STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Lake Serene Senior Care LLC

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

RE: Lake Serene Senior Care LLC License # 756371

Dear Provider:

This letter addresses Compliance Determination(s) 77853 (Completion Date 05/21/2026) and 76518 (Completion Date 04/30/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/21/2026 and found that you have corrected the violations listed in the Full report dated 04/30/2026. Your home is back in compliance as of 05/15/2026 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 388-76-10201-1, WAC 388-76-10506, WAC 388-76-10506-1, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-3, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10650-2-b

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756371	Compliance Determination # 76518
Plan of Correction	Lake Serene Senior Care LLC	Completion Date
Page 1 of 7	Licensee: Lake Serene Senior Care LLC	04/30/2026

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 04/28/2026 of:
Lake Serene Senior Care LLC
13713 37th Ave W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Page 2 of 7	Licensee: Lake Serene Senior Care LLC	04/30/2026

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

05/01/2026
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.

Bubacarr Jallow
Provider (or Representative)

5/11/2026
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 record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses including [redacted].
Review of Resicent 2's assessment, dated 03/09/2026, showed AFH staff would assist with blood glucose monitoring, recording and insulin injection (blood sugar lowering medication) four times a day.

In an interview, on 04/28/2026 at 11:45 AM, Staff A, Entity Representative, stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

Statement of Deficiencies	License #: 756371	Compliance Determination # 76518
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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 Serene Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/15/2026 .

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

Bubacarr Jallow — Provider (or Representative) — 5/11/2026 — Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 04/28/2026 at 2:10 PM, Staff A stated that they were working to prepare a written Succession Plan. Staff A stated that they would send a copy of Succession Plan to the department.

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 Serene Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/15/2026 .

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

Bubacarr Jallow  5/11/2026

Provider (or Representative) Date

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and cischarge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone

number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 3 of 3 residents (Residents 1, 2 and 3). This failure placed Residents 1, 2 and 3 at risk of not being fully aware of their rights.

Findings included...

Review of Resicents 1, 2 and 3's records showed they were [redacted] payees. Further review showed Residents 1, 2 and 3 did not have a Residency Agreement as required.

In an interview, on 04/03/2026 at 12:40 PM, Staff A, Entity Representative, stated that they were not aware of the new requirement to have a signed and dated Residency Agreement for each of their [redacted] residents. Staff A stated that they would complete a Residency Agreement and obtain the signatures of residents or their representatives.

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 Serene Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/15/2026 .

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

Bubacarr Jallow — 5/11/2026
Provider (or Representative) — Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Residents 2 and 3) had a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Residents 2 and 3 at risk of harm from injury if they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 04/28/2026 at 9:35 AM, showed Residents 2 and 3 lived in and received care from the AFH. Further observation showed Resident 2 ambulated independently and Resident 3 ambulated with staff assistance in the AFH.

<Resident 2>
Observation of Resident 2's bedroom (bedroom [redacted]), on 04/28/2026 at 11:03 AM, showed [redacted] secured on the right and left upper side of Resident 2's [redacted]. Observation showed the left [redacted] was in the up position and the right side was on the down position.

Review of Resicent 2's record showed there was no document of a consent form for safety and risks of [redacted] use in Resident 2's records.

<Resident 3>
Observation of Resident 3's bedroom (bedroom [redacted]), on 04/28/2026 at 11:00 AM, showed [redacted] secured on the right upper side of Resident 3's [redacted]. Observation showed the [redacted] was in the up position.

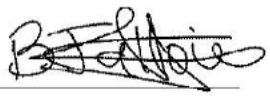
Review of Resicent 3's record showed there was no document of a consent form for safety and risks of [redacted] use in Resident 3's records.

In an interview, on 04/28/2026 at 12:50 PM, Staff A, Entity Representative, stated that they would sign a consent form for Residents 2 and 3.

Statement of Deficiencies	License #: 756371	Compliance Determination # 76518
Plan of Correction	Lake Serene Senior Care LLC	Completion Date
Page 7 of 7	Licensee: Lake Serene Senior Care LLC	04/30/2026

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 Serene Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/15/2026 .

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

Bubacarr Jallow  5/11/2026

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

05/01/2026

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

RE: Lake Serene Senior Care LLC # 756371

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/30/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/30/2026), no later than 06/14/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all chemicals and cleaners were locked in storage after cleaning. This deficiency was corrected during the visit by Staff B, Caregiver, who stored chemicals in the secured locked storage.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The Adult Family Home (AFH) failed to ensure the storage of the required emergency water supply of 3 gallons for the homes licensed capacity and caregiving staff for a minimum of seventy-two hours. This deficiency was corrected during the visit by Staff A, Entity Representative, who stored twenty-four gallons of emergency water supplies on site.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(3) Date and time of the drill;

The Adult Family Home (AFH) failed to document emergency evacuation drills at least every two months. Record reviews on 04/28/2026 showed evacuation drills were documented every month and every three months. This deficiency was corrected during

the visit by Staff A, Entity Representative, who corrected the evacuation drill documentation.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225