STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

November 18, 2025

CERTIFIED MAIL 9489 0090 0027 6340 5670 63

Licensee, Lake Serene Senior Care LLC
Lake Serene Senior Care LLC
13713 37th Ave W
Lynnwood, WA 98087

Adult Family Home License # 756371
Entity Representative: Bubacarr Jallow

CONDITIONS ON A LICENSE AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On November 10, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of conditions on a license and continued stop placement order prohibiting admissions on the license of your adult family home, located at **13713 37th Ave W, Lynnwood**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and continued stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **November 10, 2025**.

Continued Stop Placement Order Prohibiting Admissions

WAC 388-76-10250 (1)(a)(b)(i)(ii)(iii)(2)(a)(b)(3) Medical emergencies—Contacting emergency medical services—Required.

The licensee failed to provide medical emergency personnel with a copy of the advanced medical directive for one resident. This failure resulted in the resident receiving resuscitation (life-saving measures) from the emergency personnel which were against the resident's recorded advanced Do Not Attempt Resuscitation (DNAR) directives.

WAC 388-76-10225 (2)(c)(e) Reporting requirement.

The licensee failed to notify the primary medical health care provider of the resident's death. This failure resulted in the resident not having their medical health care providers notified of their death as required.

WAC 388-76-10510 (1)(6) Resident rights—Basic rights.

The licensee failed to ensure one former resident received care indicated on their assessment and as ordered by their medical providers. This failure resulted in the former resident not receiving care as ordered and placed the former resident at risk for harm, decreased quality of life and unmet care needs.

WAC 388-76-10430 (1)(2)(c)(d) Medication system.

The licensee failed to ensure one former resident received their medication as prescribed by the medical provider, and their medication logs (ML) were kept current and accurate. This failure placed the former resident at risk for medication errors and medication omissions and placed the former resident at risk of harm.

WAC 388-76-10340 (1)(2)(3)(4)(5) Preliminary service plan.

The licensee failed to develop a preliminary service plan for one former resident and two current residents with admission to the Adult Family Home (AFH). This failure placed the former resident and two current residents welfare and safety at risk by not ensuring AFH Staff had the information needed to address needs, preferences and specific problems addressed in the former resident and current residents' assessment.

WAC 388-76-10355 (2)(3) Negotiated care plan.

The licensee failed to ensure that the negotiated care plan (NCP) for one former resident identified the amount of assistance the resident required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed the former resident at risk of inadequate care and decreased quality of life.

WAC 388-76-10375 (1)(2) Negotiated care plan—Signatures—Required

The licensee failed to ensure that one former resident's negotiated care plan (NCP) had been signed by the resident and the adult family home. This failure placed the resident at risk of unrecognized and unmet care needs.

WAC 388-76-10315(1)(g) Resident record—Required.

The licensee failed to have a system in place to ensure the resident records for one former resident and two current residents were available for Department's Staff to review when requested. This failure delayed the Department's investigation and placed the former and current residents at risk of unrecognized and unmet care needs.

The stop placement order prohibiting admissions to your adult family home was effective immediately upon **verbal** notice to you on **October 21, 2025,** in a notice letter dated October 21, 2025. The stop placement order is continued on **November 18, 2025,** and electronic facsimile and certified mail receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Renee Bourque, Field Manager, at (206) 914-5042.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement order prohibiting admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Conditions on License

WAC 388-76-10250 (1)(a)(b)(i)(ii)(iii)(2)(a)(b)(3) Medical emergencies—Contacting emergency medical services—Required.

The licensee failed to provide medical emergency personnel with a copy of the advanced medical directive for one resident. This failure resulted in the resident receiving resuscitation (life-saving measures) from the emergency personnel which were against the resident's recorded advanced Do Not Attempt Resuscitation (DNAR) directives.

WAC 388-76-10225 (2)(c)(e) Reporting requirement.

The licensee failed to notify the primary medical health care provider of the resident's death. This failure resulted in the resident not having their medical health care providers notified of their death as required.

WAC 388-76-10510 (1)(6) Resident rights—Basic rights.

The licensee failed to ensure one former resident received care indicated on their assessment and as ordered by their medical providers. This failure resulted in the former resident not receiving care as ordered and placed the former resident at risk for harm, decreased quality of life and unmet care needs.

WAC 388-76-10430 (1)(2)(c)(d) Medication system.

The licensee failed to ensure one former resident received their medication as prescribed by the medical provider, and their medication logs (ML) were kept current and accurate. This failure placed the former resident at risk for medication errors and medication omissions and placed the former resident at risk of harm.

WAC 388-76-10340 (1)(2)(3)(4)(5) Preliminary service plan.

The licensee failed to develop a preliminary service plan for one former resident and two current residents with admission to the Adult Family Home (AFH). This failure placed the former resident and two current residents welfare and safety at risk by not ensuring AFH Staff had the information needed to address needs, preferences and specific problems addressed in the former resident and current residents' assessment.

WAC 388-76-10355 (2)(3) Negotiated care plan.

The licensee failed to ensure that the negotiated care plan (NCP) for one former resident identified the amount of assistance the resident required with their transfers, bed mobility, toileting, dressing and bathing per their assessment. This failure placed the former resident at risk of inadequate care and decreased quality of life.

WAC 388-76-10375 (1)(2) Negotiated care plan—Signatures—Required

The licensee failed to ensure that one former resident's negotiated care plan (NCP) had been signed by the resident and the adult family home. This failure placed the resident at risk of unrecognized and unmet care needs.

WAC 388-76-10315(1)(g) Resident record—Required.

The licensee failed to have a system in place to ensure the resident records for one former resident and two current residents were available for Department's Staff to review when requested. This failure delayed the Department's investigation and placed the former and current residents at risk of unrecognized and unmet care needs.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider, at their own expense, must hire a Registered Nurse Consultant (RNC), not currently or previously affiliated with the AFH, and familiar with AFH regulations by, December 1, 2025.***

- ***The RNC must assist the AFH Provider in reviewing and evaluating all current AFH policies and procedures, specifically those related to:***
  - ***Emergency response protocols.***
  - ***Reporting requirements.***
  - ***Ensuring resident emergency records are available during an emergency response.***

- ***The RNC must assist the AFH Provider in developing and implementing system to ensure:***
  - ***All newly admitted residents have an assessment and preliminary plan in place.***
  - ***All staff, to include AFH Provider, know how to review and update a Negotiated Care Plan (NCP) to match residents' assessed needs and to provide the appropriate assessed needs.***
  - ***All resident records are maintained, and available at the AFH.***

- ***The RNC must assist the AFH Provider in developing and implementing a medication system to ensure:***
  - ***Residents receive all medications as required.***
  - ***Medications are only prepared at the time of administration.***
  - ***Medication logs include all prescribed medications and are kept up to date.***
  - ***Medication logs accurately reflect which staff person administered medications.***

- ***The AFH Provider must provide the RNC with a copy of the Statement of Deficiencies dated November 10, 2025.***

- ***The AFH provider must provide the name and contact information of the RNC to the Department Field Manager upon hire.***

- ***The RNC must submit written documentation of staff training regarding standard medication administration practices to Department by Friday, December 26, 2025.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions were effective on **November 18, 2025,** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the conditions on your license and continued stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Renee Bourque, Field Manager
Region 2, Unit I
20311 52nd Avenue West Suite 100
Lynnwood, WA 98036
Phone: (206) 914-5042 / Fax: (206) 971-6791
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after you

receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the conditions and continued stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions and continued stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Renee Bourque, Field Manager, at (206) 914-5042.

Sincerely,

AlfredoBrown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit I
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**