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

Poplar Ridge Adult Family Home LLC
ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

RE: ELENAS HOME AT LAKE ROAD License # 752149

Dear Provider:

This letter addresses Compliance Determination(s) 79542 (Completion Date 06/25/2026) and 76220 (Completion Date 04/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2026 and found that you have corrected the violations listed in the Complaint report dated 04/28/2026. Your home is back in compliance as of 05/31/2026 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 388-76-10400-3-b, WAC 388-76-10400-2, WAC 388-76-10750-7, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10225-1-b-iii

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit I
Residential Care Services

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

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

Statement of Deficiencies	License #: 752149	Compliance Determination # 76220
Plan of Correction	ELENAS HOME AT LAKE ROAD	Completion Date
Page 1 of 8	Licensee: Poplar Ridge Adult Family Home LLC	04/28/2026

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 04/21/2026 of:

ELENAS HOME AT LAKE ROAD
14428 LAKE ROAD
LYNNWOOD, WA 98087

This document references the following complaint number(s): 221106

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, 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

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.

Renee' Bourque
Residential Care Services

05/01/2026
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.

Jerome Angels
Provider (or Representative)

5/8/2026
Date

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

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 1) were not given alcohol without Resident 1's physician approval. The AFH also failed to ensure Resident 1 was taken on community-based activities as directed in Resident 1's assessment. These failures placed Resident 1's health safety at risk when Resident 1 consumed an alcoholic drink while taking prescription medications, and placed Resident 1's mental and psychological well-being at risk for decline.

Findings included....

<Alcohol>

In observation, on 04/21/2025 at 10: 07 AM, showed two canisters labeled 'voodoo Ranger' in Resident 1's bedroom trash can. The canister showed it contained 9.5% alc/vol (alcohol per volume).

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Record review of Resident 1's negotiated care plan (NCP), dated 10/15/2025, showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses that included [redacted] and [redacted]

Record review of Resident 1's April 2026 medication log (ML) showed, Resident 1 had received multiple medications that included the medications listed below.

- Amlodipine besylate (used to treat high blood pressure) 10 Milligram (MG), taken daily.
- Baclofen (used to treat muscle pain) 10MG, taken three times a day at 8:00 AM, 12:00 PM, and 8:00 PM.
- Carvedilol (used to treat high blood pressure) 25 MG, taken two times a day at 8:00 AM and 8:00 PM.
- Fluoxetine (used to treat depression symptoms) 10 MG, taken daily at 8:00 AM.

Reviews of Resident 1's sampled list of medication interactions are shown below. Source: drugs. Com

- Amlodipine besylate: Alcohol consumption can cause a sharper drop in blood pressure.
- Baclofen 10 MG: Alcohol can increase the nervous system side effects of baclofen such as dizziness, drowsiness, and difficulty concentrating. Should avoid or limit the use of alcohol while being treated with baclofen.
- Carvedilol and ethanol (alcohol) may have additive effects in lowering your blood pressure.
- Fluoxetine: Alcohol can increase the nervous system side effects of Fluoxetine such as dizziness, drowsiness, and difficulty concentrating. should avoid or limit the use of alcohol while being treated with Fluoxetine.

Record review of Resident 1's April 2026 ML did not included a physician's orders to give Resident 1 alcoholic drinks.

Record review of an undated AFH house rule stated alcohol was not permitted in the AFH

In an interview, on 04/21/2026 at 10:07 AM, Resident 1 stated that the two canisters in the trash can were two alcoholic beers that had been given to them (Resident 1) by Staff C (Caregiver) two days ago.

In an interview, on 04/21/2026 at 11:52 AM, Staff C stated that they (Staff C) had given

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Resident 1 a non-acholic beer and poured it into an empty beer can when Resident 1 insisted they get 'real beer'.

In an interview, on 04/21/2025 at 12:05 PM, Staff B (Manager) stated that the AFH had supplied AFH residents with non-alcoholic beer. Staff B further stated that Alcohol was not permitted in the AFH.

<Community outings>

Record review of Resident 1's service summary dated and signed on 10/09/2025 by Resident 1, Resident 1's department's case manager, and Staff A (Provider), stated the daily rate included payment for four hours per month of assistance with participation in individualized activities in the local community. Service summary further stated Resident 1 required assistance with arrangements and transportation. Service summary instructed Staff A to make arrangements for Resident 1's preferred activities and/or going along on the activities when needed.

Record review of Resident 1's assessment dated 02/18/2026, stated that resident continued to be interested in community integration activities, required assistance with transportations, and instructed Staff A to provide transportations.

Record review of mental health counselors visit notes dated, 02/19/2026, 02/26/2026, 03/26/2026, 04/02/2026/ and 04/04/2024, stated that Resident 1 had been interested in going on outings.

In an interview, on 04/21/2026 at 10:07 AM, Resident 1 stated that they had been asking and wanted to go for outings in the community but had not happened since they (Resident 1) were admitted to AFH. Resident 1 stated that they were only assisted to AFH patio and had not been taken out for community-based activities.

In an interview, on 04/21/2026 at 11:52 AM, Staff C stated that Resident 1 had asked to go on outings. Staff C stated that they (Staff C) had been assisting Resident 1 to sit on the front and back patio. Staff C stated that Resident 1 had not done local community-based activities.

In an interview, 04/21/2025 at 12:05 PM, Staff B stated that Resident 1 goes out to the back and front Poarch of the AFH for fresh air. Staff B stated that Resident 1 participated in holiday celebrations with the other AFH's in the compound. Staff B stated that Resident 1 had not gone out for local community-based activities.

In an interview on 04/27/2026 at 12:21 PM, Collateral Contact 1 (CC1) stated that Resident 1 were to be taken to community-based activities of Resident 1's choice. CC1 stated that the AFH had not informed CC1 that Resident 1 had not been taken out for community-based activities.

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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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) May 31, 2026.

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

Jerome Angeles
Provider (or Representative)

5/8/2026
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation, interview and record review, Adult Family Home (AFH) failed to secure a toxic substance in a locked storage. This failure placed 6 of 6 residents (Residents 1, 2,3,4, 5 and 6) at risk of chemical exposure.

Findings included...

Observation on 04/21/2026 at 10:07 AM, showed disinfectant spray labeled 'Odo ban' was stored in Resident 1's room closet floor.

In an interview, on 04/21/2026 at 10:07 AM, Resident 1 stated that Staff C (Caregiver) left the spray in their room.

In an interview, on 04/21/2026 at 11:52 AM, Staff C stated that they (Staff C) had forgotten to store the disinfectant spray in the locked storage after Staff C cleaned Resident 1's room.

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Statement of Deficiencies	License #: 752149	Compliance Determination # 76220
Plan of Correction	ELENAS HOME AT LAKE ROAD	Completion Date
Page 6 of 8	Licensee: Poplar Ridge Adult Family Home LLC	04/28/2026

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 5/7/2026 .

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

Jerome Angeles — Provider (or Representative)

5/8/26 — Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update 1 of 6 residents (Resident 1's) Negotiated Care Plan (NCP) based on Resident 1's assessment. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

Record review of Resident 1's NCP dated 10/15/2025, showed the AFH admitted Resident 1 on [redacted] /2025 with multiple diagnoses that included [redacted].

Resident 1's NCP had not included Restorative programs (are structured, ongoing nursing interventions designed to maintain or improve a resident's functional abilities) to be completed by AFH caregivers.

Record review of Resident 1's assessment, dated 02/18/2026, showed Resident 1 were to receive Active Range of Motion (AROM) (is the movement of a joint using one's own muscle power), and Passive Range of Motion (PROM) (the movement of a joint done by a caregiver) to Resident 1's upper and lower body once a day.

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Record review of Resident 1's progress notes, dated 11/03/2025, showed a Physical Therapist ordered AFH staff to walk Resident 1 once a day.

In an interview, on 04/22/2026 at 12:05 PM, Staff B (Manager) stated that AFH caregivers had assisted Resident 1 with ambulation's, but the Restorative programs had not been added to Resident 1's care plan.

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 5/31/2026.

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

Jerome Angeles
Provider (or Representative)

5/8/2026
Date

WAC 388-76-10225 Reporting requirement.

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

(b) Report the following to the department by calling the complaint toll-free hotline number or completing an online report:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report when 1 of 6 residents (Resident 2), a vulnerable adult, went missing from the AFH. This failure placed Resident 2's safety at risk when all entities responsible for Resident 2's welfare were not informed of an episode of elopement (an act or instance of leaving a safe area or safe premises, done by a person with a mental disorder or cognitive impairment).

Findings included...

Record review of AFH's incident report showed Resident 2 eloped AFH on 12/12/2025 at 11:40 AM. Review of the incident report further stated that Resident 2 were found at a nearby store.

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Record review of Resident 2's Negotiated Care Plan (NCP), dated 07/01/2025, showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses that included [redacted], and [redacted]. The NCP indicated Resident 2 showed signs of short-term memory loss and wondered in the home. Resident 2's NCP instructed AFH staff to monitor Resident 2 and to secure AFH exit doors with an alarm.

Record review of Department's Secure Tracking and Reporting System (STARS) did not show AFH reported Resident 2's elopement.

In an interview, on 04/21/2026 at 12:05 PM, Staff B (Manager) stated that Resident 2 had eloped from the AFH and were found on a nearby road named 'Shelby Road'. Staff B stated that they had investigated the incident and had not reported it to the department.

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, ELENAS HOME AT LAKE ROAD is or will be in compliance with this law and / or regulation on (Date) 5/7/2026.

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

Jerome Angels
Provider (or Representative)

5/8/26
Date

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

PLAN OF CORRECTION

May 8, 2026

- WAC 388-76-10400. Care and services
  Expected Date of Correction: **May 31, 2026**

1. Regarding Alcohol Consumption

   - The home's manager has re-discussed with Resident 1 that the home will continuously NOT be serving any alcoholic drinks. However, Resident 1 was also informed that the home is happy to provide 1 can of NON-alcoholic beer once a week when resident wishes to have alternative drinks other than what is being served daily. PCP will be informed and will be asked for approval for consumption of the non-alcoholic beer. Care plan will be updated to reflect this provision. "House Rule" document, which is included on the resident admission agreement, will also be updated and signed by the resident.

2. Community Outings
   - Using an old form "Meaningful Activity Plan (MAP) Discovery", resident will be interviewed to gain a deeper knowledge of personal preferences. Using this tool, community outings will be planned accordingly, to satisfy the 4 hours per month of community involvement. The home will assist in making arrangements for resident to be taken to relevant individualized activities in the local community based on personal preference. Care plan will be updated to reflect this provision. "Outings" will be documented by staff/chaperone accordingly. "Outings" will be carried out at least 4 hours once a month.

- WAC 388-76-10750. Safety and Maintenance.
  Expected Date of Correction: **May 7, 2026**

  - The home's manager updated an employment document labeled "Staff Job Description" that indicates staff responsibilities. Document now includes proper storage of all toxic and hazardous substances. In-Service Education was conducted to remind staff of proper usage, handling, and storage of chemicals. As the home has 2 staff at any given time, staff were re-instructed to counter check all rooms and areas of the house after cleaning or disinfection is done, to make sure no chemicals were left behind.

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- WAC 388-76-10355. Negotiated Care Plan.
  Expected Date of Correction: **May 31, 2026**

  - Negotiated Care Plan will be updated to reflect all treatments and interventions done with and for the resident which includes Restorative Programs (AROM and PROM). Assistance given will be tracked and documented using a daily form labeled "Supportive Assistance" which now has been updated to include treatments such as daily exercises. Current care plan that is handwritten over a template will be converted to a typed and printed out document for easy reading and reference. All current and relevant information will be migrated accordingly, and all information and interventions not currently written will be added.

- WAC 388-76-10225. Reporting Requirement.
  Expected Date of Correction: **May 07, 2026**

  - Please accept the home's admittance of negligence of reporting. The related incident did not result to any harm or injury to the concerned resident, this is why reporting to the department was not attended to. We are now fully aware that any incident should be reported whether injury or harm resulted or not. Please know that the incident was in face reported to all relevant people (resident's guardian, family, police, and pcp) on the day of, except for DSHS. In-Service education conducted at the home, for all staff, which focused on reportable incidents that must be submitted to DSHS.

Please let me know if I missed anything, to correct the deficiencies found from the inspection. I hope that the execution of this Plan of Correction will satisfy the state requirements and put the home back in compliance. If there is anything else that is needed, I will be happy to work on it and provide it to the department. Thank you so much and kind regards

From: **Jerome Angeles** 5/11/26
Poplar Ridge AFH Representative
DBA Elena's Home 1 at Lake Rd.

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