STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

BARBARA BADGLEY
SERENE MEADOWS II
PO BOX 1300
DAVENPORT, WA 99122

RE: SERENE MEADOWS II License # 508400

Dear Provider:

This letter addresses Compliance Determination(s) 34011 (Completion Date 12/19/2023) and 31281 (Completion Date 11/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/19/2023 and found that you have corrected the violations listed in the Full report dated 11/01/2023. Your home is back in compliance as of 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 388-76-10285-2, WAC 388-76-10895-2-a, WAC 388-76-10198-2-a, WAC 388-76-10198-2-c, WAC 388-76-10198-2-b

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 508400	Compliance Determination # 31281
Plan of Correction	SERENE MEADOWS II	Completion Date
Page 1 of 5	Licensee: BARBARA BADGLEY	11/01/2023

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 10/18/2023 and 10/18/2023 of:
SERENE MEADOWS II
804 1st St
Davenport, WA 99122

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 inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

12/01/2023
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.

Barbara Badgley
Provider (or Representative)

11-19-2023
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:

WAC 296-842-15005 – Conduct fit testing.
(1) Provide, at no cost to the employee, fit tests for all tight-fitting respirators on the following schedule:
(a) Before employees are assigned duties that may require the use of respirators.

Based on record review and interview, the Adult Family Home (AFH) failed to ensure fit testing for an N95 mask was completed for 6 of 6 staff (Staff A, B, C, D, E & F). This failure placed residents at risk for exposure to communicable disease.

Findings included....

Review of Dear Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to fit test health care workers with a N95 mask for protection against communicable diseases.

Review of Dear Provider Letter dated 11/05/2021 "Respirator Fit Testing and Respiratory Protection Program Resource" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of Dear Provider Letter dated 09/14/2023 "Provider Responsibilities for Provision Of Personal Protective Equipment (PPE), Respiratory Protection Program (RPP), And Changes To Department Of Health RPP Resources" provided resources for the AFH to develop a Respiratory Protection Program and access resources for fit testing N95 respirators.

Review of infection control records showed there was no documentation that staff who worked in the AFH had been fit tested for N95 masks for Staff A, Provider, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver and Staff F, Caregiver.

In an interview on 10/18/2023 at 10:46AM Staff B stated they were aware that staff needed

to be fit tested for N95 masks, but they are waiting for staff to obtain medical releases.

Attestation Statement

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, SERENE MEADOWS II is or will be in compliance with this law and / or regulation on (Date) 10-25-23.

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

Barbara Badgley
Provider (or Representative)

10-25-23
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a two-step tuberculosis (TB) test was completed for 1 of 6 staff (Staff E). This failure placed residents at risk for exposure to respiratory illness.

Findings included....

Review of employee records showed Staff E, Caregiver, obtained an initial TB skin test on 03/27/2023 but had no documentation they completed a second TB skin test as required.

In an interview on 10/18/2023 at 11:53 AM Staff B, Resident Manager, stated they were unsure why Staff E did not complete their second TB skin test.

Attestation Statement

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, SERENE MEADOWS II is or will be in compliance with this law and / or regulation on (Date) 10/24 +11/14

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

Barbara Badgley
Provider (or Representative)

11-16-23
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that emergency evacuation drills occurred at least every sixty days for 5 of 5 residents (Residents 1, 2, 3, 4 & 5). This placed residents at risk of harm in case of a fire or other emergency.

Findings included....

Review of evacuation logs showed the AFH conducted its most recent evacuation drill on 08/10/2023.

In an interview on 10/18/2023 at 9:05AM Staff B, Resident Manager stated they knew drills were to be conducted every two months, but they were waiting to have the next drill when a new employee could participate.

Attestation Statement

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, SERENE MEADOWS II is or will be in compliance with this law and / or regulation on (Date) 10-18-23.

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

Barbara Badgley
Provider (or Representative)

11-18-23
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult family Home (AFH) failed to ensure valid cardiopulmonary resuscitation (CPR), first aid and food handler safety certification were available to the department during an inspection for 1 of 6 sample staff (Staff B). This placed residents at risk for foodborne illness and receiving care from persons not qualified to have access to vulnerable adults.

Findings included....

Review of employee records showed Staff B, Resident Manager, did not valid CPR, first aid and safe food handler training certification available for review during inspection of the home.

In an interview on 10/18/2023 at 9:40AM Staff B stated their CPR, first aid and safe food handler training certificates were on their computer and they would send them to the department as soon as possible.

Attestation Statement

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, SERENE MEADOWS II is or will be in compliance with this law and / or regulation on (Date) 10-19-23 .

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

Barbara Badg

Provider (or Representative)

11-18-23

Date

Serene Meadows II
Adult Family Homes

PO Box 1300
Davenport, WA 99122
(509) 725-0299

During an unannounced full inspection on October 18, 2023, it was found that Serene Meadows Adult Family Home did not meet the AFH licensing requirements.

WAC 388-76-10285 Tuberculosis

Based on observation, interview and record review, on October 18, 2023, it was brought to our attention that Serene Meadows II did not ensure that one staff member complete her TB testing upon hire.

On October 24, 2023, Staff C started her TB testing and followed up with it and complete the 2nd step TB testing on November 14, 2023, all results are available in Staff E employee file.

To ensure this does not happen again Serene Meadows will require proof of TB testing upon hiring a new caregiver.

WAC 296-842-15005 Conduct Fit Testing

Based on interview and record review on October 18, 2023, it was brought to our attention that Serene Meadows II did not ensure that all Staff be fit tested.

On October 25, 2023, All Staff had medical releases forms, and Respiratory Protection Plans and all staff Fit Tested with N95 masking by Kyron Medical. All documentation on current staff is placed at the home and available for review.

To ensure this does not happen again Serene Meadows will follow up with the yearly requirement before the yearly time is up.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation

Based on interview and record review on October 18, 2023, it was brought to our attention that Serene Meadows II did not ensure frequency and participation in emergency evacuation.

On October 18, 2023, Staff C held an Emergency Evacuation with Staff E being present to observe. All residents participated in this drill; it was a full evacuation.

To ensure this doesn't happen again, the Resident Manager has a written calendar of all drills when they need to be conducted and by whom.

WAC 388-76-10198 Adult Family Home Personal records.

Based on interview and record review on October 18, 2023, it was brought to our attention that Serene Meadows II did not ensure that all valid documents were available in personal records.

On October 19, 2023, Staff B, placed CPR, and Food Handlers training in personal record as well as faxed them to the department.

To ensure this doesn't happen again, we ask all staff to place valid documentation in their personal records within 24hrs of completion. Staff A and B will then follow up with personal records.

Thank you for giving us at Serene Meadows a chance to correct these situations. We care for all of our residents very much and want each one of them to be safe and happy at all times.

Sincerely.

Barbara Badgley-Provider
Serene Meadow II