STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Grace Serene Adult Family Home LLC

Grace Serene Adult Family Home LLC
1526 GOAT TRAIL ROAD
MUKILTEO, WA 98275

RE: Grace Serene Adult Family Home LLC License # 754273

Dear Provider:

This letter addresses Compliance Determination(s) 71830 (Completion Date 01/23/2026) and 70096 (Completion Date 12/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/23/2026 and found that you have corrected the violations listed in the Follow up report dated 12/12/2025. Your home is back in compliance as of 12/30/2025 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 388-76-10805-1, WAC 388-76-10805-2-b, WAC 388-76-10805-3, WAC 388-76-10805-4, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-2, WAC 388-76-10161-3

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

Sincerely,

Renee' Bourgue on behalf of Nicholette Flynn

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 follow-up on 12/09/2025 of:

Grace Serene Adult Family Home LLC
1526 GOAT TRAIL ROAD
MUKILTEO, WA 98275

This document references the following SOD dated: 12/12/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

Statement of Deficiencies
Plan of Correction
Page 2 of 4

License #: 754273 Compliance Determination # 70098
Grace Serene Adult Family Home LLC Completion Date
Licensee: Grace Serene Adult Family Home LLC 12/12/2025

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 12-19-2025

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 resident rooms (Room [redacted] (Resident 3) and Room [redacted] (Resident 2) had an automatic smoke alarm installed. This failure placed 2 of 3 residents, Residents 2 and Resident 3, at risk of injury during an emergency.

Findings included...

Observation, on 12/09/2025 at 3:00 PM, showed Resident Room [redacted] and Resident Room [redacted] had no automatic smoke alarms installed.

In an interview, on 12/09/2025 at 3:10 PM, Staff B (Caregiver) stated the AFH had installed all new automatic smoke alarms in the AFH, but the adhesive used to attach

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

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Provider (or Representative) | Date

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(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 resident rooms (Room [redacted] (Resident 3) and Room [redacted] (Resident 2) had an automatic smoke alarm installed. This failure placed 2 of 3 residents, Residents 2 and Resident 3, at risk of injury during an emergency.

Findings included…

Observation, on 12/09/2025 at 3:00 PM, showed Resident Room [redacted] and Resident Room [redacted] had no automatic smoke alarms installed.

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Statement of Deficiencies	License #: 754273	Compliance Determination # 70096
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: Grace Serene Adult Family Home LLC	12/12/2025

the alarms to the ceilings was failing and the alarms were falling off. Staff C stated the AFH had purchased all new alarms that could be installed with hardware and were going to install all new alarms again.

This is a repeated deficiency previously cited on 09/29/2025 and 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-30-2025. 12-30-2025

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

Provider (or Representative) Date 12.30.2025

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) had the required national fingerprint background check available to review. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of receiving care from a caregiver with an unknown background.

Findings included...

Record review showed Staff B (Caregiver) did not have a national fingerprint

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) had the required national fingerprint background check available to review. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of receiving care from a caregiver with an unknown background.

Findings included…

Record review showed Staff B (Caregiver) did not have a national fingerprint

Statement of Deficiencies	License #: 754273	Compliance Determination # 70096
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: Grace Serene Adult Family Home LLC	12/12/2025

background check result available to review.

In an interview, on 12/09/2025 at 3:20 PM, Staff B stated they would have the background check completed.

This is a repeated deficiency previously cited on 09/29/2025 and 07/29/2025.

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Provider (or Representative)  Date 12-30-2025

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Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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Grace Serene Adult Family Home LLC
1526 GOAT TRAIL ROAD
MUKILTEO, WA 98275

This document references the following SOD dated: 09/29/2025

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The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

10/07/2025
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)

11-6-2025
Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the laundry room window had a screen that would prevent insects from entering the home. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of a decreased quality of life.

Findings included...

Observation, on 09/19/2025 at 2:15 PM, showed the window in the upstairs laundry room that had an 6 inch by 3 inch hole in the screen.

In an interview, on 09/19/2025 at 2:45 PM, Staff C (Designated Entity Representative) reported the screen would be replaced.

This is an uncorrected deficiency previously cited on 07/29/2025.

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

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Findings included…

Observation, on 09/19/2025 at 2:15 PM, showed the window in the upstairs laundry room that had an 6 inch by 3 inch hole in the screen.

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This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025.

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

Provider (or Representative) — Date: 10-23-2025

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was a sufficient supply of emergency food for each resident and each household member in an emergency. This failure place 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet care needs.

Findings included...

Observation, on 09/12/2025 at 2:20 PM, showed a box of dehydrated grains including rice, wheat and oats, ten cans of assorted canned vegetables, one small package of frozen meat, and two packages of frozen chicken. Observation showed a insufficient quantity of food for three days for three residents, and caregivers, in an emergency.

In an interview, on 09/12/2025 at 2:55 PM, Staff A (Provider) stated that they thought the AFH had sufficient dehydrated meals for an emergency but was unable to find the meals.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) 10-23-2025 Date

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all automatic smoke alarms were in working order, were interconnected throughout the AFH and were in the immediate vicinity of the bedrooms. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury during a fire emergency.

Findings included...

Observation, on 09/19/2025 at 2:15 PM, showed empty automatic smoke alarm mounting brackets, an older one and a newly installed bracket, in the ceiling in resident occupied bedrooms B, C, D, E and F. The missing smoke alarms in the resident bedrooms were located on the dresser, or shelves, in the rooms except for vacant bedroom D where no smoke alarm was located. Observation of the upstairs hallway adjacent to the resident bedrooms showed there was no smoke alarm present in the hallway ceiling mounting bracket.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Observation, on 09/19/2025 at 2:20 PM, Staff C (Designated Entity Representative) was asked to set the automatic fire alarms off in the AFH. Staff C used the downstairs entrance hallway alarm and pressed and held the button on the alarm. The alarm was heard only downstairs and only under the alarm itself. The alarm was not heard in the resident bedrooms upstairs and was quiet in the upstairs hallway.

In an interview, on 09/19/2025 at 2:40 PM, Staff A (Provider) stated that the automatic smoke alarms were initially removed from the ceiling mounting brackets because they were all "beeping" and causing an annoyance. Staff A reported they tried to replace the automatic smoke alarms with new alarms and brackets, but they did not work.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025

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

Provider (or Representative) — Date: 10-23-2025

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 3 residents (Resident 2) with [redacted] and a [redacted] had the required safety assessment, consent and the care planning to ensure the safe use of the [redacted] rails and the [redacted]. This failure placed Resident 2 at risk of injury.

Observation, on 09/19/2025 at 2:20 PM, Staff C (Designated Entity Representative) was asked to set the automatic fire alarms off in the AFH. Staff C used the downstairs entrance hallway alarm and pressed and held the button on the alarm. The alarm was heard only downstairs and only under the alarm itself. The alarm was not heard in the resident bedrooms upstairs and was quiet in the upstairs hallway.

In an interview, on 09/19/2025 at 2:40 PM, Staff A (Provider) stated that the automatic smoke alarms were initially removed from the ceiling mounting brackets because they were all “beeping” and causing an annoyance. Staff A reported they tried to replace the automatic smoke alarms with new alarms and brackets, but they did not work.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 3 residents (Resident 2) with [redacted] and a [redacted] had the required safety assessment, consent and the care planning to ensure the safe use of the [redacted] and the [redacted]. This failure placed Resident 2 at risk of injury.

Findings included…

RESIDENT 2:
Record review for Resident 2 showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 09/19/2025 at 2:30 PM, showed a [redacted] on the right side of the bed as well as a [redacted] installed approximately 16 inches from the head of the bed and 11 inches away from the mattress.

In an interview, on 09/19/2025 at 2:45 PM, Staff C (designated Entity Representative) stated the [redacted] was placed in the up position when Resident 2 was in bed and was used to assist with repositioning. Staff C stated the [redacted] was used by Resident 2 when transferring into and out of the bed.

Review of Resident 2's record showed there was no required assessment for the safe use of the [redacted] or the [redacted]. Resident 2's record showed no consent which outlined the risks and benefits of the [redacted] or the [redacted]. Resident 2's record showed there was no care planning in Resident 2's negotiated care plan for the safe use of the [redacted] or the [redacted].

In an interview, on 09/19/2025 at 2:50 PM, Staff A (Provider) stated that they were unable to gather the required safety assessment, consent and care planning for continued safe use of the medical devices. Staff A stated they would have the required assessment and documentation for the [redacted] and the [redacted] completed.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025

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Provider (or Representative) 10-23-2025 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had a current Washington state name and date of birth background check (WSNDOB BGC), failed to ensure 1 of 3 staff (Staff C) had a national fingerprint background check, and failed to ensure 1 of 1 household members (HHM [HHM2]) had a WSNDOB BGC. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of being exposed to a staff and/or HHM with an unknown background.

Findings included:

Review of the AFH personnel records showed the following staff were missing background check reports.

1. Staff A (Provider) did not have a current WSNDOB BGC available in their record. The WSNDOB BGC available in their record expired on 10/15/2019.
2. Staff C (designated Entity Representative) did not have a current WSNDOB BGC or a national fingerprint background check available in their record.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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(a) A Washington state name and date of birth background check; and

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(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had a current Washington state name and date of birth background check (WSNDOB BGC), failed to ensure 1 of 3 staff (Staff C) had a national fingerprint background check, and failed to ensure 1 of 1 household members (HHM [HHM2]) had a WSNDOB BGC. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of being exposed to a staff and/or HHM with an unknown background.

Findings included…

Review of the AFH personnel records showed the following staff were missing background check reports:

1. Staff A (Provider) did not have a current WSNDOB BGC available in their record. The WSNDOB BGC available in their record expired on 10/15/2019.
2. Staff C (designated Entity Representative) did not have a current WSNDOB BGC or a national fingerprint background check available in their record.

3. Household member 2, who is over twelve years old, who rents the downstairs area of the home through a separate entrance, yet uses the AFH kitchen in the resident area, did not have a WSNDOB BGC available in their record.

In an interview, on 09/19/2025, at 2:50 PM, Staff A stated they would submit the WSNDOB BGC's and national fingerprint background checks. No documentation was received by the department as of 09/24/2025.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-9-2025

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

Provider (or Representative) — Date: 11-6-25

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had all of the required training documents available in the personnel records. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's personnel records showed the following training requirements were

3. Household member 2, who is over twelve years old, who rents the downstairs area of the home through a separate entrance, yet uses the AFH kitchen in the resident area, did not have a WSNDOB BGC available in their record.

In an interview, on 09/19/2025, at 2:50 PM, Staff A stated they would submit the WSNDOB BGC's and national fingerprint background checks. No documentation was received by the department as of 09/24/2025.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene 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

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had all of the required training documents available in the personnel records. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for receiving care from an unqualified caregiver.

Findings included…

Review of the AFH's personnel records showed the following training requirements were

missing.

1. Staff A (Provider) did not have the Nurse Delegation Diabetic focus certification, and the Food Handlers card expired on 11/12/2022.
2. Staff C (designated Entity Representative) did not have the AFH orientation and date of hire, and the Cardiopulmonary Resuscitation/First Aid was not available in their record.

In an interview, on 09/19/2025 at 2:55 PM, Staff A stated they would submit the requested documents. No further documents had been received by the department as of 09/24/2025.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025

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

Provider (or Representative) — Date: 10-23-2025

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 3 of 3 residents (Residents 1, 2 and 3) annual assessments were available to review at least every 12 months. This failure placed Resident 1, Resident 2 and Resident 3 at risk for unmet care needs.

Findings included:

RESIDENT 1:

missing:

1. Staff A (Provider) did not have the Nurse Delegation Diabetic focus certification, and the Food Handlers card expired on 11/12/2022.
2. Staff C (designated Entity Representative) did not have the AFH orientation and date of hire, and the Cardiopulmonary Resuscitation/First Aid was not available in their record.

In an interview, on 09/19/2025 at 2:55 PM, Staff A stated they would submit the requested documents. No further documents had been received by the department as of 09/24/2025.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene 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

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 3 of 3 residents (Residents 1, 2 and 3) annual assessments were available to review at least every 12 months. This failure placed Resident 1, Resident 2 and Resident 3 at risk for unmet care needs.

Findings included:

RESIDENT 1:

Record review for Resident 1showed Resident 1 was admitted into the AFH on [redacted]/2020 with multiple diagnoses including a [redacted].

Review of Resident 1's assessment showed the most recent assessment available was dated 12/03/2021.

RESIDENT 2:
Record review for Resident 2 showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's assessment, showed the most recent assessment available was dated 01/04/2023.

RESIDENT 3:
Record review for Resident 3 showed Resident 3 was admitted into the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Review of Resident 3's assessment showed the most recent assessment available was dated 03/10/2023.

In an interview, on 09/19/2025 at 2:30 PM, Staff A (Provider) stated that resident assessments were not kept anywhere other than in the resident records and those were the most recent assessments available in the resident records. Staff A stated that they would request the most current assessments for Resident 1, 2 and 3. No further information was gained when Staff A was asked about why the assessments available in the resident records were not current.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025

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

Provider (or Representative) — Date: 10-23-2025

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

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post a notice for the residents, or interested parties, indicating where a binder containing the AFH's past three years of inspection and complaint investigation documents could be found without having to ask to review the documents. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not receiving pertinent information related to their care.

Findings included:

Observation, on 09/19/2025 at 2:40 PM, showed a binder in a front door shelf without the most recent full inspection, or the most recent complaint investigation reports present. The binder was not visible for anyone entering the room. There was no sign stating the reports were available in the binder on the shelf.

In an interview, on 09/19/2025 at 3:00 PM, Staff C (designated Entity Representative) stated that they were not aware of the required signage so residents and interested parties could review the reports without having to ask. No further information was gained when Staff C was asked why the most recent full inspection was not available in the binder.

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, Grace Serene 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

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

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post a notice for the residents, or interested parties, indicating where a binder containing the AFH's past three years of inspection and complaint investigation documents could be found without having to ask to review the documents. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not receiving pertinent information related to their care.

Findings included…

Observation, on 09/19/2025 at 2:40 PM, showed a binder in a front door shelf without the most recent full inspection, or the most recent complaint investigation reports present. The binder was not visible for anyone entering the room. There was no sign stating the reports were available in the binder on the shelf.

In an interview, on 09/19/2025 at 3:00 PM, Staff C (designated Entity Representative) stated that they were not aware of the required signage so residents and interested parties could review the reports without having to ask. No further information was gained when Staff C was asked why the most recent full inspection was not available in the binder.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-13-2025.

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

Provider (or Representative) 10-23-2025 Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written succession plan was available when requested by the department. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet care needs if the Provider was unable to fulfil their duties.

Findings included:

Review of the AFH records showed no succession plan was available to review when requested.

In an interview, on 09/19/2025 at 2:55 PM, Staff A (Provider) stated that the AFH still did not have a succession plan.

This is an uncorrected deficiency previously cited on 07/29/2025.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene 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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written succession plan was available when requested by the department. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet care needs if the Provider was unable to fulfil their duties.

Findings included…

Review of the AFH records showed no succession plan was available to review when requested.

In an interview, on 09/19/2025 at 2:55 PM, Staff A (Provider) stated that the AFH still did not have a succession plan.

This is an uncorrected deficiency previously cited on 07/29/2025.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11-9-2025

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

Provider (or Representative)

11-6-2025
Date

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, Grace Serene 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

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 the unannounced on-site full inspection on 07/15/2025 of:

Grace Serene Adult Family Home LLC
1526 GOAT TRAIL ROAD
MUKILTEO, WA 98275

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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.

Renee' Bourque
Residential Care Services

08/06/2025
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)

8-19-2025
Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature at the resident bathroom sinks did not exceed one hundred twenty degrees Fahrenheit. In addition, the AFH failed to ensure toxic substances were kept in locked storage. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk for burns while using the bathroom sinks or accidental exposure to a toxic substance.

Findings included...

WATER TEMPERATURE:
Observation, on 07/15/2025 at 10:50 AM, showed the downstairs resident bathroom sink temperature was 142.6 degrees Fahrenheit. Observation, on 07/15/2025 at 11:10 AM, showed the upstairs resident bathroom sink temperature was 142.4 degrees Fahrenheit.

In an interview, on 07/15/2025 at 11:10 AM, Staff B (designated Entity Representative) stated they would have Staff C (maintenance worker) turn the temperature on the water

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.

Renee' Bourgue
Residential Care Services

08/06/2025
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

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature at the resident bathroom sinks did not exceed one hundred twenty degrees Fahrenheit. In addition, the AFH failed to ensure toxic substances were kept in locked storage. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk for burns while using the bathroom sinks or accidental exposure to a toxic substance.

Findings included...

WATER TEMPERATURE:
Observation, on 07/15/2025 at 10:50 AM, showed the downstairs resident bathroom sink temperature was 142.6 degrees Fahrenheit. Observation, on 07/15/2025 at 11:10 AM, showed the upstairs resident bathroom sink temperature was 142.4 degrees Fahrenheit.

In an interview, on 07/15/2025 at 11:10 AM, Staff B (designated Entity Representative) stated they would have Staff C (maintenance worker) turn the temperature on the water

heater down.

In an interview, on 07/15/2025 at 3:45 PM, Staff A (Provider) stated they would make sure the temperature was turned down on the water heater and the water would be monitored. No further information was gathered when asked why the water temperature was high.

TOXIC SUBSTANCES:
Observation, on 07/15/2025 at 11:00 AM, showed the kitchen cabinet under the kitchen sink, with no locking device available, containing 2 bottles of cleaning solutions containing bleach. Observation, on 07/15/2025 at 11:10 AM, the upstairs resident bathroom cabinet under the sink, with no locking device available, containing 1 bottle of a cleaning solution with ammonia.

In an interview, on 07/15/2025 at 11:20 AM, Staff B stated the cleaning supplies were usually kept in the locked pantry. No further information was gathered when asked why these chemicals were not secured in the locked storage.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~8-19-2025~~ 9-19-2025 9-12-2025

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

Provider (or Representative) Date 8-19-2025

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the laundry room window had a screen that would prevent insects from entering the home. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of a decreased quality of life.

heater down.

In an interview, on 07/15/2025 at 3:45 PM, Staff A (Provider) stated they would make sure the temperature was turned down on the water heater and the water would be monitored. No further information was gathered when asked why the water temperature was high.

TOXIC SUBSTANCES:
Observation, on 07/15/2025 at 11:00 AM, showed the kitchen cabinet under the kitchen sink, with no locking device available, containing 2 bottles of cleaning solutions containing bleach. Observation, on 07/15/2025 at 11:10 AM, the upstairs resident bathroom cabinet under the sink, with no locking device available, containing 1 bottle of a cleaning solution with ammonia.

In an interview, on 07/15/2025 at 11:20 AM, Staff B stated the cleaning supplies were usually kept in the locked pantry. No further information was gathered when asked why these chemicals were not secured in the locked storage.

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, Grace Serene 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 _____

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the laundry room window had a screen that would prevent insects from entering the home. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of a decreased quality of life.

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 4 of 20	Licensee: Grace Serene Adult Family Home LLC	07/29/2025

Findings included...

Observation, on 07/15/2025 at 11:15 AM, showed the window in the upstairs laundry room that had an approximately 6 inch by 3 inch hole in the screen.

In an interview, on 07/15/2025 at 3:45 PM, Staff A (Provider) reported the screen would be replaced.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~9-19-2025~~ 9-12-2025

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

Provider (or Representative) 8-19-2025 Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure bedroom windows in resident bedrooms D and [redacted] opened without special knowledge or effort. This failure placed 1 of 3 residents (Resident 2) at risk for a decreased quality of life.

Findings included...

Observation, on 07/15/2025 at 11:00 AM, showed the second large window in Resident 2's bedroom would not open when requested. In addition, a smaller window in the vacant resident bedroom D, would not open when requested. Staff A (Provider), Staff B (designated Entity Representative) and Staff C (Maintenance worker) all attempted to open the windows.

Findings included...

Observation, on 07/15/2025 at 11:15 AM, showed the window in the upstairs laundry room that had an approximately 6 inch by 3 inch hole in the screen.

In an interview, on 07/15/2025 at 3:45 PM, Staff A (Provider) reported the screen would be replaced.

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, Grace Serene 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 _____

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure bedroom windows in resident bedrooms D and [redacted] opened without special knowledge or effort. This failure placed 1 of 3 residents (Resident 2) at risk for a decreased quality of life.

Findings included...

Observation, on 07/15/2025 at 11:00 AM, showed the second large window in Resident 2's bedroom would not open when requested. In addition, a smaller window in the vacant resident bedroom D, would not open when requested. Staff A (Provider), Staff B (designated Entity Representative) and Staff C (Maintenance worker) all attempted to open the windows.

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 5 of 20	Licensee: Grace Serene Adult Family Home LLC	07/29/2025

In an interview, on 07/15/2025 at 3:45 PM, Staff A stated that the windows would be repaired, and no further information was gained when asked why the windows did not open.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-19-2025. 9-12-2025

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

Provider (or Representative) Date 8-19-2025

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was an adequate and safe on-site emergency food supply which would last at a minimum for seventy-two hours for each resident and household member. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet needs during an emergency.

Findings included...

Observation, on 07/15/2025 at 11:15 AM, of the AFH garage showed no emergency food supplies available. Staff B (designated Entity Representative) and Staff C (Maintenance worker) searched the garage for the reported emergency food supplies after Staff A (Provider) was called and clarified the location in the garage. The food supply was not located.

Observation, on 07/15/2025 at 3:50 PM, Staff A searched the AFH for the emergency food supply and was unable to locate the supply.

In an interview, on 07/15/2025 at 3:45 PM, Staff A stated that the windows would be repaired, and no further information was gained when asked why the windows did not open.

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, Grace Serene 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

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was an adequate and safe on-site emergency food supply which would last at a minimum for seventy-two hours for each resident and household member. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet needs during an emergency.

Findings included...

Observation, on 07/15/2025 at 11:15 AM, of the AFH garage showed no emergency food supplies available. Staff B (designated Entity Representative) and Staff C (Maintenance worker) searched the garage for the reported emergency food supplies after Staff A (Provider) was called and clarified the location in the garage. The food supply was not located.

Observation, on 07/15/2025 at 3:50 PM, Staff A searched the AFH for the emergency food supply and was unable to locate the supply.

In an interview, on 07/15/2025 at 4:00 PM, Staff A stated that they were unable to find the emergency food supply for the AFH. Staff A stated that they would replenish the emergency food supply.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~8-19-2025~~ 9-19-2025 9-12-2025.

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

Provider (or Representative) [signature] Date 8-19-2025

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers in the AFH were inspected and serviced annually as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury during an emergency.

Findings included...

Observation, on 07/15/2025 at 11:30 AM, of the fire extinguisher located in the kitchen area had a tag on it which indicated the last service date. Review of the tag showed a service date of May 2024.

Observation, on 07/15/2025 at 11:40 AM, of the fire extinguisher located in the upstairs laundry room had a tag on it which indicated the last service date. Review of the tag showed a service date January 2024.

In an interview, on 07/15/2025 at 3:30 PM, Staff A (Provider) stated the fire extinguishers would be serviced.

In an interview, on 07/15/2025 at 4:00 PM, Staff A stated that they were unable to find the emergency food supply for the AFH. Staff A stated that they would replenish the emergency food supply.

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, Grace Serene 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

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers in the AFH were inspected and serviced annually as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury during an emergency.

Findings included…

Observation, on 07/15/2025 at 11:30 AM, of the fire extinguisher located in the kitchen area had a tag on it which indicated the last service date. Review of the tag showed a service date of May 2024.

Observation, on 07/15/2025 at 11:40 AM, of the fire extinguisher located in the upstairs laundry room had a tag on it which indicated the last service date. Review of the tag showed a service date January 2024.

In an interview, on 07/15/2025 at 3:30 PM, Staff A (Provider) stated the fire extinguishers would be serviced.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-12-2025

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

Provider (or Representative) 8-19-2025 Date

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all automatic smoke alarms were in working order, were interconnected throughout the AFH and were in the immediate vicinity of the bedrooms. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury during a fire emergency.

Findings included...

Observation, on 07/15/2025 at 11:15 AM, showed empty automatic smoke alarm mounting brackets in the ceiling in resident occupied bedrooms B, C, D, E and F. The missing smoke alarms in the resident bedrooms were located on the dresser, or shelves, in the rooms except for vacant bedroom D where no smoke alarm was located. There was a working smoke alarm in the downstairs entrance hallway ceiling mounting bracket, however in the upstairs hallway adjacent to the resident bedrooms there was no smoke alarm present in the hallway ceiling mounting bracket.

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, Grace Serene 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

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all automatic smoke alarms were in working order, were interconnected throughout the AFH and were in the immediate vicinity of the bedrooms. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury during a fire emergency.

Findings included...

Observation, on 07/15/2025 at 11:15 AM, showed empty automatic smoke alarm mounting brackets in the ceiling in resident occupied bedrooms B, C, D, E and F. The missing smoke alarms in the resident bedrooms were located on the dresser, or shelves, in the rooms except for vacant bedroom D where no smoke alarm was located. There was a working smoke alarm in the downstairs entrance hallway ceiling mounting bracket, however in the upstairs hallway adjacent to the resident bedrooms there was no smoke alarm present in the hallway ceiling mounting bracket.

Observation, on 07/15/2025 at 12:00 PM, Staff D (Maintenance worker) was asked to set the automatic fire alarms off in the AFH. Staff D used the downstairs entrance hallway alarm and pressed and held the button on the alarm. The alarm was heard only downstairs and only under the alarm itself. The alarm was not heard in the resident bedrooms upstairs and was quiet in the upstairs hallway.

In an interview, on 07/15.2025 at 3:50 PM, Staff A (Provider) stated that the automatic smoke alarms were removed from the ceiling mounting brackets because they were all "beeping" and causing an annoyance. Staff A reported the alarms would all be fixed and they would ensure all the alarms were connected.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and/or regulation on (Date) 9-19-2025. 9-12-2025

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

Provider (or Representative) Date 8-19-2025

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 3 residents (Resident 2) with [redacted] and a [redacted] had the required safety assessment, consent and the care planning to ensure the safe use of the [redacted] and the [redacted]. This failure placed Resident 2 at risk of injury.

Findings included...

Observation, on 07/15/2025 at 12:00 PM, Staff D (Maintenance worker) was asked to set the automatic fire alarms off in the AFH. Staff D used the downstairs entrance hallway alarm and pressed and held the button on the alarm. The alarm was heard only downstairs and only under the alarm itself. The alarm was not heard in the resident bedrooms upstairs and was quiet in the upstairs hallway.

In an interview, on 07/15.2025 at 3:50 PM, Staff A (Provider) stated that the automatic smoke alarms were removed from the ceiling mounting brackets because they were all “beeping” and causing an annoyance. Staff A reported the alarms would all be fixed and they would ensure all the alarms were connected.

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, Grace Serene 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 _____

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 3 residents (Resident 2) with [redacted] and a [redacted] had the required safety assessment, consent and the care planning to ensure the safe use of the [redacted] and the [redacted]. This failure placed Resident 2 at risk of injury.

Findings included…

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted] 2022 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 07/15/2025 at 11:00 AM, showed a [redacted] on the right side of the bed as well as a [redacted] installed approximately 16 inches from the head of the bed and 11 inches away from the mattress.

In an interview, on 07/15/2025 at 11:00 AM, Staff C (designated Entity Representative) stated the [redacted] was placed in the up position when Resident 2 was in bed and were used to assist with repositioning. Staff C stated the [redacted] was used by Resident 2 when transferring into and out of the bed.

Review of Resident 2's record showed there was no required assessment for the safe use of the [redacted] or the [redacted]. Resident 2's record showed no consent which outlined the risks and benefits of the [redacted] or the [redacted]. Resident 2's record showed there was no care planning in Resident 2's negotiated care plan for the safe use of the [redacted] or the [redacted].

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated that they would have the required assessment and documentation for the [redacted] and the [redacted] completed.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~9-19-2025~~ 9-12-2025.

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

Provider (or Representative) [signature] Date 8-19-2025

WAC 388-76-10430 Medication system.

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

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 07/15/2025 at 11:00 AM, showed a [redacted] on the right side of the bed as well as a [redacted] installed approximately 16 inches from the head of the bed and 11 inches away from the mattress.

In an interview, on 07/15/2025 at 11:00 AM, Staff C (designated Entity Representative) stated the [redacted] was placed in the up position when Resident 2 was in bed and were used to assist with repositioning. Staff C stated the [redacted] was used by Resident 2 when transferring into and out of the bed.

Review of Resident 2's record showed there was no required assessment for the safe use of the [redacted] or the [redacted]. Resident 2's record showed no consent which outlined the risks and benefits of the [redacted] or the [redacted]. Resident 2's record showed there was no care planning in Resident 2's negotiated care plan for the safe use of the [redacted] or the [redacted].

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated that they would have the required assessment and documentation for the [redacted] and the [redacted] completed.

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, Grace Serene 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 _____

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place for 2 of 2 residents (Residents 1 and 2) which included the medication log (ML) being kept current and ensured the residents received medications as required. These failures placed Resident 1 and Resident 2 at risk of medication administration errors.

Findings included...

RESIDENT 1:
Record review for Resident 1, on 07/15/2025, showed Resident 1 was admitted into the AFH on [redacted]/2020 with multiple diagnoses including a [redacted].

Observation, on 07/15/2025 at 1:30 PM, of Resident 1's ML and medication bin, showed an order for Clonidine Hydrochloride (a medication used for high blood pressure) 0.1 milligram tablet once a day as needed on Resident 1's ML. The medication bin did not contain the medication and it was not available to administer to Resident 1.

In an interview, on 07/15/2025 at 2:00 PM, Staff C (designated Entity Representative) was not aware of the location of the Clonidine Hydrochloride tablets.

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Observation, on 07/15/2025 at 1:30 PM, of Resident 2's ML and medication bin, showed the following discrepancies:
1. Still written on the ML but had been discontinued on 06/21/2025 was Cephalexin 500 milligram (an antibiotic) capsule.
2. Still written on the ML but had been discontinued on 07/08/2025 was Lidocaine Pain Relief patch 4% applied to left hip every morning as needed.
3. Still written on the ML but had been discontinued on 07/08/2025 was Loratadine (a allergy relief medication) 10 milligram tablet as needed.
4. In the medication bin but not on the ML was ketoconazole 2% (a medicated prescription shampoo) in an unmarked bottle. Staff C reported it had been discontinued in 06/2025.
5. In the medication bin but not on the ML was Lactulose 10 grams/15 milliliters (a medication used to treat constipation) take 30 milliliters every 12 hours as needed.

6. In the medication bin but not on the ML was Sinex nasal spray (an over-the-counter nasal spray).
7. Written on the ML but not in the medication bin was Naloxone Hydrochloride 4 milligrams (a nasal spray used to treat overdoses) administer into one nostril and call 911.
8. Written on the ML but not in the medication bin was Ondansetron Hydrochloride 4 milligrams (a medication used to treat nausea) tablet take 1 tablet by mouth every 8 hours as needed.
9. Written on the ML but not in the medication bin was Oxycodone Hydrochloride 5 milligram (a pain relief medication) tablet take 1 tablet by mouth 4 times a day as needed.

In an interview, on 07/15/2025 at 2:00 PM, Staff C did not offer any further information about the medication discrepancies or where all the medications were located.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated that they would fix the ML's and the medications.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-19-2025 9-12-2025

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

Provider (or Representative) Date 8-19-2025

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

6. In the medication bin but not on the ML was Sinex nasal spray (an over-the-counter nasal spray).
7. Written on the ML but not in the medication bin was Naloxone Hydrochloride 4 milligrams (a nasal spray used to treat overdoses) administer into one nostril and call 911.
8. Written on the ML but not in the medication bin was Ondansetron Hydrochloride 4 milligrams (a medication used to treat nausea) tablet take 1 tablet by mouth every 8 hours as needed.
9. Written on the ML but not in the medication bin was Oxycodone Hydrochloride 5 milligram (a pain relief medication) tablet take 1 tablet by mouth 4 times a day as needed.

In an interview, on 07/15/2025 at 2:00 PM, Staff C did not offer any further information about the medication discrepancies or where all the medications were located.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated that they would fix the ML's and the medications.

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, Grace Serene 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 _____

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 12 of 20	Licensee: Grace Serene Adult Family Home LLC	07/29/2025

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had a current Washington state name and date of birth background check (WSNDOB BGC), failed to ensure 1 of 3 staff (Staff C) had a national fingerprint background check and failed to ensure 1 of 2 household members (HHM [HHM2]) had a WSNDOB BGC. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of being exposed to an unqualified caregiver or HHM.

Findings included...

Review of the AFH personnel records, on 07/15/2025, showed the following staff were missing background check reports:
1. Staff A (Provider) did not have a current WSNDOB BGC available in record. The WSNDOB BGC available in the record expired on 10/15/2019.
2. Staff C (designated Entity Representative) did not have a current WSNDOB BGC or a national fingerprint background check available in the record.
3. Household member 2, who rents the downstairs area of the home through a separate entrance but uses the kitchen in the resident area, did not have a WSNDOB BGC available in the record.

In an interview, on 07/15/2025, at 3:50 PM, Staff A stated they would submit the WSNDOB BGC's. No further documentation was received by the department.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-12-2025

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

Provider (or Representative) 8-19-2025 Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A and Staff C) had a current Washington state name and date of birth background check (WSNDOB BGC), failed to ensure 1 of 3 staff (Staff C) had a national fingerprint background check and failed to ensure 1 of 2 household members (HHM [HHM2]) had a WSNDOB BGC. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of being exposed to an unqualified caregiver or HHM.

Findings included...

Review of the AFH personnel records, on 07/15/2025, showed the following staff were missing background check reports:
1. Staff A (Provider) did not have a current WSNDOB BGC available in record. The WSNDOB BGC available in the record expired on 10/15/2019.
2. Staff C (designated Entity Representative) did not have a current WSNDOB BGC or a national fingerprint background check available in the record.
3. Household member 2, who rents the downstairs area of the home through a separate entrance but uses the kitchen in the resident area, did not have a WSNDOB BGC available in the record.

In an interview, on 07/15/2025, at 3:50 PM, Staff A stated they would submit the WSNDOB BGC's. No further documentation was received by the department.

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, Grace Serene 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

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff A, Staff B and Staff C) had all of the required training documents available in the personnel records. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's personnel records, on 07/15/2025, showed the following training requirements were missing:
1. Staff A (Provider) did not have the Nurse Delegation Diabetic focus certification, and the Food Handlers card expired on 11/12/2022.
2. Staff B (Caregiver) had a Cardiopulmonary Resuscitation/First Aid card expired on 07/14/2024 and the Food Handlers card expired on 07/31/2024.
3. Staff C (designated Entity Representative) did not have the AFH orientation and date of hire available in the record and the Cardiopulmonary Resuscitation/First Aid was not available in the record.

In an interview, on 07/15/2025 at 3:50 PM, Staff A stated they would submit the requested documents. No further documents had been received by the department.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-19-2025 7-12-2025

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

Provider (or Representative) 8-19-2025 Date

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 record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Residents 1, 2 and 3) had their negotiated care plans (NCP) reviewed,

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff A, Staff B and Staff C) had all of the required training documents available in the personnel records. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH's personnel records, on 07/15/2025, showed the following training requirements were missing:
1. Staff A (Provider) did not have the Nurse Delegation Diabetic focus certification, and the Food Handlers card expired on 11/12/2022.
2. Staff B (Caregiver) had a Cardiopulmonary Resuscitation/First Aid card expired on 07/14/2024 and the Food Handlers card expired on 07/31/2024.
3. Staff C (designated Entity Representative) did not have the AFH orientation and date of hire available in the record and the Cardiopulmonary Resuscitation/First Aid was not available in the record.

In an interview, on 07/15/2025 at 3:50 PM, Staff A stated they would submit the requested documents. No further documents had been received by the department.

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, Grace Serene 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 _____

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 record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Residents 1, 2 and 3) had their negotiated care plans (NCP) reviewed,

signed and dated every twelve months. This failure placed Resident 1, Resident 2 and Resident 3 at risk of unmet care needs.

Findings included...

RESIDENT 1:
Record review for Resident 1, on 07/15/2025, showed Resident 1 was admitted into the AFH on [redacted]/2020 with multiple diagnoses including a [redacted].

Review of Resident 1's NCP, dated 12/24/2020, showed the last resident/representative signature was on 09/22/2020.

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's NCP, dated 05/14/2022, showed the last resident/representative signature was on 05/15/2024.

RESIDENT 3:
Record review for Resident 3, on 07/15/2025, showed Resident 3 was admitted into the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Review of Resident 3's NCP, dated 04/16/2024, showed the last resident/representative signature was on 04/15/2024.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated they would update the NCP's and review with the residents. No further information was gathered when Staff A was asked why the NCP's had not be updated.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-12-2025

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

Provider (or Representative) Date 9-19-2025

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 3 of 3 residents (Residents 1, 2 and 3) annual assessments were available to review at least every 12 months. This failure placed Resident 1, Resident 2 and Resident 3 at risk for unmet care needs.

Findings included:

RESIDENT 1:
Record review for Resident 1, on 07/15/2025, showed Resident 1 was admitted into the AFH on [redacted]/2020 with multiple diagnoses including a [redacted].

Review of Resident 1's assessment, on 07/15/2025, showed the most recent assessment available was dated 12/03/2021.

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's assessment, on 07/15/2025, showed the most recent assessment available was dated 01/04/2023.

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, Grace Serene 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

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 3 of 3 residents (Residents 1, 2 and 3) annual assessments were available to review at least every 12 months. This failure placed Resident 1, Resident 2 and Resident 3 at risk for unmet care needs.

Findings included:

RESIDENT 1:
Record review for Resident 1, on 07/15/2025, showed Resident 1 was admitted into the AFH on [redacted]2020 with multiple diagnoses including a [redacted].

Review of Resident 1's assessment, on 07/15/2025, showed the most recent assessment available was dated 12/03/2021.

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's assessment, on 07/15/2025, showed the most recent assessment available was dated 01/04/2023.

RESIDENT 3:
Record review for Resident 3, on 07/15/2025, showed Resident 3 was admitted into the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Review of Resident 3's assessment, on 07/15/2025, showed the most recent assessment available was dated 03/10/2023.

In an interview, on 07/15/2025 at 12:30 PM, Staff C (designated Entity Representative) stated that resident assessments were not kept anywhere other than in the resident records and those were the most recent assessments available in the resident records.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated they would get the updated assessments in the resident records. No further information was gained when Staff A was asked why the assessments were not updated in the records.

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-12-2025

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

Provider (or Representative) 8-19-2025 Date

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

(2) Upon receiving the notice of rights and services at admission and at least every 24 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 record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Resident 1, 2 and 3) had a signed and dated copy of the notice of rights and services, (which had been reviewed every twenty-four months and signed), available in their records. This failure placed Resident 1, Resident 2 and Resident 3 at

RESIDENT 3:
Record review for Resident 3, on 07/15/2025, showed Resident 3 was admitted into the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Review of Resident 3's assessment, on 07/15/2025, showed the most recent assessment available was dated 03/10/2023.

In an interview, on 07/15/2025 at 12:30 PM, Staff C (designated Entity Representative) stated that resident assessments were not kept anywhere other than in the resident records and those were the most recent assessments available in the resident records.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated they would get the updated assessments in the resident records. No further information was gained when Staff A was asked why the assessments were not updated in the records.

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, Grace Serene 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 _____

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

(2) Upon receiving the notice of rights and services at admission and at least every 24 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 record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Resident 1, 2 and 3) had a signed and dated copy of the notice of rights and services, (which had been reviewed every twenty-four months and signed), available in their records. This failure placed Resident 1, Resident 2 and Resident 3 at

risk of being uninformed about the services being received.

Findings included...

RESIDENT 1:
Record review for Resident 1, on 07/15/2025, showed Resident 1 was admitted into the AFH on [redacted]/2020 with multiple diagnoses including a [redacted].

Review of Resident 1's record, on 07/15/2025, showed there was no signature page available for the required notice of rights and services in the record.

RESIDENT 2:
Record review for Resident 2, on 07/15/2025, showed Resident 2 was admitted into the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's record, on 07/15/2025, showed the signature page for the notice of rights and services was last signed on [redacted]4/2022.

RESIDENT 3:
Record review for Resident 3, on 07/15/2025, showed Resident 3 was admitted into the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Review of Resident 3's record, on 07/15/2025, showed the signature page for the notice of rights and services was last signed on 03/20/2023.

In an interview, on 07/15/2025 at 3:50 PM, Staff A (Provider) stated that they were unaware of the requirement to have the notice of rights and services reviewed, signed and dated every twenty-four months and available in the residents record.

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
Page 18 of 20	Licensee: Grace Serene Adult Family Home LLC	07/29/2025

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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-19-2025 9-12-025

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

Provider (or Representative) 8-19-2025 Date

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

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post a notice for the residents, or interested parties, indicating where a binder containing the AFH's past inspection and complaint investigation documents could be found without having to ask to review the documents. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not receiving pertinent information related to their care.

Findings included...

Observation, on 07/15/2025 at 11:40 AM, showed a binder in a front door shelf with the most recent full inspection and complaint investigation reports. The binder was not clearly marked and was not visible from anyone entering the room. There was no visible sign stating the reports were available in the binder on the shelf.

In an interview, on 07/15/2025 at 3:40 PM, Staff A (Provider) stated that they would make a sign so residents and interested parties could review the reports.

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, Grace Serene 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

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

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post a notice for the residents, or interested parties, indicating where a binder containing the AFH's past inspection and complaint investigation documents could be found without having to ask to review the documents. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not receiving pertinent information related to their care.

Findings included...

Observation, on 07/15/2025 at 11:40 AM, showed a binder in a front door shelf with the most recent full inspection and complaint investigation reports. The binder was not clearly marked and was not visible from anyone entering the room. There was no visible sign stating the reports were available in the binder on the shelf.

In an interview, on 07/15/2025 at 3:40 PM, Staff A (Provider) stated that they would make a sign so residents and interested parties could review the reports.

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
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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, Grace Serene Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8-19-2025 9-12-2025

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

Provider (or Representative) 8-19-2025 Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written succession plan was available when requested by the department. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet care needs if the Provider was unable to fulfil their duties.

Findings included...

Review of the AFH records showed no succession plan was available to review when requested.

In an interview, on 07/15/2025 at 2:00 PM, Staff C (designated Entity Representative) stated the AFH did not have a succession plan.

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, Grace Serene 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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written succession plan was available when requested by the department. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk for unmet care needs if the Provider was unable to fulfil their duties.

Findings included...

Review of the AFH records showed no succession plan was available to review when requested.

In an interview, on 07/15/2025 at 2:00 PM, Staff C (designated Entity Representative) stated the AFH did not have a succession plan.

Statement of Deficiencies	License #: 754273	Compliance Determination # 62671
Plan of Correction	Grace Serene Adult Family Home LLC	Completion Date
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

8-19-2025
Date

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, Grace Serene 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