STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

05/08/2026

Twin Lakes Care Home, LLC

Twin Lakes Care Home, LLC
2402 SW 317th St
Federal Way, WA 98023

RE: Twin Lakes Care Home, LLC License # 756394

Dear Provider:

This letter addresses Compliance Determination(s) 76945 (Completion Date 05/08/2026) and 73450 (Completion Date 03/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2026 and found that you have corrected the violations listed in the Full report dated 03/11/2026. Your home is back in compliance as of 03/12/2026 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 388-76-10015-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-1, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

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

Sincerely,

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 02/24/2026 of:
Twin Lakes Care Home, LLC
2402 SW 317th St
Federal Way, WA 98023

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kirsten Biddle, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a medical test site waiver license (MTSW) prior to performing blood glucose (BG [blood glucose is the main sugar in your blood, used by your body as its primary source of energy]) check for 1 of 4 residents (Resident 3). This failure placed the residents at risk of harm if the BG test was incorrectly conducted and inaccurately reported by AFH staff.

Findings included…

According to WAC 246-338-020 Licensure—Types of medical test site licenses.
After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1.
(1) Certificate of waiver. Applicable if the medical test site performs only the tests classified as waived.

In an interview with Staff A, Provider, on 02/24/2026 at 12:53 PM, stated that Resident 3 included a diagnosis of [redacted]

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Record review of Resident 3's dated, "MEDICATION LOG Feb 01, 2026 - Feb 28, 2026" showed medications next to a list of dates and times in boxes. Under Insulin showed, "Take 1 Injection… 15mins Before lunch Subcutaneous (applied under the skin)". Continued down the list of medications showed a named brand lancet [a small, sharp, single-use device used to puncture the skin and obtain a small blood sample for testing] to "BLOOD SUGAR CHECKS 2X/DAY".

Resident 3's Negotiated Care Plan (NCP) dated 12/22/2025, showed Resident 3 required medication administration and nurse delegation for insulin and blood sugars check.

During an interview with Staff A on 02/24/2026 at 3:33 PM, they stated that the AFH does not have an MTSW license and were unaware of the MTSW license requirement.

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, Twin Lakes Care Home, 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

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, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 2 and 3) received their medications as ordered and accurately documented the medication provided on the electronic medication administration record (EMAR). This failure placed these residents at risk of complications from not receiving medications as ordered.

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Findings included…

WAC 388-76-10475 Medication—Log.
The adult family home must:
(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
(3) Ensure the medication log includes:
(c) Documentation of any changes or new prescribed medications including:
(i) The change;
(ii) The date of the change;

In an interview on 02/24/2026 at 11:47 AM, Staff B, Caregiver, was asked if there were residents who received medications around 12 PM or 2 PM. Staff B reported the times were only at 8 AM and 5 PM that medications were given as prescribed.

In another interview on 02/24/2026 at 3:45PM, Staff A reported that they were the only staff that input the information into the EMAR system and provide the medications to residents at the AFH.

RESIDENT 3

Record review of Resident 3's binder showed an "After Visit Summary [AVS]" dated [redacted]/2026 of a hospitalization due to [redacted], listed five attributing diagnoses.

Record review showed the EMAR used for the residents in the AFH. Resident 3's EMAR dated, "MEDICATION LOG Feb 01, 2026 - Feb 28, 2026", showed two diagnoses: [redacted] and [redacted].

Record review in the EMAR under Loratadine showed, "Start: January 04, 2025…One Time Daily TAKE 1 TABLET BY MOUTH EVERY MORNING…". The medication was signed as given every day from 02/01/2026-02/24/2026.

Observation of the medication supply on 02/24/2026 at 3:50 PM, did not show a routine medication, Loratadine (non-drowsy over-the-counter antihistamine used to relieve 24-hour allergy symptoms).

Continuing the record review in the EMAR, it showed magnesium oxide as the next medication listed. Under this medication it showed, "Start: January 19, 2025…One Time Daily TAKE 1 TABLET BY MOUTH EVERY MORNING *HTR*(hold until requested)". The medication was signed as given every day from 02/01/2026-02/24/2026.

Observation of the medication supply on 02/24/2026 at 3:55 PM, did not show a routine medication, magnesium oxide (over-the-counter

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antacid, laxative, and dietary supplement).

In an interview with Staff A at 3:57 PM, on 02/24/2026, they reported that there was a mix up in the use of the bubble pack card (blister pack cards designed for medication compliance) from one that was marked “Use First” and “Use Second”. Staff A could not answer as to why that took place or for how long there was no medication supply found as ordered for Resident 3.

At 4:04 PM on 02/24/2026, Staff A showed a delivery receipt from the pharmacy dated “01/29/2026” in which the two missing medications, Loratadine and magnesium oxide were not found.

Further on the dated, “MEDICATION LOG Feb 01, 2026 - Feb 28, 2026”, the EMAR showed eye drops, eye ointment, insulin [(vital hormone produced by the pancreas that regulates blood sugar (glucose)], and glucose test strips to be administered at noon. The EMAR showed these signed as given by Staff A on 02/26/2026 at 4:05 PM.

In a telephone interview with Staff A on 03/05/2026 at 1:51 PM, they reported that the refills were ordered and delivered to the AFH for Resident 3 on 02/28/2026. Additionally, Staff A stated that the Primary Care Physician (PCP) changed the order of the Loratadine from routine once a day (QD) to as needed (PRN) verbally on 02/27/2026 or 02/28/2026. Staff A stated the magnesium oxide was reported by the pharmacy to be “family to provide” since it was an over-the-counter medication. Staff A reported to have ordered the magnesium oxide which was stated as delivered on 03/04/2026.

In a record review of the EMAR dated, “Mar 01, 2026 - Mar 31, 2026”, Loratadine PRN showed a start date of February 25, 2026. The magnesium oxide showed no indication of family to supply. It showed signed as given 03/01/2026-03/05/2026.

In a telephone interview with Collateral Contact 1, Pharmacy Technician (CC 1) on 03/10/2026 at 2:22 PM, they reported that the Loratadine prescription change from the PCP was changed from QD to PRN every 12 hours. CC 1 reported that the last delivery of Loratadine was on 09/18/2025. CC 1 stated that the order for magnesium oxide does not show family to supply, confirming the last delivery of the magnesium oxide to the AFH as 09/07/2025.

RESIDENT 2

Record review showed Resident 2’s EMAR dated, “MEDICATION LOG Feb 01, 2026 - Feb 28, 2026” under “PRN Medications: … LORAZEPAM 1 MG TABLET… Start: July 25, 2024 … Twice a Day… AS NEEDED FOR AGITATION”. This was shown as given once on 02/01/2026. Review of the “MEDICATION LOG Jan 01 – Jan 31, 2026” showed this medication was signed as given 15 times that month. Observation at 4:20 PM on 02/24/2026, did not show the medication Lorazepam (used to treat agitation and anxiety) was in supply for Resident 2.

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In an interview with Staff A at 4:20 PM on 02/24/2026, the Department Representative asked for how long the Lorazepam was out of supply. Staff A reported that they were not sure and they utilized the PRN for another prescription, Haldol (antipsychotic medication used to treat schizophrenia, Tourette syndrome, acute psychosis, and severe behavioral issues).

Record review of the EMAR dated, “MEDICATION LOG Jan 01 – Jan 31, 2026” showed under “PRN Medications: … HALOPERIDOL 5 MG… Start: November 14, 2024… TAKE 1 TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR AGITATION” signed as given 19 times that month.

Record review showed on the EMAR dated, “MEDICATION LOG Feb 01, 2026 - Feb 28, 2026”, under “PRN Medications: … NALOXONE HCL 4 MG NASAL SPR… Start: October 13, 2023… Every 5 minutes ADMINISTER 1 SPRAY INTO ONE NOSTRIL AS NEEDED FOR SUSPECTED OPIOID OVERDOSE” .

At 4:29 PM on 02/24/2026, observation did not show the Naloxone nasal spray was in supply.

In an interview with Staff A on 02/24/2026 at 4:29 PM, they reported Naloxone had expired and disposed of. Staff A did not recall when Resident 2 last required this and believed the order was transferred at admission to the AFH.

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, Twin Lakes Care Home, 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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure tuberculosis (TB [a communicable disease affecting

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the lungs]) testing for 1 of 2 staff (Staff B) within three days of hire. This failure placed residents at a potential risk of exposure to a communicable disease.

Findings included…

WAC 388-76-10280 Tuberculosis—One test.
The adult family home is only required to have a person take one test if the person has any of the following:
(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
(2) A documented negative result from one skin or blood test in the previous twelve months.

On 02/24/2026, during a record review of the AFH's undated personnel records, Staff B's, Caregiver, AFH orientation documentation showed they were hired on 01/01/2026.

Record review of the TB test records for Staff B showed a one-step TB skin test completed on 05/9/2025 and read on 05/12/2025, with a negative result.

In a telephone interview on 03/06/2026 at 3:05 PM, Staff B confirmed that the TB test records reviewed were in addition to another in September 2025 not in the file, which was negative for TB. Staff B reported that they did not take another TB test upon hire at the AFH.

In a telephone interview with Staff A, Provider, on 03/06/2026 at 4:02 PM, they reported that Staff B did have another TB test prior to hire and would send the verification.

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, Twin Lakes Care Home, 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

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