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

Lakemont Senior Living, Inc.

Lakemont Senior Living, Inc.
16734 SE 46th St
Bellevue, WA 98006

RE: Lakemont Senior Living, Inc. License # 755861

Dear Provider:

This letter addresses Compliance Determination(s) 54288 (Completion Date 02/05/2025) and 51707 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/05/2025 and found that you have corrected the violations listed in the Full report dated 12/19/2024. Your home is back in compliance as of 01/23/2025 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 388-76-10146-2, WAC 388-76-10146-3, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-10163, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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

Statement of Deficiencies	License #: 755861	Compliance Determination #51707
Plan of Correction	Lakemont Senior Living, Inc.	Completion Date
Page 1 of 5	Licensee: Lakemont Senior Living, Inc.	12/19/2024

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 12/12/2024 and 12/12/2024 of:
Lakemont Senior Living, Inc.
16734 SE 46th St
Bellevue, WA 98006

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

12/23/2024
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.

Ligia Ognean
Provider (or Representative)

1-1-2025
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC including but not limited to.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 6 staff members (Staff B, Caregiver) providing care to residents met certification requirements, specifically, obtained the home care aide certification. This placed Residents 1, 2, 3, 4, 5 and 6 at risk for receiving care from an unqualified caregiver.

Findings included.

Review of the AFH personnel records showed Staff B, Caregiver, had a Nursing Assistant Registration (NAR) first issued 09/06/2024 An Employee Documentation Checklist showed that Staff B's date of hire was 04/26/2024 Staff B completed 75 hours of Basic Training on 06/13/2024

During an interview on, 12/12/2024 at 1:29 PM, Staff A, Provider, stated that Staff B submitted the paperwork to be tested, but haven't received a response to schedule the testing for their certification.

Record review showed a letter dated 12/13/2024 from Staff A stated that the AFH or Staff B had not retained proof of submission for Staff B's application to be tested for certification The letter stated that Staff A does not recall when the application for Staff B was submitted The letter stated that the testing agency had been contacted on 12/13/2024 and the agency had stated that they are processing applications submitted in June 2024.

Provider (or Representative) _____ Date _____

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 staff members (Staff B, Caregiver) providing care to residents met certification requirements, specifically, obtained the home care aide certification. This placed Residents 1, 2, 3, 4, 5 and 6 at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed Staff B, Caregiver, had a Nursing Assistant Registration (NAR) first issued 08/06/2024. An Employee Documentation Checklist showed that Staff B's date of hire was 04/26/2024. Staff B completed 75 hours of Basic Training on 06/12/2024.

During an interview on, 12/12/2024 at 1:29 PM, Staff A, Provider, stated that Staff B submitted the paperwork to be tested, but haven't received a response to schedule the testing for their certification.

Record review showed a letter dated 12/13/2024 from Staff A stated that the AFH or Staff B had not retained proof of submission for Staff B's application to be tested for certification. The letter stated that Staff A does not recall when the application for Staff B was submitted. The letter stated that the testing agency had been contacted on 12/13/2024 and the agency had stated that they are processing applications submitted in June 2024.

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, Lakemont Senior Living, Inc. is or will be in compliance with this law and / or regulation on (Date) 1-23-2025

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

Ligia Ogrean — Provider (or Representative)

1-1-2025 — Date

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form, and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure that the 4 of 8 staff members (Staff C, Staff D Staff G, and Staff H) had a Washington State Name and Date of Birth Background Check (BGI) before employment began. This failure placed 6 of 6 residents (Residents 1, 2 3, 4 5, and 6) at risk of receiving services from staff whose criminal background history was unknown.

Findings included...

Record review showed that Staff C, Caregiver, was hired on 05/01/2022. The BGI for Staff C was dated 07/03/2024. The AFH did not produce any prior BGI record for Staff C.

Record review showed that Staff D, Caregiver, was hired on 07/04/2023. The BGI for Staff D was dated 07/19/2023 with results showing no record. The AFH did not produce any prior BGI record for Staff D.

Record review showed that Staff G, former Caregiver, was hired on 11/01/2022. The BGI for Staff G was dated 11/14/2022 with results showing no record. The AFH did not produce any prior BGI record for Staff G.

Record review showed that Staff H, former Caregiver, was hired on 11/22/2022. The BGI

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the 4 of 8 staff members (Staff C, Staff D, Staff G, and Staff H) had a Washington State Name and Date of Birth Background Check (BGI) before employment began. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of receiving services from staff whose criminal background history was unknown.

Findings included...

Record review showed that Staff C, Caregiver, was hired on 05/01/2022. The BGI for Staff C was dated 07/03/2024. The AFH did not produce any prior BGI record for Staff C.

Record review showed that Staff D, Caregiver, was hired on 07/04/2023. The BGI for Staff D was dated 07/19/2023 with results showing no record. The AFH did not produce any prior BGI record for Staff D.

Record review showed that Staff G, former Caregiver, was hired on 11/01/2022. The BGI for Staff G was dated 11/14/2022 with results showing no record. The AFH did not produce any prior BGI record for Staff G.

Record review showed that Staff H, former Caregiver, was hired on 11/22/2022. The BGI

for Staff H was dated 12/12/2022 with results showing no record. The AFH did not produce any prior BGI record for Staff H

During an interview, on 12/12/2024 at 2:35 PM Staff A, Provider, stated that they thought that they could wait to run the BGI after employment began because they had a national fingerprint result with no record prior to the date of hire for Staff D, Staff G and Staff H

During an interview on 12/12/2024 at 4:20 PM Staff A stated that they struggled to keep up with required paperwork until they recently developed a system.

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, Lakemont Senior Living, Inc. is or will be in compliance with this law and / or regulation on (Date) 1-1-2025

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

Ligia Ogrean — Provider (or Representative)

1-1-2025 — Date

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 3 of 6 staff (Staff B, Staff C and Staff E) as required within three days of hire date. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of contracting a communicable disease.

Findings included. .

Record review of the AFH personnel files showed Staff B, Caregiver, was hired 04/26/2024. Staff B had a TB blood test dated 05/05/2024 showing negative results. The AFH had no record of a TB test within three days of hire for Staff B.

for Staff H was dated 12/12/2022 with results showing no record. The AFH did not produce any prior BGI record for Staff H.

During an interview, on 12/12/2024 at 2:35 PM, Staff A, Provider, stated that they thought that they could wait to run the BGI after employment began because they had a national fingerprint result with no record prior to the date of hire for Staff D, Staff G and Staff H.

During an interview, on 12/12/2024 at 4:20 PM, Staff A stated that they struggled to keep up with required paperwork until they recently developed a system.

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, Lakemont Senior Living, Inc. 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 388-76-10265 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;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 3 of 6 staff (Staff B, Staff C and Staff E), as required within three days of hire date. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of contracting a communicable disease.

Findings included...

Record review of the AFH personnel files showed Staff B, Caregiver, was hired 04/26/2024. Staff B had a TB blood test dated 06/05/2024 showing negative results. The AFH had no record of a TB test within three days of hire for Staff B.

Record review of the AFH personnel files showed Staff C, Caregiver, was hired 05/01/2024. Staff C had a TB blood test dated 08/02/2024 showing negative results. The AFH had no record of a TB test within three days of hire for Staff C.

Record review of the AFH personnel files showed Staff E, Caregiver, was hired 02/01/2023. Staff E had TB blood tests dated 10/25/2022 and 11/30/2023 showing negative results. The AFH had no record of a TB test within three days of hire for Staff E.

During an interview, on 12/12/2024 at 1:35 PM, Staff A, Provider, stated they were behind in obtaining TB test results from staff members, but they recently developed a system using a checklist.

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, Lakemont Senior Living, Inc. is or will be in compliance with this law and / or regulation on (Date) 1-1-2025.

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

Provider (or Representative) — Date: 1-1-2025

Record review of the AFH personnel files showed Staff C, Caregiver, was hired 05/01/2024. Staff C had a TB blood test dated 08/02/2024 showing negative results. The AFH had no record of a TB test within three days of hire for Staff C.

Record review of the AFH personnel files showed Staff E, Caregiver, was hired 02/01/2023. Staff E had TB blood tests dated 10/25/2022 and 11/30/2023 showing negative results. The AFH had no record of a TB test within three days of hire for Staff E.

During an interview, on 12/12/2024 at 1:35 PM, Staff A, Provider, stated they were behind in obtaining TB test results from staff members, but they recently developed a system using a checklist.

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, Lakemont Senior Living, Inc. 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