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 III
PO Box 1300
Davenport, WA 99122

RE: SERENE MEADOWS III License # 637500

Dear Provider:

This letter addresses Compliance Determination(s) 28592 (Completion Date 09/08/2023) and 25783 (Completion Date 07/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/08/2023 and found that you have corrected the violations listed in the Full report dated 07/13/2023. Your home is back in compliance as of 08/03/2023 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Emily Crook, Long Term Care Surveyor/AFH

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 # 837500	Compliance Determination # 25783
Plan of Correction	SERENE MEADOWS III	Completion Date
Page 1 of 4	Licensee: BARBARA BADGLEY	07/13/2023

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 06/23/2023 and 06/29/2023 of:
SERENE MEADOWS III
803 1ST
DAVENPORT, WA 99122

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

The department staff that inspected the Adult Family Home:

Emily Crook, Long Term Care Surveyor/AFH

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

07/19/2023
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.

Statement of Deficiencies	License #: 637500	Compliance Determination #:25783
Plan of Correction	SERENE MEADOWS III	Completion Date
Page 2 of 4	Licensee: BARBARA BADGLEY	07/13/2023

Lana Bacchion-manager
Provider (or Representative)

7-28-2023
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (NDOB) background check was completed every 2 years for 2 of 7 staff reviewed (Staff F & G). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of staff records on 07/12/2023 showed Staff F, Caregiver, was hired in October of 2003. Staff F's Washington state NDOB background check expired on 02/10/2022.

Review of staff records on 07/12/2023 showed Staff G, Caregiver, was hired in June of 2018. Staff G's Washington state NDOB background check expired on 01/17/2022.

Staff B, Entity Representative, stated during an interview on 07/13/2023 at 8:25 AM, Washington state NDOB background checks are supposed to be completed every 2 years. Staff B stated they had been in the process of taking over the task of ensuring NDOB were completed and up to date. Staff B stated they did not notice Staff F and Staff G had expired background checks.

Attestation Statement

Statement of Deficiencies	License #: 837500	Compliance Determination #:25783
Plan of Correction	SERENE MEADOWS III	Completion Date
Page 3 of 4	Licensee: BARBARA BADGLEY	07/13/2023

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 III is or will be in compliance with this law and / or regulation on (Date) 7-24-2023

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

Lana Beardsley-manager — Provider (or Representative)

7-28-2023 — 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 296-842-12005- Develop and maintain a written program.
(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.

Based on interview and record review, the Adult Family Home (AFH) failed to have a written respiratory program (RPP) including training on use of a respirator and fit testing for N95 respirators for 7 of 7 staff (Staff A, B, C, D, E, F & G). This failure placed residents at risk for exposure to communicable diseases by not having staff trained and fit tested for use of N95 respirators.

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 develop and maintain a Respiratory Protection Program. The letter also required the AFH to fit test health care workers with a N95 respirator 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 infection control records in the AFH on 06/23/2023 showed there was no written respiratory protection program or documentation that fit testing had occurred for Staff A.

Statement of Deficiencies	License #: 837500	Compliance Determination #:25783
Plan of Correction	SERENE MEADOWS III	Completion Date
Page 4 of 4	Licensee: BARBARA BADGLEY	07/13/2023

Resident Manager, Staff B, Entity Representative, Staff C, Caregiver, Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff G, Caregiver.

Interview with Staff C on 06/23/2023 at 1:32 PM, they stated they had not been fit tested for an N95 mask. Staff A stated, during an interview, on 06/23/2023 at 2:41 PM, the home was in the process of getting someone to come out and fit test staff, but that staff have not been fit tested.

Staff B stated, during an interview, on 06/23/2023 at 3:36 PM, they did not have a written respiratory protection program and they did have someone scheduled to come out and fit test the staff, but they never came, and staff had not been fit tested.

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 III is or will be in compliance with this law and / or regulation on (Date) Aug 3, 2023

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

Lara Budish
Provider (or Representative)

7-28-2023
Date

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 III
P.O. Box 1300
DAVENPORT, WA 99122

RE: SERENE MEADOWS III # 637500

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/13/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home did not ensure a resident had a signed and dated copy of the Medicaid policy.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect,

or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home failed to ensure a resident had a written notice of services in their record.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Serene Meadows II & III
Adult Family Homes

PO Box 1300
Davenport, WA 99122
(509) 725-0299 & 7778

During an unannounced full inspection on June 23, 2023, it was found that Serene Meadows Adult Family Home did not meet the AFH licensing requirements.

WAC 388-76-10165 Background checks.

Based on interview and record review, on June 23, 2023, it was brought to our attention that Serene Meadows III did not ensure that the home keep up on NDOB backgrounds every two years.

On June 23 & 24, 2023, Staff B, Manager, had staff F & G complete new NDOB backgrounds and submitted them. Within a few moments staff G's NDOB came back and within 2 days staff F's came back, both being cleared to continue to work at Serene Meadows.

To ensure this does not happen again Serene Meadows has taken the time to make a spread sheet with all employees and due dates for all NDOB backgrounds, setting the time frame 2 weeks before expiration. This task was completed on June 24, 2023. Serene Meadows Manager will be responsible for these items.

WAC 388-76-10015 License Adult Family home Compliance required.

Based on interview and record review on June 23, 2023 , it was brought to our attention that Serene Meadows III did not have a written plan for respiratory protection program and no documentation for N95 fit testing.

On June 25-28, 2023 Staff B, manager has been working on Respiratory protection program documentation and then will get every staff member Fit tested.

To ensure this does not continue to be a problem Serene Meadows, staff B has signed up for Dear Provider letters to stay up to date on new or revised issues. Staff B, is currently working on all documentation for the Fit Testing and program protection to have all current and future employees Fit tested upon hire. This will be completed by August 3, 2023.

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; Lana Bowdish - manager

Barbara Badgley-Provider Lana Bowdish
Serene Meadow III