Staff B.

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date