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

PARADISE LAKE SENIOR CARE CENTER, LLC
Paradise Lake Senior Care, LLC
19412 109th CT NE
Bothell, WA 98011

RE: Paradise Lake Senior Care, LLC License # 757442

Dear Provider:

This letter addresses Compliance Determination(s) 69680 (Completion Date 12/05/2025) and 67559 (Completion Date 10/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/05/2025 and found that you have corrected the violations listed in the Complaint report dated 10/21/2025. Your home is back in compliance as of 10/22/2025 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 388-76-10025-1

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

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

Sincerely,

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

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

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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 10/21/2025 of:

Paradise Lake Senior Care, LLC
10121 219TH ST SE
SNOHOMISH, WA 98296

This document references the following complaint number(s): 195996

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

The department staff that investigated the Adult Family Home:

Judith Mellon, RN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to ensure the Department received the annual licensing fee as required. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of living in a home that had not paid its annual licensing fees.

Findings included…

Review of the Department’s electronic records in the Secure Tracking and Reporting System (STARS) on 10/21/2025, showed the AFH did not pay their annual licensing fee due yearly on July 15. STARS showed a past due balance of $2700.00.

In an interview on 10/21/2025 at 9:30 AM, Staff A (Provider) stated that they were unaware the annual license fee was due and forgot to make the payment.

In an interview on 10/21/2025 at 9:30 AM, Staff B (Caregiver) stated that there were five residents who lived in the AFH.

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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, Paradise Lake Senior Care, 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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