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

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

RE: LAKESIDE GARDENS ON WISER LAKE License # 419600

Dear Provider:

This letter addresses Compliance Determination(s) 71577 (Completion Date 01/16/2026) and 69220 (Completion Date 11/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/16/2026 and found that you have corrected the violations listed in the Follow up report dated 11/24/2025. Your home is back in compliance as of 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 388-76-10485-1

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

Sincerely,

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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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 follow-up on 11/24/2025 of:

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

This document references the following SOD dated: 11/24/2025

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

The department staff that inspected the Adult Family Home:

Jennifer Nichols, Community 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

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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 2 of 2 residents (Residents 1 & 2) at risk for missing medications and medication errors.

Findings included…

Observation, on 11/24/2025 at 2:24 PM, showed Resident 1 and Resident 2 resided at the AFH.

Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses. Resident 1's assessment, dated 08/04/2025, showed they required caregiver assistance with medications and caregiver administration with topical medications.

Record review showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses. Resident 2's assessment, dated 10/15/2025, showed they required caregiver assistance with medications.

Observation, on 11/24/2025 at 2:28 PM, showed that next to the resident dining table was a medication cart with multiple drawers that contained multiple oral, topical and eye prescription medications for Residents 1 and 2. The medication cart was unlocked and able to be opened by the Department employee. Observed Staff A (Entity

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Representative) try to lock the medication cart next to the resident dining table three times before they were able to successfully secure it.

In an interview, on 11/24/2025 at 2:29 PM, Staff A stated that the lock used to secure the medication cart next to the resident dining table was in the locked position, just not locking and that they guessed they would have to replace it.

Observation, 11/24/2025 at 2:38 PM, showed the bottom drawer in Resident 1's bathroom in their bedroom was unsecured and had three opened tubes of ointment with the manufacturer's labels that read:

- Cortizone-10 with the ingredient of Hydrocortisone one percent (a medication used to relieve itch and swelling).
- Double Antibiotic Ointment with the ingredients of bacitracin zinc and polymycin B sulfate (medications used to prevent and treat an infection)
- Mupirocin two percent (a medication used to treat skin infections)

In an interview, 11/24/2025 at 2:38 PM, Staff A stated that they never looked in Resident 1's bathroom drawers and did not know it had unsecured medications in them.

This is an uncorrected deficiency previously cited 07/29/2025.

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

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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 07/25/2025 of:

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

This document references the following complaint number(s): 188054

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community 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

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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3, & 6) safety at risk by having access to medications not prescribed for them.

Findings included…

Observation, on 07/25/2025 at 12:30 PM, showed Residents 1, 2, 3, and 6 resided at the AFH.

Observation, on 07/25/2025 at 12:35 PM, next to the resident dining table where Resident 2 and Resident 3 were sitting eating, was a medication cart with multiple drawers that contained multiple oral, topical and eye prescription medications for Residents 1, 2, 3, and 6. The medication cart was unlocked and able to be opened by the department employee. Observed Staff E (Caregiver) try to lock the medication cart next to the resident dining table from 12:35 PM until 12:45 PM without successfully securing it.

In an interview, on 07/25/2025 at 12:35 PM, Staff E stated that the lock used to secure the medication cart next to the resident dining table was not working. Staff E stated they did not know how long the lock on the medication cart next to the resident dining table was not working.

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Observation, on 07/25/2025 at 12:45 PM, showed three unopened bottles of clear liquid in boxes with manufacturer labels that read saline laxative enema (a medicine used to treat constipation) sitting on a shelf inside Resident 2's bedroom that was unsecured.

Observation, on 07/25/2025 at 12:49 PM, showed a dropper bottle of liquid in a box with a manufacturer label that read Carbamide Peroxide (a medication used to aid in ear wax removal) sitting on top of Resident 6's dresser in Resident 6's bedroom that was unsecured.

In an interview, on 07/25/2025 at 1:36 PM, Staff A (Entity Representative) stated that the unsecured medication cart next to the resident dining table was now secured and that an overfull drawer might have caused the lock to not work at times. Staff A stated that the three unopened bottles of saline laxative enema in Resident 2's bedroom and the Carbamide Peroxide in Resident 6's bedroom must have been brought in by their families without staff being aware of it.

Observation, on 07/25/2025 at 2:20 PM, showed Staff A's office door was unsecured, and inside Staff A's office was a purse hanging on a hook.

In an interview, on 07/25/2025 at 2:25 PM, Staff C (Caregiver) stated that the lock on the medication cart next to the resident dining table would not work sometimes, but if they kept trying to secure the lock, it would eventually lock. Staff C stated that the only unsecured medications that they were aware of at the AFH were their own personal medications that were kept in their personal purse that was hanging on a hook inside Staff A's office. Staff C stated that they did not think about their personal medications in their purse being unsecured. Staff C reported that Resident 6's family would often bring medications in to Resident 6's room without notifying staff, and that staff was often finding it in Resident 6's room later after Resident 6's family left.

Observation, on 07/25/2025 at 2:36 PM, Staff C pulled a bin out of an unsecured cabinet in Staff A's unsecured office that contained multiple over the counter oral and topical medications and supplements. Staff C stated the bin of multiple over the counter oral and topical medications and supplements were in the unsecured cabinet inside Staff A's unsecured office because those items were all found inside Resident 6's room after Resident 6's family left from visiting.

In an interview, on 07/25/2025 at 2:50 PM, Staff A stated that it was an oversight that staff did not find and secure the three unopened bottles of saline laxative enema in Resident 2's bedroom and the Carbamide Peroxide in Resident 6's bedroom sooner. Staff A stated that they did not know that staff's personal purses unsecured in the AFH had medications in them.

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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, 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 _____

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