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

Lakota Hills Senior Care LLC

Lakota Hills Senior Care LLC
30846 21st Ave SW
Federal Way, WA 98023

RE: Lakota Hills Senior Care LLC License # 755542

Dear Provider:

This letter addresses Compliance Determination(s) 63476 (Completion Date 08/04/2025) and 60385 (Completion Date 06/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2025 and found that you have corrected the violations listed in the Full report dated 06/04/2025. Your home is back in compliance as of 06/09/2025 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 388-76-10175-1, WAC 388-76-10280-2

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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 05/30/2025 of:
Lakota Hills Senior Care LLC
30846 21st Ave SW
Federal Way, WA 98023

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 inspected the Adult Family Home:

Kirsten Biddle, AFH Licensor

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

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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 5 former staff (Staff E, Caregiver), had a Washington state name and date of birth background check. This failure placed all the residents at risk of receiving care from staff with an unknown background.

Findings included…

Record review of the AFH's file for background checks on 05/30/2025, showed that Staff E was hired on 08/30/2023. Further record review showed a Background Check Central Unit (BCCU) [processes background checks for the Department of Social and Health Services programs] name and date of birth background check (BGI) dated 09/13/2023, showing "No Record".

In an interview with Staff A, Provider, on 05/30/2025 at 2:26 PM, discussion included not conducting Staff E's name and date of birth background check within one day of hire date. At 2:36 PM, Staff A stated that Staff E not having a BGI conducted by the next day of hire was an oversight.

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, Lakota Hills Senior Care LLC 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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 sampled staff (Staff B, Caregiver) had a Tuberculosis (TB [a communicable disease affecting the lungs]) within three days of hire. This failure placed all residents at risk of possible exposure to TB.

Findings included…

Record review of the AFH's personnel records, Staff B's undated AFH orientation documentation showed a hire date of 02/02/2025. Further review showed Staff B had a negative blood test read on 09/05/2024. Staff B had no record of a second TB test.

In an interview on 05/30/2025 at 2:16 PM, Staff A, Provider, stated that they believed that the blood test was good for one year and unaware of TB requirement of testing within three days of hire.

Refer to: WAC 388-76-10265
Tuberculosis—Testing—Required.
(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
(d) Caregiver;

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, Lakota Hills Senior Care LLC 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