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 CARE ADULT FAMILY HOME LLC

SERENITY CARE ADULT FAMILY HOME LLC
PO BOX 451
BELLEVUE, WA 98009

RE: SERENITY CARE ADULT FAMILY HOME LLC License # 752477

Dear Provider:

This letter addresses Compliance Determination(s) 42057 (Completion Date 05/31/2024) and 37940 (Completion Date 04/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/31/2024 and found that you have corrected the violations listed in the Full report dated 04/10/2024. Your home is back in compliance as of 03/20/2024 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 388-76-10400-2, WAC 388-76-10430-1, WAC 388-76-10825-3

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752477	Compliance Determination # 37940
Plan of Correction	SERENITY CARE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 5	Licensee: SERENITY CARE ADULT FAMILY HOME	04/10/2024

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 03/07/2024 and 03/07/2024 of:
SERENITY CARE ADULT FAMILY HOME LLC
12648 NE 4TH STREET
BELLEVUE, WA 98005

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

Renae' Bourque
Residential Care Services

04/19/2024
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) 4/22/2024 Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the Adult Family Home (AFH) failed to provide the proper treatment to 1 of 2 sampled residents (Resident 2) for their skin condition. This failure resulted in Resident 2 developing a partial loss of skin layers on their buttocks that caused them discomfort.

Findings included...

Record review of Resident 2's Negotiated Care Plan (NCP), dated 01/24/2024, showed Resident 2 had several debilitating diagnoses. On page 10 of the NCP, for Skin Problems, the box indicating there were skin problems was checked "no". No information about the care and treatment of pressure sores and prevention were found on Resident 2's NCP, including the use of a [redacted].

Record review Resident 2's March 2024 Medication Log showed an order written on 08/14/2023 for Tegaderm 2.375 inch x 2.75 inch (bandage) apply daily to pressure sore as needed for wound care. No staff initials were present indicating that the Tegaderm had been applied.

Observation, on 03/07/2024 at 4:30 PM, with Staff B (Resident Manager), showed a supply of Tegaderm dressings were not available at the AFH.

During an interview, on 03/07/2024 at 4:35 PM, Staff B stated that the Pharmacy stated that the Tegaderm was not covered, therefore, they didn't have it, and haven't been using it to treat the pressure sore.

Record review of a Doctor's Office Visit Form, dated 01/26/2024, showed that Resident 2 visited their doctor for a groin and buttocks rash with redness and pain, upon which the doctor wrote "use Roho cushion, turn every 2 hours". Record review of a Progress Note, dated 01/28/2024, showed that the family of Resident 2 purchased a donut cushion. Record review of a Progress Note, dated 01/29/2024, showed Resident 2 began

using the donut cushion on 01/29/2024. No doctor's order for a donut cushion could be found in Resident 2's record.

A joint observation with Staff B, on 03/07/2024 at 5:00 PM, showed Resident 2 was sitting in a wheelchair on a donut hole seat cushion, placed over a [redacted]. Skin observation showed Resident 2 had a 2 cm x 3 cm partial removal of skin layers to left upper buttocks with no dressing on it.

In an interview, on 03/07/2024 at 4:50 PM, Resident 2 stated that they still had an open sore on their bottom, that it caused them pain, and that they are unhappy about it.

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 CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2024.

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

Provider (or Representative) 4/22/2024 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]2022. Resident 2's assessment, dated 11/21/2023, showed assistance with medication management was needed.

Record review of Resident 2's March 2024 Medication Log showed a physician order written on 06/24/2023 for Acetaminophen-Cod #3 Tablets (medication to treat pain) take

1 to 2 tablets by mouth every four to six hours as needed for pain, a physician order written on 10/09/2023 for Chest Congestion Relief Solution (medication to treat cough) take 10 milliliters by mouth every four hours as needed, and a physician order written on 12/21/2023 for Quetiapine Fumarate (a medication to treat behaviors) take 1 tablet (25 milligrams) by mouth once daily as needed for restlessness and agitation.

In a joint observation, on 03/07/2024 at 4:25 PM, with Staff B (Resident Manager), of Resident 2's medication supply showed the Acetaminophen-Cod #3 tablets, Chest Congestion Relief Solution, and Quetiapine Fumarate tablets were not available in the AFH.

During an interview, on 03/07/2024 at 4:29 PM, Staff B stated that they thought that the Acetaminophen-Cod #3 tablets were discontinued, that they didn't reorder the Chest Congestion Relief Solution after the first bottle was finished, and that Resident 2's doctor changed the Quetiapine Fumarate to routine, so they never received the as needed dose from the pharmacy.

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 CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 3/07/2024.

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

Provider (or Representative) — Date: 4/22/2024

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure that the heating source (space heater) in 1 of 6 bedrooms (Bedroom E) had a flame-resistant barrier that did not get too hot to touch. This failure placed Resident 2 at risk for getting burned.

Findings included..

Record review of Resident 2's Negotiated Care Plan dated 01/24/2024 showed Resident 2 used a manual wheelchair for mobility and required one-person physical assistance.

During a tour on 03/07/2024 at 11:35 AM, observation with Staff B (Resident Manager) showed a space heater in Bedroom E that was plugged in, and hot to touch.

During an interview with Staff B, on 03/07/2024 at 11:36 AM, Staff B stated that Resident 2 wanted to have a space heater during the winter months. Staff B stated that they were unaware of the regulations regarding heaters, and that they had no barrier to prevent the resident from touching the hot space heater.

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 CARE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 3/07/2024.

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

Provider (or Representative) — Date: 4/22/2024