



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

February 21, 2020

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 February 21, 2020 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 December 31, 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:  
Christopher Stephens, Complaint Investigator

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

Sincerely,

Shelly Scarboro, 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):** 3685469  
**License/Cert. #:** AF259101  
**Investigator:** Stephens, Christopher      **Region/Unit:** RCS Region 2/Unit B      **Investigation Date(s):** 12/20/2019 through 12/31/2019  
**Complainant Contact Date(s):** 12/20/2019, 12/31/2019

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**Allegations:**

1) The adult family home (AFH) Entity Representative was past due on a utility bill.

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**Investigation Methods:**

**Sample:** Six residents observed.

**Observations:** Internal and external environment, residents, staff/resident interactions, food provisions.

**Interviews:** Complainant, Entity Representative.

**Record Reviews:** Public utility district records.

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**Allegation Summary:**

1) Review of the local utility invoices for the adult family home showed there were unpaid balances which were carried forward throughout 2019. The Entity Representative had received five notices of disconnect for non-payment of the utility bill in the year 2019. Unpaid utility bill balances were continuing into the year 2020.

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

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

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

WAC 388-76-10020-2 Financial Obligations.



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Statement of Deficiencies	License #: 259101	Completion Date
Plan of Correction	LAKESIDE ADULT FAMILY HOME	December 31, 2019
Page 1 of 3	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: 12/20/2019

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

RECEIVED  
 JAN 10 2020  
 ADSA/RCS  
 Smokey Point

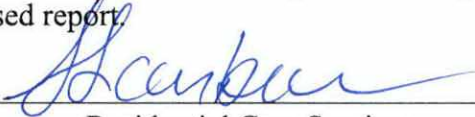
This document references the following complaint number: 3685469

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

1/9/2020  
 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)

01/12/20  
 Date

This document was prepared by Residential Care Services for the Locator website.

**WAC 388-76-10020 License Ability to provide care and services. The provider must have the:**

(2) Ability to meet all personal and business financial obligations.

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

Based on interview and record review, Staff A, Entity Representative, failed to ensure PUD (Public Utility District) bills were paid on time when six of six of residents (Resident # 1, 2, 3, 4, 5, and 6) lived in the home. This failure placed all residents at risk of a compromised well-being related to the threat of the disconnection of the home's electrical services.

**Findings included:**

The home was licensed on 12/09/05 to take care of up to six residents. During a visit to the home on 12/20/19 at 4:40 PM, Resident #1, 2, 3, 4, 5, and 6 were observed living in the home.

During an interview on 12/20/19 at 4:30 PM, Collateral Contact #1 (CC#1) stated that the home's electricity was scheduled to be disconnected in four days, on 12/24/19, for non-payment of the utility bill.

During an interview on 12/20/19 at 4:50 PM, Staff A, Entity Representative, stated that she did not have difficulty paying utility bills. Staff A stated that she had been busy which interfered with the timely payment of the utility bill. Staff A stated that she would pay the PUD utility bill on the following Monday, 12/23/19. Staff A stated that the adult family home had a \$10,000 back up generator which was available should power be lost.

Record review of the adult family home's PUD utility invoices dated 01/10/19, 02/08/19, 03/15/19, 04/11/19, 05/10/19, 07/12/19, 08/12/19, 09/11/19, 10/10/19, and 12/13/19 showed there was a continuous balance owed to the utility company. The adult family home's utility bill was never paid in full during the year 2019. Review of utility invoices showed that Staff A received disconnection notices on 04/02/19, 06/04/19, 07/12/19, 09/04/19, and 11/01/19. The purpose of the disconnection notices was to inform Staff A that the adult family home's electricity was to be disconnected for non-payment of the utility bill.

In an interview on 12/31/19 at 4:22 PM, Collateral Contact #1 (CC #1) stated that the utility company received a payment from Staff A on 12/23/19. CC #1 stated that the full balance owed to the utility company was not paid and there would continue to be a balance carried forward which was owed to the utility company. CC #1 stated that the remaining balance was scheduled to be paid on 01/16/20. CC #1 stated that by 01/16/20 there would be a new invoice plus the past balance which would be due to the utility company.

**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) 01/11/2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

01/12/20  
Date