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

01/12/2026

DARLA & DOUGLAS LAUGHLIN
LAKESIDE GARDENS ON WISER LAKE
130 Misty Waters Ln
LYNDEN, WA 98264

RE: LAKESIDE GARDENS ON WISER LAKE # 419600

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71223 (Completion Date 01/12/2026) and 59402 (Completion Date 11/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/12/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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

The Department staff who did the On Site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
Residential Care Services

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

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

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 an unannounced on-site complaint investigation on 05/27/2025 and 05/08/2025 of:

LAKESIDE GARDENS ON WISER LAKE
130 Misty Waters Ln
LYNDEN, WA 98264

This document references the following complaint number(s): 178266, 180411, 179853, 182160, 184846

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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.

Residential Care Services _____ 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) _____ 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 Adult Family Home (AFH) failed to ensure 1 of 1 insulin (an injectable medication that lowers blood sugar levels) dependent resident, (Resident 1), received medication from a qualified caregiver. This failure resulted in Resident 1 receiving administration of insulin by injection from an unqualified caregiver. This failure placed the resident's health and safety at risk and a diminished quality of life.

Findings included…

Record review showed the AFH admitted Resident 1 to the AFH on [redacted]/2024 with a diagnosis of [redacted].

Record review of Resident 1's Assessment, dated 12/01/2024, showed that caregivers were required to be trained and delegated by a registered nurse for the administration of Resident 1's insulin injections. (Nurse delegation (ND) is when a registered nurse transfers the performance of selected nursing tasks to competent nursing assistants, home care aides, or qualified long-term care workers in selected situations. The registered nurse delegating the task retains responsibility and accountability for the nursing care of the resident.)

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

Record review of Resident 1's Negotiated Care Plans (NCP), dated 4/30/2025 and 06/18/2025, showed they required ND for insulin injections to treat their diabetes. Staff were to assist Resident 1 with diabetic care and monitoring.

In an interview on 05/08/2025 at 2:40 PM, Staff A, Entity Representative, stated that Staff H, Caregiver, was delegated by a registered nurse to give insulin.

Record review of Resident 1's ND nursing visit, dated 04/01/2025, showed Staff H had not completed the required verbal description, observation, and demonstration needed to finish their training and be qualified to administer insulin to Resident 1.

Record Review of Resident 1's April 2025 Medication Administration Record (MAR) showed Staff H administered insulin to Resident 1 on April 1st, 2nd, 9th, 12th, 15th, 16th, 21st, 23rd, 29th and 30th. Record review of Resident 1's May 2025 MAR showed Staff H administered insulin to Resident 1 on May 5th, 7th and 20th.

In an interview on 05/28/2025 at 8:18 AM, Staff H stated that they had given Resident 1's insulin by injection above the elbow in the back of the arm and another time gave Resident 1's insulin injection in the skin right above the crease of the inside of the elbow on the front of the arm. Staff H stated that they had taken their Home Care Aid classes but had not taken the test. Staff H stated they did not have a current Nursing Aide Registration. Staff H stated that they were delegated to give insulin because they had passed the test for diabetes training and got a certificate. Staff H stated the AFH's nurse delegator had not observed them give an insulin injection and did not know that was required.

In an interview on 05/28/2025 at 7:15 AM, Collateral Contact 1 (CC1), Nurse Delegator, stated that Staff H was not credentialed through the Washington Department of Health. CC1 stated that Staff H's credential was pending so they did not delegate nursing responsibilities to Staff H. CC 1 stated that they had provided training verbally to Staff H and had not provided hands on training for the administration of insulin through injection as required to complete delegation training to administer Resident 1's insulin.

Review of the Department of Health credential search website on 05/08/2025 showed that Staff H's Nursing Assistant Registered credential was in pending status.

In an interview on 10/21/2025 at 3:05 PM, Staff A stated that they thought Staff H was delegated because Staff H had taken the test, delegation for diabetes. Staff A stated that after the nurse delegated to you, staff would then demonstrate the insulin injection. Staff A stated that they did not know that Staff H's NAR was pending. Staff A stated that they did not want Staff H to give insulin but Staff A must have been busy with other things like getting residents ready for the day.

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

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 GARDENS ON WISER LAKE 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 _____

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