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) 54826 (Completion Date 02/13/2025) and 52361 (Completion Date 01/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/13/2025 and found that you have corrected the violations listed in the Complaint report dated 01/07/2025. Your home is back in compliance as of 02/09/2025 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 388-76-10510-7

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 12/30/2024 of:

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

This document references the following complaint number(s): 157756

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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.

Scottie Bower
Residential Care Services

02/07/2025
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.

IAN Wallace
Provider (or Representative)

02/09/2025
Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(7) Is cared for in an environment that is safe, clean, comfortable, and homelike; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 6 Residents (Resident 6) had a room that was free of clutter and safe to move around without tripping hazards. This failure placed Resident 6 at risk for falls, injures, and decreased quality of life.

Findings included...

Observation, on 12/30/2024 at 10:30 AM, showed the AFH was providing various care and services for six residents.

Additionally, observation on 12/30/2024 at 10:30 AM, showed Resident 6's room contained large amounts of personal belongings, such as boxes and luggage, that was spread all around the floor of the room with only a narrow path leading from the door to their bed. In the middle of the room was a 5 to 6 feet long exercise bike that was stored (bike was not set up or positioned to be used for exercise).

Record review of Resident 6's negotiated cared plan (NCP), dated 11/19/2024, showed Resident 6 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted] and [redacted]

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.

Scotti Bower
Residential Care Services

02/07/2025
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

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Record review of Resident 6's negotiated cared plan (NCP), dated 11/19/2024, showed Resident 6 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 6's NCP showed t Resident 6 was to use a walker to ambulate in their environment and that the AFH will observe Resident 6 for safety.

In an interview, on 12/30/2024 at 10:55 AM, Resident 6 stated that they were in the AFH due to falls and injuries they sustained when they were living in their apartment independently. Resident 6 stated that the skilled facility where they were recovering after last injury would not allow them to discharge back to their apartment, but they wanted them to go somewhere where they could get more assistance and would be safe.

In an interview, on 01/08/2025 at 9:50 AM, Staff A, Provider, stated that they spoke to Resident 6 about the exercise bike in their room and the clutter. Staff A stated that Resident 6 kept bringing new things to their room every week. Staff A stated that they would work with Resident 6 to re-arrange their room.

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) 02/09/2025.

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

IAN Wallace — Provider (or Representative)

02/09/2025 — Date

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In an interview, on 01/08/2025 at 9:50 AM, Staff A, Provider, stated that they spoke to Resident 6 about the exercise bike in their room and the clutter. Staff A stated that Resident 6 kept bringing new things to their room every week. Staff A stated that they would work with Resident 6 to re-arrange their room.

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)_____ .

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

_____ _____

Provider (or Representative) Date