



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SERENITY WOODS LLC
SERENITY WOODS ADULT FAMILY HOME LLC
218 Main St # 308
Kirkland, WA 98033

RE: SERENITY WOODS ADULT FAMILY HOME LLC License # 633201

Dear Provider:

This letter addresses Compliance Determination(s) 25891 (Completion Date 06/27/2023) and 24618 (Completion Date 05/31/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/27/2023 and found that you have corrected the violations listed in the Complaint report dated 05/31/2023. Your home is back in compliance as of 06/12/2023 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 off-site verification:
Debebe Kelia, NCI 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.



Residential Care Services Investigation Summary Report

Provider/Facility: SERENITY WOODS ADULT **Provider Type:** Adult Family Home
FAMILY HOME LLC

License/Cert.#: 633201

Intake ID: 81209

Compliance Determination #: 24618

Region/Unit #: RCS Region 2 / Unit I

Investigator: Debebe Kelia

Investigation Date(s): 05/30/2023 through 05/31/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) failed to pay the annual licensing fee.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction
Interviews:	Residents, Staff, Provider, Resident Representatives
Record Reviews:	Resident Records, Staff Records, Incident Logs, AFH Policies and Procedures, Medications.

Investigation Summary:

1. Record review on Department Facilities Management System showed the AFH did not pay their annual licensing fee. In an interview, the AFH provider stated they sent the check and probably not cashed it yet. In observation, the AFH was operating and had five clients. In an interview, the sampled residents stated there was no disruption of care, food, and utilities. Citation written, refer to the statement of deficiency dated 5/31/2023.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 633201	Compliance Determination # 24618
Plan of Correction	SERENITY WOODS ADULT FAMILY HOME LLC	Completion Date
Page 1 of 2	Licensee: SERENITY WOODS LLC	05/31/2023

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 an unannounced on-site complaint investigation on 05/30/2023 and 05/30/2023 of:

SERENITY WOODS ADULT FAMILY HOME LLC
14413 SALAL DR
EDMONDS, WA 98026

This document references the following complaint number(s): 81209

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Debebe Kelia, NCI Complaint Investigator
Renee Bourque, Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

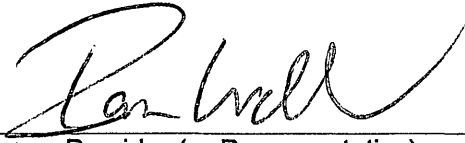
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee Bourque
Residential Care Services

06/06/2023
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.

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



Provider (or Representative)

06/12/2023

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 observation, interview, and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee of \$1,350.00 before the due date on 3/15/2023. This failure resulted in the AFH operating without a valid license since 3/16/2023.

Findings included...

A review of the Department Facilities Management System on 5/30/2023 showed the AFH did not pay their annual licensing fee, and the Department database showed the balance as \$1,350.00.

Observation on 5/30/2023 at 10:09 am, showed the AFH was operating and had five residents.

In an interview on 5/30/2023 at 10:55 am, Staff A, Provider, stated that they sent the check, which probably hasn't been cashed yet.

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, SERENITY WOODS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on

(Date) 06/12/2023 .

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



Provider (or Representative)

06/12/2023

Date

Plan of Correction
Compliance Determination # 24618

Serenity Woods, LLC
14413 Salal Drive
Edmonds, WA 98026
License #633201

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**.

Plan of Correction

1. An annual payment reminder has been created in provider's Calander, stating when the annual license renewal is due.
Send Payments via Certified Mail annually to confirm that payment was received by department.
Provider Confirmed that payment was received on 06/02/2023 and there is a \$0.00 balance on our account.



Date 06/12/2023

Provider: Ian Wallace