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) 55167 (Completion Date 02/21/2025) and 53443 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/21/2025 and found that you have corrected the violations listed in the Full report dated 01/29/2025. Your home is back in compliance as of 02/02/2025 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 388-76-10165-1-a, WAC 388-76-101631-1, WAC 388-76-10585-1-a, WAC 388-76-10350-2-d

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

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community 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

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 01/22/2025 of:

SERENE MEADOWS III
803 1st St
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:

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.

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 388-76-10165 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 ;

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 1 of 7 staff current reviewed (Staff F) and 1 of 1 former staff (Staff H). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included…

On 01/22/2025 review of staff records showed Staff F, Caregiver, was hired in 09/13/2023. Staff F did not have a Washington state NDOB background check available for review. At 1:01 PM Staff D, Caregiver, stated that Staff F’s NDOB background check was expired.

On 01/22/2025 review of staff records showed Staff H, Caregiver’s, Washington state NDOB background check expired on 08/27/2024. Records showed Staff H left employment with the home on 11/04/2024. (69 days overdue).

In an interview on 01/22/2025 at 1:02 PM Staff B, Resident Manager stated they were unsure why Staff F and Staff H did not obtain new NDOB background checks when their previous ones expired.

This is a repeated deficiency previously cited on 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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-101631 Background checks Washington state name and date of birth background check. If the results of the Washington state name and date of birth background check indicate an individual has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action listed in WAC 388-76-10180 then:

(1) If the individual is a caregiver, entity representative or resident manager, the adult family home must not employ the individual, either directly or by contract; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure they did not employ 1 of 1 staff (Staff E) who had a disqualifying Washington State name and date of birth (NDOB) background check result and had access to 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6). This failure resulted in residents receiving care from a staff who had a disqualifying finding on their NDOB background check.

Findings included….

Observation on 01/22/2025 at 8:32 AM showed Residents 1, 2, 3, 4, 5 and 6 eating breakfast in the home.

On 01/22/2025 review of a NDOB background check result dated 10/31/2024 showed

Staff E, Caregiver, had disqualifying information reported by one or more background check data sources.

In an interview on 01/22/2025 at 9:55 AM Staff B, Resident Manager, stated that Staff E worked alone in the home four nights of the week. Staff B stated they did not know that Staff E's NDOB background check result disqualified Staff E from working unsupervised in the home.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home failed to ensure that recent inspection reports were in an area where they can be easily viewed for 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6). This failure resulted in residents being uninformed of the results of inspection and follow-up visits in the AFH.

Findings included….

Observation on 01/22/2025 at 8:32 AM showed Residents 1, 2, 3, 4, 5 and 6 eating breakfast in the home.

Review of department records showed a Statement of Deficiency (SOD) was issued for

an inspection dated 07/13/2023.

Observation during an environmental tour on 01/22/2025 at 12:45 PM showed the SOD for the inspection dated 07/13/2023 was not posted in the home.

In an interview on 01/22/2025 at 12:47 PM Staff B, Resident Manager, stated they did not know where the statement of deficiency letter was located.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an assessment was reviewed and updated at least once every twelve months for 1 of 6 residents (Resident 6). This failure placed residents at risk for unmet care needs.

Findings included….

On 01/22/2025 review of resident records showed Resident 6’s initial assessment was completed on 03/10/2023. There was no documentation to show another assessment had been completed. (318 days overdue).

In an interview 01/22/2025 at 1:14 PM Staff B, Resident Manager, stated they did not know why an assessment had not been completed within twelve months of Resident 6

being admitted to the home.

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)_____ .

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

_____ _____

Provider (or Representative) Date

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BARBARA BADGLEY
SERENE MEADOWS III
PO Box 1300
Davenport, WA 99122

RE: SERENE MEADOWS III # 637500

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/29/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of resident records showed no disclosure of charges for one resident in the home. The resident manager did not know why the document was not in the resident’s records. There was no negative outcome to the resident.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

Review of resident records showed a negotiated care plan was not completed within thirty days of admission for one resident in the home. The resident manager stated they did not know why the care plan was not completed by the required time. There was no negative outcome to the resident.

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)598-0182.

Sincerely,

Selena Clemons, Interim Community 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:
Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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 IDR**s 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225