



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

March 7, 2019

DEL SOL ENTERPRISES INC  
LAKESIDE ADULT FAMILY HOME  
9525 N DAVIES RD  
LAKE STEVENS, WA 98258

RE: LAKESIDE ADULT FAMILY HOME License #259101

Dear Provider:

On March 6, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated January 4, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Karen Glover, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager  
Region 2, Unit B  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** LAKESIDE ADULT FAMILY HOME (686681)      **Intake ID(s):** 3593870  
**License/Cert. #:** AF259101  
**Investigator:** Glover, Karen      **Region/Unit:** RCS Region 2/Unit B      **Investigation Date(s):** 12/11/2018 through 01/04/2019  
**Complainant Contact Date(s):**

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**Allegations:**

1. The Adult Family Home (AFH) was given a 24 hour shut off notice by the Public Utility District (PUD). There was a past due amount of \$789 for November and \$345.77 for October. If bill was not paid, the power would be disconnected.

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**Investigation Methods:**

**Sample:** 2 sampled residents

**Observations:** Environment, staff/staff interactions, staff/resident interactions, resident/resident interactions and care provision.

**Interviews:** Staff, residents and others not associated with the facility.

**Record Reviews:** Incident reports, resident records, and facility records.

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**Allegation Summary:**

1. Record review and interview revealed the Provider paid the \$789 PUD bill on 12/10/18. The provider was given a payment plan from PUD to pay the remaining amount and all future bills. Observation and interviews revealed lights and heat were on, pantry and fridge were filled with food. Two caregivers were in the home providing care to 4 residents.

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**Unalleged Violation(s):**       **Yes**       **No**

Additional deficiencies not related to the original complaint were identified. WAC 388-76-10455(2). See SOD dated 01/04/2019.

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

Additional deficiencies not related to the original complaint were identified. WAC 388-76-10455(2). See SOD dated 01/04/2019.

JAN 23 2019

ADSA/RCS  
Smokey Point



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

RECEIVED

JAN 23 2019

ADSA/RCS  
Smokey Point

RECEIVED  
JAN 23 2019

ADSA/RCS  
Smokey Point

Statement of Deficiencies

License #: 259101

Completion Date

Plan of Correction

LAKESIDE ADULT FAMILY HOME

January 4, 2019

Page 1 of 2

Licensee: DEL SOL ENTERPRISES INC

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 12/11/2018 and 12/27/2018

LAKESIDE ADULT FAMILY HOME  
9525 N DAVIES RD  
LAKE STEVENS, WA 98258

This document references the following complaint number: 3593870

The department staff that inspected and investigated the adult family home:

Karen Glover, RN, Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit B  
3906-172nd St NE, Suite #100  
Arlington, WA 98223  
(360)651-6872

As a result of the on-site complaint investigation 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

1/14/19  
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)

01/21/19  
Date

**WAC 388-76-10455 Medication Administration.** For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

**This requirement was not met as evidenced by:**

Based on interview and record review, the provider failed to ensure nurse delegation for a new employee was in place for 1 of 4 residents (Resident 1) who required [redacted] administration. This failure placed Resident 1 at risk of medication errors and unmet care needs due to untrained caregivers.

Findings include:

Resident 1 admitted to the home on [redacted] 18 with multiple diagnoses including [redacted]. Record review of Resident 1's medication log (MAR) dated 12/2018 revealed entries made for nebulizer treatments every 8 hours. Caregiver B initialed entries for dates 12/10-12/13/18 for approximately 12 nebulizer treatments. Caregiver B was hired and started working at the AFH on 12/10/18. Review of the nurse delegation visit dated 10/22/18 revealed the Provider and Former Caregiver A had been trained on medication administration, [redacted] and nebulizer treatments for Resident 1. In an interview on 12/11/18, the Provider stated Former Caregiver A's last day was 11/30/18. No evidence was found Caregiver B was nurse delegated prior to giving Resident 's nebulizer treatments.

In an interview on 01/04/19, the Nurse Delegator stated she completed delegation for Resident 1's medication administration, [redacted] and nebulizer treatments to Caregiver B on 12/13/18.

**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, LAKESIDE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/13/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]  
Provider (or Representative)

01/21/2019  
Date

*unfortunately I was sick, I will make sure I won't leave the facility if employed has not been Delegated -*