



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

JASMINA KAHRIMANOVIC
LAKE HILLS BLVD ADULT FAMILY HOME
609 163RD AVE SE
BELLEVUE, WA 98008

RE: LAKE HILLS BLVD ADULT FAMILY HOME License # 751784

Dear Provider:

This letter addresses Compliance Determination(s) 69313 (Completion Date 11/26/2025) and 67163 (Completion Date 10/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/26/2025 and found that you have corrected the violations listed in the Full report dated 10/17/2025. Your home is back in compliance as of 10/23/2025 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 388-76-10015-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Angelica Rios, ALF Licenser

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

Sincerely,

Lydia Ovwusu-Achsampong, Community Field Manager
Region 2, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751784	Compliance Determination # 67163
Plan of Correction	LAKE HILLS BLVD ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: JASMINA KAHRIMANOVIC	10/17/2025

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 10/10/2025 of:

LAKE HILLS BLVD ADULT FAMILY HOME
609 163RD AVE SE
BELLEVUE, WA 98008

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:

Angelica Rios, ALF Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.


Residential Care Services

10-23-2025
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)

10/23/2025
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 observation, interview and record review, the Adult Family Home (AFH) failed to have a 1 of 1 Medical Test Site Waiver (MTSW), a license required to perform certain medical tests in an AFH. This failure led to the AFH conducting tests on Resident 4 without an MTSW.

Findings included...

Observation on 10/10/2025 at 11:00 AM, showed Residents 4 lived in and received care from the AFH.

During an interview on 10/10/2025 at 11:30 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 was Diabetic (a chronic disease where the body doesn't properly regulate blood sugar levels) and dependent on insulin (a hormone that helps regulate blood sugar levels) injections. Staff A further stated that Resident 4 required regular blood sugar testing.

Review of Resident 4's October 2025 medication administration record, showed that Resident 4 required glucose testing twice daily.

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
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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.

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Findings included...

Observation on 10/10/2025 at 11:00 AM, showed Residents 4 lived in and received care from the AFH.

During an interview on 10/10/2025 at 11:30 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 was Diabetic (a chronic disease where the body doesn't properly regulate blood sugar levels) and dependent on insulin (a hormone that helps regulate blood sugar levels) injections. Staff A further stated that Resident 4 required regular blood sugar testing.

Review of Resident 4's October 2025 medication administration record, showed that Resident 4 required glucose testing twice daily.

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During an interview on 09/11/2025 at 4:45 PM, Staff A stated that they were not aware a MTSW was required for glucose testing in the home. Staff A further stated that they would apply for MTSW.

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 HILLS BLVD ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on

(Date) 10/23/2025

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

Jasmina Kahrmanovic
Provider (or Representative)

10/23/2025
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:
 - (c) Medication log is kept current as required in WAC 388-76-10475 ;
 - (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 ensure all prescribed medications were available for 1 of 2 sampled residents (Resident 4). Additionally, the AFH failed to have accurate medication records for 1 of 2 sampled residents (Resident 4). These failures placed Resident 4 at risk of medication errors and worsening conditions from not receiving medications as prescribed.

Findings included...

During observation on 10/10/2025 at 11:00 AM, observation showed Resident 4 lived in

During an interview on 09/11/2025 at 4:45 PM, Staff A stated that they were not aware a MTSW was required for glucose testing in the home. Staff A further stated that they would apply for MTSW.

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 HILLS BLVD ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____.

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Page 4 of 4	Licensee: JASMINA KAHRIMANOVIC	10/17/2025

and received medication assistance from AFH.

Review of Resident 4's October 2025 Medication Administration Record (MAR) showed Resident 4 was prescribed:

- Vitamin D3 International Unit (IU) 1000 softgels, take 1 capsule by mouth every morning with breakfast.
- Acetaminophen 325 Milligrams (mg) Tablet, take 2 tablets (650 mg) by mouth daily as needed for pain.
- Atropine 1 percent (%), apply 1 drop into right eye twice daily for disorder of eye.
- Calcium Acetate 667 mg tablet, take 1 tablet by mouth three times daily with meals.
- Prednisolone Acetate 1% Eyedrops, instill 1 drop into the right eye four times a day as directed for bacterial infection.

Additional review of Resident 4's MAR showed a handwritten note that stated the Prednisolone eye drops had been discontinued since 10/01/2025.

Observation on 10/10/2025 at 3:00 PM, showed Resident 4's medication storage container did not contain Vitamin D3, Atropine eyedrops, Calcium Acetate and Acetaminophen. Further review showed an open bottle of Prednisolone Acetate 1% eyedrops.

Review of Resident 4's October 2025 MAR showed that Staff B, Caregiver, initialed Atropine eye drops, as given to Resident 4 from 10/01/2025 to 10/10/2025. Further review showed that Staff B initialed Calcium Acetate and Vitamin D3 as medications given to Resident 4 from 10/01/2025 to 10/10/2025.

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 HILLS BLVD ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/23/2025.

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Review of Resident 4's October 2025 MAR showed that Staff B, Caregiver, initialed Atropine eye drops, as given to Resident 4 from 10/01/2025 to 10/10/2025. Further review showed that Staff B initialed Calcium Acetate and Vitamin D3 as medications given to Resident 4 from 10/01/2025 to 10/10/2025.

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