STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

SERENITY HARBOR AFH CO

SERENITY HARBOR AFH CO
749 VASHON PL NE
RENTON, WA 98059

RE: SERENITY HARBOR AFH CO License # 751320

Dear Provider:

This letter addresses Compliance Determination(s) 54946 (Completion Date 02/18/2025) and 51923 (Completion Date 12/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/18/2025 and found that you have corrected the violations listed in the Full report dated 12/26/2024. Your home is back in compliance as of 02/01/2025 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-b, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10380-4, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751320	Compliance Determination # 51923
Plan of Correction	SERENITY HARBOR AFH CO	Completion Date
Page 1 of 6	Licensee: SERENITY HARBOR AFH CO	12/26/2024

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 12/17/2024 and 12/17/2024 of:
SERENITY HARBOR AFH CO
749 VASHON PL NE
RENTON, WA 98059

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 01/08/2025 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: 1/15/25

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:

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 1 Household Member (HM1) over the age of 11 years old. This failure placed all current residents at risk of exposure or harm from HM with unknown current criminal background.

Findings included...

On 12/17/2024 at 2:36 PM, observation showed HM1 was inside Resident 2's bedroom fixing a window panel.

In an interview on 12/17/2024 at 12:47 PM, Staff A, Entity Representative, stated that the AFH had two levels. All residents lived on the lower level, and they lived on the upper level. HM1 sometimes visited the home and slept on their own bedroom on the upper level. Staff A further stated that HM1 had a BGC because they worked as a "handy man" at the home.

Record review of HM1's BGC showed a BGC was completed on 06/16/2021 and 12/17/2024. There was no record to show that HM1's BGC was renewed on 06/16/2023 (551 days due) prior to 12/17/2024 BGC.

In an interview on 12/17/2024 at 2:55 PM, Staff A stated that they did not pay attention and forgot to renew HM1's BGC.

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 HARBOR AFH CO is or will be in compliance with this law and / or regulation on (Date) 2/1/25.

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

Provider (or Representative) — Date 1/15/25

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;

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

(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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 2 and/or their representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included...

During an unannounced visit on 12 /17/2024 from 10:33 AM to 4:53 PM, observation

showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

Review of records showed the AFH admitted Resident 2 on [redacted]/2022. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (171 days overdue).

In an interview on 12/17/2024 at 4:54 PM, Staff A stated they did not know that the notice of services needed to be reviewed and signed every two years.

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 HARBOR AFH CO is or will be in compliance with this law and / or regulation on (Date) 2/1/25.

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

Provider (or Representative) — Date 1/15/25

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) at least every twelve months. This failure placed Resident 2 at risk for unmet care needs.

Findings included...

During an unannounced visit on 12 /17/2024 from 10:33 AM to 4:53 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

Review of Resident 2's records included an NCP dated [redacted]/2022, [redacted]/2023 but did not have a 2024 NCP (171 days overdue) found in the resident's file.

In an interview on 12/17/2024 at 4:18 PM, Staff A stated that Resident 2's NCP was not reviewed and signed in 2024 because the resident's representative was in a hurry when they visited the AFH.

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 HARBOR AFH CO is or will be in compliance with this law and / or regulation on (Date) 2/1/25 .

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

Provider (or Representative) 1/15/25 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not give the right medication as prescribed for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of health complications due to medication error.

Findings included...

During an unannounced visit on 12 /17/2024 from 10:33 AM to 4:53 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

In an interview on 12/17/2024 at 11:41 AM, Staff A stated that Resident 2 received medication assistance from staff.

Observation on 12/17/2024 at 4:17 PM, showed Resident 2's medication supplies included a bottle with the following label: "Stool Softener Docusate Sodium (a stool softener used to treat constipation) 50 milligrams (mg.) Sennosides 8.6 mg. (Senna- a

stimulant laxative used to treat constipation)."

Record review of the Resident 2's December 2024 Medication Administration (MAR) showed the following was written; "Senna 8.6 mg. tablet. Take 1 tablet by mouth once daily as needed for constipation". The MAR had staff initials on 12/02/2024, 12/06/2024, 12/11/2024, and 12/16/2024, to indicate the medication was given on those days.

Record review of Resident 2's doctor's order dated 08/18/2022 showed the above medication was ordered as written in the December 2024 MAR.

In an interview on 12/17/2024 at 4:17 PM, Staff A stated that Resident 2's representative was a nurse who supplied the medication. Resident 2's representative told them that it was the medication prescribed, and they were not aware the medication was a combination of two medications Docusate 50 mg. and Senna 8.6 mg (not just Senna 8.6 mg. as prescribed).

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 HARBOR AFH CO is or will be in compliance with this law and / or regulation on (Date) 2/1/25.

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

Provider (or Representative) — Date: 1/15/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

01/08/2025

SERENITY HARBOR AFH CO
SERENITY HARBOR AFH CO
749 VASHON PL NE
RENTON, WA 98059

RE: SERENITY HARBOR AFH CO # 751320

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/26/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

During a resident bedroom's ([redacted]) tour with Staff A, Entity Representative, on 12/17/2024 at 1:39 PM, observation showed a broken window panel that left approximately four inches gap/open space even when the window blinds were in closed position. The AFH immediately repaired the broken window panel before the Department Staff exited the home.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, 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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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