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

Silver Lake Senior Care, LLC
Silver Lake Senior Care
1223 121st Pl SE
Everett, WA 98208

RE: Silver Lake Senior Care License # 752591

Dear Provider:

This letter addresses Compliance Determination(s) 67561 (Completion Date 10/24/2025) and 64851 (Completion Date 09/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/24/2025 and found that you have corrected the violations listed in the Full report dated 09/10/2025. Your home is back in compliance as of 10/18/2025 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH 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 the unannounced on-site full inspection on 08/28/2025 and 08/29/2025 of:

Silver Lake Senior Care
1223 121st Pl SE
Everett, WA 98208

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review, interview, and observations, the Adult Family Home (AFH) failed to ensure the Washington Name and Date of Birth (WNDOB) Background Check Inquiry (BGI) was renewed at least every 2 years for 1 of 4 current caregivers (Staff C, Caregiver). This failure placed residents at risk of receiving care from an individual who has unverified background check results.

Findings included…

Review of the AFH personnel file for Staff C showed an interim (temporary) Fingerprint Background Check (FBC) report, dated 07/10/2023, and showed no record. The interim FBC report expired on 07/10/2025. There was no other WNDOB BGI report in Staff C's personnel file.

During an interview on 08/28/2025 at 2:18 PM, Staff A, Representative/Resident Manager, stated that the AFH would renew the WNDOB BGI every 2 years. At 2:23 PM,

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

Staff A stated that the only BGI report they had on file for Staff C was the interim FBC report dated 07/10/2023 and had expired 07/10/2025. Staff A stated that they did not realize the BGI report for Staff C had expired. Staff A stated that they should have done the renewal of BGI for Staff C last month July 2025.

Observation on 08/28/2025 at 3:07 PM showed Staff A conduct a new BGI for Staff C.

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, Silver Lake Senior Care 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

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the medication log (ML) was kept current and medications were given as required for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for harm and medication errors.

Findings included…

Review of Resident 1's admission agreement form, dated [redacted]/2023, showed an admission date of [redacted]/2023.

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

Review of Resident 1's assessment and negotiated care plan, dated 02/10/2025 and reviewed on 09/01/2025, showed Resident 1 had multiple diagnoses that required assistance with activities of daily living. Resident 1's assessment showed they required staff to administer medication.

Observation during medication administration for Resident 1 on 08/28/2025 at 9:45 AM showed no supply of Acidophilus Probiotic tablet (a medication given to restore the normal balance of good bacteria in the body, primarily in the gut). Observation showed Staff A informed Staff B, Caregiver, that the medication was only to be given for 2 days.

Review of Resident 1's August 2025 ML, used by staff during the medication administration, showed an order for Acidophilus Probiotic tablet, Take 1 tablet by mouth twice daily for 7 days (Stop date 08/16/2025). The medication was scheduled for 8 AM and 8PM and had no stop date. Staff had documented on the ML the administration of the Acidophilus Probiotic tablet daily at 8PM from 08/14/2025 to 8/27/2025 (total of 14 PM doses) and daily at 8 AM from 08/15/2025 to 08/27/2025 (total of 13 AM doses).

Observation on 08/28/2025 at 9:52 AM showed Staff B signed for the administration of the 8 AM dose of the Acidophilus Probiotic tablet for 08/28/2025. There was no supply of Acidophilus Probiotic tablet available to give to Resident 1.

Review of the copy of Resident 1's August 2025 ML, provided by Staff A at 10:20 AM, showed a handwritten "Dc'd" (discontinued) next to the order of the Acidophilus Probiotic tablet. The order now had a line across the order and another line placed after the 08/16/2025 column and a handwritten "stop" to indicate the medication was only to be given until 08/16/2025. The staff's initials from 08/17/2025 to 08/28/2025 had been crossed off with a line.

During an interview on 08/28/2025 at 2:12 PM, Staff B stated that they had signed the order for the Acidophilus Probiotic tablet for 8 AM on 08/28/2025.

During an interview on 08/28/2025 at 2:12 PM, Staff A stated that Resident 1 was supposed to take the Acidophilus Probiotic tablet for 2 days only.

Review of the physician order sheets, dated 08/132025, showed an order for Probiotic Oral Tablet stating Give 1 tablet by mouth two times a day for post ABO (antibiotic) probiotic for 7 days. The order showed an order date of 08/04/2025, a start date of 08/09/2025 and a stop date of 08/16/2025.

Review of the August 2025 ML used during the medication administration on 08/28/2025 at 9:52 AM showed an order for the Lidocaine (pain medication) pain relief 4% (amount of Lidocaine on the patch) patch with staff's initials from 08/15/2025 to

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

08/23/2025 and was left blank (not initialed by staff) starting from 08/24/2025.

Observation during medication administration for Resident 1 on 08/28/2025 at 9:52 AM showed a box of unopened Lidocaine 5% patch with a date of 08/14/2025 on the pharmacy sticker label. Staff B was observed not signing the order for Lidocaine 4% patch on the August 2025 ML, following medication administration of Resident 1's morning medications for 08/28/2025.

During an interview on 08/28/2025 at 9:52 AM, Staff B stated they were not signing the order for the Lidocaine medication on the August 2025 ML because Resident 1's family did not want Resident 1 to use the Lidocaine 5% patch medication.

Review of the copy of Resident 1's August 2025 ML, provided by Staff A at 10:20 AM, showed an order for Lidocaine pain relief 4% patch with an order date of [redacted]/2025. The Lidocaine 4% patch was scheduled: "8 AM OFF, 8PM ON." There were staff's initial from 08/15/2025 through 08/23/2025. The Lidocaine 4% patch order had a line written across the order and another line with a word "Dc'd" written across the area where staff would write their initials. The lines and the "Dc'd" word were not on Resident 1's August 2025 ML during the medication administration at 9:52 AM.

During an interview on 08/28/2025 at 1:38 PM, Staff A stated that Resident 1 was using the Lidocaine 4% patch as needed for pain before Resident 1 went to the hospital.

During an interview on 08/28/2025 at 1:39 PM, Staff A stated that the family had verbalized that the co-pay was too high for the Lidocaine 5% patch than the 4% patch and wanted the dose changed [to 4%]. Staff A stated they had been giving the Lidocaine patch until the family had requested to change the dose. Staff A added that Resident 1 had been refusing the Lidocaine patch medication.

Observation of Resident 1's supply of Lidocaine patches on 08/28/2025 at 1:46 PM showed 2 boxes of Lidocaine 5% patch: an opened box with a date of 07/08/2024 on the prescription sticker label that was ordered to be given as needed and an unopened box with a date of 08/14/2025 on the prescription sticker label that was ordered to be given every morning.

During an interview on 08/28/2025 at 1:46 PM, Staff A stated they were using the "PRN" (as needed) supply of the Lidocaine 5% patch when they were signing the August 2025 ML from 08/15/2025 to 08/23/2025.

During an interview on 08/28/2025 at 1:48 PM, Staff A stated the order on Resident 1's August 2025 ML was for Lidocaine 4% patch.

Observation on 08/28/2025 at 1:49 PM showed Staff A asked Staff B if there was a

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

supply for the Lidocaine 4% patch and Staff B stated they had a supply of the Lidocaine 4% patch until 08/23/2025.

During an interview on 08/28/2025 at 1:49 PM, Staff A stated they were not sure how it was Lidocaine 4% patch on the August 2025 ML when it was Lidocaine 5% patch on the medication order list for September 2025.

Observation on 08/28/2025 at 1:52 PM showed Staff A telling Staff B that if there is no supply of the medication to not leave the ML blank. Staff A told Staff B to initial and circle if the medication had no supply or if the medication was refused.

During an interview on 08/282025 at 1:52 PM, Staff B stated they were aware of the AFH system to initial and circle the medication if the medication was not available or if a resident had refused it.

During an interview on 08/28/2025 at 1:57 PM, Staff A stated that they had reviewed the discharge orders that the nursing facility had faxed to the AFH on [redacted]/2025 which had the order for Lidocaine 4% patch. Staff A stated Resident 1 did not return to the AFH until 08/14/2025. Staff A stated they did not see that there was a change in the order from Lidocaine 4% to Lidocaine 5%.

During an interview on 08/28/2025 at 2:08 PM, Staff B stated that they had a supply of Lidocaine 4% and had ran out on 08/24/2025. Staff B stated that the order for the Lidocaine 4% patch was crossed off and was not signed. Staff A stated the staff should have circled the Lidocaine 4% patch from 08/24/2025 until a discontinued order was obtained.

Review of the discharge orders dated [redacted]/2025 showed a Lidocaine order for 4%.

Review of the unopened box of Lidocaine 5% patch showed a prescription date of 08/14/2025 with a prescription number of 5273091. The prescription label on the box stated, “Apply 1 patch to both knees and right hip for pain every morning. Leave on for 12 hours then take off for 12 hours.”

Review of the pharmacy order, dated 08/14/2025, showed an order for Lidocaine 5% patch.

Review of Resident 1’s August 2025 ML showed an order for Lidocaine 4%, dated [redacted]/2025 with a prescription number of 5271648. The order stated, “Lidocaine Pain relief 4% pat[ch]…Apply 1 patch to both knees and right hip for pain every morning. Leave on for 12 hours, then take off for 12 hours.” The dose in the August 2025 ML of Lidocaine 4% did not match the current order of Lidocaine 5%. The scheduled time of application “8 PM ON” did not match the order to apply “every morning."

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, Silver Lake Senior Care 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.