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

Ashford Senior Living Inc
Ashford at Lake Forest Park
315 NE 158th St
Shoreline, WA 98155

RE: Ashford at Lake Forest Park License # 755190

Dear Provider:

This letter addresses Compliance Determination(s) 81579 (Completion Date 08/04/2026) and 76378 (Completion Date 05/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2026 and found that you have corrected the violations listed in the Complaint report dated 05/06/2026. Your home is back in compliance as of 05/14/2026 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

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

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

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Statement of Deficiencies	License #: 755190	Compliance Determination # 76378
Plan of Correction	Ashford at Lake Forest Park	Completion Date
Page 1 of 4	Licensee: Ashford Senior Living Inc	05/06/2026

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 04/23/2026 of:

Ashford at Lake Forest Park
18210 30th Ave NE
Lake Forest Park, WA 98155

This document references the following complaint number(s): 220103

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, 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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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

05/14/2026
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)

05/14/2026
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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 7 residents (Resident 1) sustained dislocation of shoulder (injury where the top of the upper arm bone is forced out of the shoulder blade socket) and bruising of unknown origin. This failure placed Resident 1 at risk of not having the incident investigated and placed Resident 1 at risk of unmet care needs.

Findings Included...

Record review of Resident 1's Negotiated Care Plan (NCP), dated 12/22/2025, showed the AFH admitted Resident 1 on [redacted] 2020 with diagnoses that included [redacted] and [redacted] and [redacted].

Review of local hospital Emergency Department After Visit Summary (AVS), dated 11/17/2025, showed Resident 1 had dislocation of left shoulder joint.

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Record review of AFH's incident note, dated 11/17/2025, showed Resident 1 had a painful arm and was unable to feed self. Review showed Resident 1 transferred to local emergency department for possible shoulder dislocation.

Review of local Home Health Agency note, dated 12/20/2026, showed Resident 1 had Home Health physical therapy referral due to left shoulder pain and dislocation.

Review of local Home Health Agency note, dated 04/08/2026, showed Resident 1 had approximately 3" X 4" (three by four inches) new bruise on right forearm. Further review also showed a bruise on left index finger (the second digit).

In an interview, on 04/21/2026 at 7:56 AM, Collateral Contact 1 (CC1), stated that on 04/08/2026 they visited Resident 1 at the AFH. CC1 stated that Resident 1 had a new bruise on right arm that measured 3" x 4".

In an interview, on 04/23/2026 at 10:32 AM, Staff C, Resident Manager, stated that Resident 1 had an arm sling and a diagnosis of [redacted] when Resident 1 had come back from the hospital. Staff C stated they did not know what caused the injury. Staff C reported Resident 1 bruises easily.

In an interview, on 04/23/2026 at 10:45 AM, Staff B, Supervisor, stated that Resident 1 had been sent to a local hospital for evaluation and treatment. Staff B reported Resident 1 came back from hospital with an arm sling and diagnosis of [redacted] Staff B stated they were not sure if the injury was reported to the State. Staff B also stated it was common for Resident 1 to bruise easily.

In an interview, on 04/30/2025 at 10:42 AM, Collateral Contact 2 (CC2), stated that on 04/06/2026 they visited Resident 1 at the AFH. CC2 stated that there was redness to Resident 1's right arm and hand. CC2 stated they documented it in AFH's visitor log.

In an interview, on 05/05/2026 at 9:10 AM, Resident 1's representative stated that the AFH notified them of Resident 1's injury. The representative stated the AFH did not give them an explanation for how the injury had happened.

Review of Department records, on 04/23/2026, showed the AFH had not reported the injury (shoulder dislocation) without cause or the bruises from unknown source to the CRU as required.

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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, Ashford at Lake Forest Park is or will be in compliance with this law and / or regulation on (Date) 05/14/2026 .

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

Provider (or Representative) — Date: 05/14/2026

Statement of Correction

WAC 388-76-10225 – Reporting Requirements
Ashford at Lake Forest Park

Ashford Senior Living is committed to providing compassionate, high-quality care and maintaining compliance with all licensing requirements.

Although Ashford respectfully disagreed with the Department's finding, we have strengthened our reporting process to support resident safety and ensure consistent compliance.

Correction

The resident received prompt nursing assessment, physician and family notification, emergency medical treatment, and appropriate follow-up care.

Ashford has reviewed its mandatory reporting policy with all staff and provided additional education regarding injuries of unknown origin, suspected abuse or neglect, and mandatory reporting requirements.

The facility has also implemented an incident review process requiring the Provider or designee to review significant injuries, emergency room transfers, fractures, dislocations, unexplained bruising, and injuries of unknown origin to determine whether reporting is required.

Monitoring

The Provider or designee will review all applicable incidents to ensure compliance with reporting requirements. Additional education will be provided as needed.

Completion Date: 07/16/2026

Ashford Senior Living remains committed to resident safety, open communication, and continuous quality improvement.

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