STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

CRISTINA SUCIU
LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

RE: LAKE LEOTA SENIOR CARE License # 750810

Dear Provider:

This letter addresses Compliance Determination(s) 79156 (Completion Date 06/17/2026) and 74737 (Completion Date 04/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/17/2026 and found that you have corrected the violations listed in the Complaint report dated 04/20/2026. Your home is back in compliance as of 04/23/2026 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 388-76-10225-1-a-ii, WAC 388-76-10225-2

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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

Sincerely,

Renee Bourque

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

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Statement of Deficiencies	License #: 750810	Compliance Determination # 74737
Plan of Correction	LAKE LEOTA SENIOR CARE	Completion Date
Page 1 of 4	Licensee: CRISTINA SUCIU	04/20/2026

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 03/23/2026 of:

LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

This document references the following complaint number(s): 215889

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Page 2 of 4	Licensee: CRISTINA SUCIU	04/20/2026

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.

Renae' Bourque
Residential Care Services

04/21/2026
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)

4/23/2026
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 5 residents (Resident 1) had an unwitnessed fall with injury in the AFH. This failure placed Resident 1 at risk of not getting proper medical treatment and unmet care needs.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted to the AFH on [redacted] 2024 with multiple diagnoses that included [redacted]

Record review of the AFH incident log showed Resident 1 had a fall when attempting to shower by themselves on [redacted] 2026. The incident log further showed Resident 1 had a skin tear above their left elbow and bruised spot. The incident log showed documentation that the AFH staff reported Resident 1's fall incident to Resident 1's family and care team. There was no documentation that the AFH staff reported Resident

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1's [redacted] 2026 fall incident to the CRU.

Review of hospital records showed Resident 1 was admitted to the hospital from [redacted] 2026 to [redacted] 2026 due to Sepsis (a serious condition in which the body responds improperly to an infection) of unspecified organism.

In an interview on 03/23/2026 at 03:21PM, Resident 1 stated that they might have fallen. Resident 1 stated that they did not remember going to the hospital. Resident 1 stated that they remember going to the clinic a little bit. Resident 1 could not recall details about their fall incident.

In an interview, on 03/23/2026 at 02:06PM, Staff A, Provider, stated that Resident 1 had a fall a few months ago in their room. Staff A stated that no one had witnessed Resident 1's fall. Staff A stated that, in the morning Staff B had just left resident 1's room to check on another resident. Staff A stated that when staff B came back to Resident 1's room a few minutes later, Staff B had found Resident 1 on the floor in the shower. Staff A stated that Resident 1's catheter was pulled but not pulled out. Staff A stated that they did not call 911 right away because Resident 1's seems fine and Staff B, Caregiver, did not notice any injury to Resident 1. Staff A stated that they called 911 later that day because they observed that Resident 1 was shaky and their (Resident 1) urine bag was not draining. Staff A stated that Resident 1 was admitted to the hospital for about 1 week due to Urinary Tract Infection (UTI). Staff A stated that they did not report Resident 1's [redacted] 2026 fall incident to the CRU because Resident 1 did not seem to have any injury when they fell.

In an interview on 03/23/2026 at 02:24PM, Staff B stated that they could not recall that Resident 1 had a fall.

Record review of the Secure Tracking and Reporting System (STARS) on 04/19/2026 at 10:37AM showed no report placed by any AFH staff to the CRU about Resident 1's unwitnessed fall incident on [redacted] 2026.

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Page 4 of 4	Licensee: CRISTINA SUCIU	04/20/2026

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 4/23/2026 .

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

Provider (or Representative) 4/23/2026 Date

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