STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

CASA DE ALEGRE LLC

CASA DE ALEGRE LLC
11509 88th Avenue Ct SW
Lakewood, WA 98498

RE: CASA DE ALEGRE LLC License # 702600

Dear Provider:

This letter addresses Compliance Determination(s) 68701 (Completion Date 11/14/2025) and 66933 (Completion Date 10/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/14/2025 and found that you have corrected the violations listed in the Follow up report dated 10/20/2025. Your home is back in compliance as of 11/07/2025 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 388-76-10400, WAC 388-76-10400-3, WAC 388-76-10400-3-b, WAC 388-76-10400-4

The Department staff who did the on-site verification:
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 10/08/2025 of:
CASA DE ALEGRE LLC
11509 88th Avenue Ct SW
Lakewood, WA 98498

This document references the following SOD dated: 10/20/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

As a result of the [illegible] 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.

Jennifer LeMaster (signature)
Residential Care Services

10/24/2025
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.

(signature) [illegible]

28/Oct 2024
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services [illegible] manner and in an environment that:

(5) Actively supports the safety of each resident; and

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including [illegible] delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 3 (R3)) received care and services in a manner that actively supported their safety. This failure placed R3 at risk of harm during transfers due to the lack of required staff.

Findings included:

Review of R3's record titled "Assessment Details", dated 04/23/2025, showed a diagnosis of [redacted] Record showed that R3 required total dependence, two-person physical assist for transfers. Caregiver instructions included completing [illegible] for R3, physically assisting with completing transfers, and using assistive devices for transfers.

Review of R3's record titled "AFH Negotiated Care Plan", dated 05/23/2025, showed that R3 moved into the AFH on [redacted] [illegible]. Special instructions stated that R3 used a wheelchair and [redacted] for transfers.

On 10/09/2025 at 3:55 PM, observation showed one caregiver onsite at the AFH.

On 10/09/2025 at 3:55 PM, Caregiver 2 (CG2) stated they were the only caregiver.

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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 3 [R3]) received the care and services in a manner that actively supported their safety. This failure placed R3 at risk of harm during transfers due to the lack of required staff.

Findings included…

Review of R3's record titled "Assessment Details", dated 04/23/2025, showed a diagnosis of [redacted]. Record showed that R3 required total dependence, two-person physical assist for transfers. Caregiver instructions included completing transfers for R3, physically assisting with completing transfers, and using assistive devices for transfers.

Review of R3's record titled "AFH Negotiated Care Plan", dated 05/23/2025, showed that R3 moved into the AFH on [redacted]/2025. Special instructions stated that R3 used a wheelchair and [redacted] for transfers.

On 10/08/2025 at 3:56 PM, observation showed one caregiver onsite at the AFH.

On 10/08/2025 at 3:56 PM, Caregiver 2 (CG2), stated they were the only caregiver

present onsite right now." CG2 stated that the Provider stepped out and went to the grocery store and had been gone for about 15 minutes. CG2 stated they knew that R3 required two-person assistance with the [redacted] to when [illegible] out of bed. Regarding times like this when they were the only caregiver present in the home, CG2 stated "I don't have to change R3, they're in the living room in their wheelchair right now. I know I'm not supposed to change R3 by myself" and stated that the Provider was their backup for transferring R3. CG2 stated they will sometimes get R3 out of bed by themselves without a second person and stated that the Provider will also assist R3 out of bed without a second person. CG2 stated "usually in the mornings I'll get R3 up by myself."

On 10/06/2025 at 4:00 PM, Resident 2 (R2), R3's roommate, stated it is usually one person, either the Provider or CG2, that helped get R3 out of their bed using the [redacted] R2 stated that "sometimes they do it together but usually it's just one person."

On 10/08/2025 at 11:28 AM, Provider stated they knew they had to have another caregiver onsite to assist R3, "I had just happened to walk out yesterday when you showed up".

This is an uncorrected deficiency previously cited on 08/27/2025.

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, CASA DE ALEGRE LLC is or will be in compliance with this law and / or regulation on (Date) 7 NOV 2025

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

Provider or Representative

28 OCT 2025
Date

present onsite right now. CG2 stated that the Provider stepped out and went to the grocery store and had been gone for about 45 minutes. CG2 stated they knew that R3 required two-person assistance with the [redacted] to transfer them out of bed. Regarding times like this when they were the only caregiver present in the AFH, CG2 stated "I don't have to change R3, they're in the living room in their wheelchair right now. I know I'm not supposed to change R3 by myself" and stated that the Provider was their second person for transferring R3. CG2 stated they will sometimes get R3 out of bed by themselves without a second person and stated that the Provider will also assist R3 out of bed without a second person. CG2 stated, "usually in the mornings I'll get R3 up by myself."

On 10/08/2025 at 4:02 PM, Resident 2 (R2), R3's roommate, stated it is usually one person, either the Provider or CG2, that helped get R3 out of their bed using the [redacted]. R2 stated that "sometimes they do it together, but usually it's just one person".

On 10/09/2025 at 11:28 AM, Provider stated they knew they had to have another caregiver onsite to assist R3, "I had just happened to walk out yesterday when you showed up".

This is an uncorrected deficiency previously cited on 08/27/2025.

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, CASA DE ALEGRE LLC 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 08/18/2025 of:

CASA DE ALEGRE LLC
11509 88th Avenue Ct SW
Lakewood, WA 98498

This document references the following complaint number(s): 187775

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:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer Master
Residential Care Services

09/05/2025
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)

09/06/2025
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 3 [R3]) received the care and services in a manner that actively supported their safety and failed to ensure 1 of 3 residents (Resident 2 [R2]) received required nurse delegation for services. This failure placed R3 at risk of harm during transfers due to the lack of required staff and placed R2 at risk for harm when their blood glucose (blood sugar) was tested and monitored by caregiving staff who had not received nurse delegation training.

Findings included...

Resident 3
Review of R3's record titled "Assessment Details", dated 04/23/2025, showed a diagnosis of [redacted]. Record showed that R3 required total dependence, two-person physical assist for transfers. Caregiver instructions included completing transfers for R3, physically assisting with completing transfers, and using assistive devices for transfers.

Review of R3's record titled "AFH Negotiated Care Plan", dated 05/23/2025, showed that R3 moved into the AFH on [redacted]2025. Special instructions stated that R3 used a

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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 3 [R3]) received the care and services in a manner that actively supported their safety and failed to ensure 1 of 6 residents (Resident 2 [R2]) received required nurse delegation for services. This failure placed R3 at risk of harm during transfers due to the lack of required staff and placed R2 at risk for harm when their blood glucose (blood sugar) was tested and monitored by caregiving staff who had not received nurse delegation training.

Findings included…

Resident 3
Review of R3's record titled "Assessment Details", dated 04/23/2025, showed a diagnosis of [redacted]. Record showed that R3 required total dependence, two-person physical assist for transfers. Caregiver instructions included completing transfers for R3, physically assisting with completing transfers, and using assistive devices for transfers.

Review of R3's record titled "AFH Negotiated Care Plan", dated 05/23/2025, showed that R3 moved into the AFH on [redacted]/2025. Special instructions stated that R3 used a

wheelchair and [redacted] for transfers.

On 08/18/2025 at 3:23 PM, Resident 2 (R2), R3's roommate, stated that when AFH staff got R3 out of bed, sometimes the Provider did it by themselves and sometimes there were two staff.

On 08/18/2025 at 3:44 PM, Provider stated they got R3 out of bed by using the [redacted] and stated, "I know it's two-person assist, but [R3] was very light, there are sometimes I do it by myself."

Resident 2

Review of R2's record titled, "Assessment Details", dated 03/12/2025, showed a diagnosis of [redacted]. Record showed the listed treatment of blood glucose monitoring as being nurse delegated as needed (PRN) and stated AFH staff performed the checks two times per day.

Review of R2's record titled, "AFH Negotiated Care Plan", dated 04/21/2025, showed R2 moved into the AFH on [redacted]/2022. Listed under the section "nurse delegation" showed that R2 needed assistance on insulin injection and glucose testing daily. Caregiver will prepare and assist R2 to get glucose tests and insulin injections daily.

Review of R2's record titled "Nurse Delegation: Nursing Visit", dated 07/27/2025, showed R2 required nurse delegation for these tasks: blood glucose monitoring; insulin administration; and eye drops. Caregiver 1 (CG1) was not listed as a delegated long-term care worker (LTCW) for R2's tasks.

On 08/18/2025 at 3:23 PM, R2 stated that CG1 checked their blood glucose in the mornings and evenings.

On 08/18/2025 at 3:44 PM, Provider stated that CG1 sometimes performed blood glucose tests for R2, stated that CG1 was not delegated to do that, and stated they knew that they were supposed to be the one performing that task for R2. Regarding CG1 performing blood glucose tests, Provider stated, "I know better".

On 08/18/2025 at 5:09 PM, CG1 stated that sometimes they check R2's blood glucose in the morning and in the evenings.

Statement of Deficiencies	Lic[illegible] # 702600	Compliance Determination # 64270
Plan of Correction	CASA [illegible] ALEGRE LLC	Completion Date
Page 4 of 4	License[illegible] CASA DE ALEGRE LLC	08/27/2025

I hereby certify that I have reviewed this r[illegible]ort and have taken or will take active measures to correct this deficiency. By t[illegible]g this action, CASA DE ALEGRE LLC is or will be in compliance with this law and / [illegible]egulation on (Date) 9/6/2025.

In addition, I will implement a system to m[illegible]itor and ensure continued compliance with this requirement.

Provider (or Representative)

09/06/2025
Date

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, CASA DE ALEGRE LLC 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