



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Serene Ridge Adult Family Home, LLC
Serene Ridge Adult Family Home, LLC
13530 Wigen Rd
Lynnwood, WA 98087

RE: Serene Ridge Adult Family Home, LLC License # 754432

Dear Provider:

This letter addresses Compliance Determination(s) 50905 (Completion Date 11/26/2024) and 49721 (Completion Date 11/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/26/2024 and found that you have corrected the violations listed in the Full report dated 11/12/2024. Your home is back in compliance as of 11/01/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10360, WAC 388-76-10430-3, WAC 388-76-10430-1, WAC 388-76-10015-1

The Department staff who did the on-site verification:

Hang Lu, Licensors
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754432	Compliance Determination # 49721
Plan of Correction	Serene Ridge Adult Family Home, LLC	Completion Date
Page 1 of 7	Licensee: Serene Ridge Adult Family Home, LLC	11/12/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/31/2024 and 10/31/2024 of:

Serene Ridge Adult Family Home, LLC
13530 Wigen Rd
Lynnwood, WA 98087

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

The department staff that inspected the Adult Family Home:

Hang Lu, Licenser
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

11/21/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

This document was prepared by Residential Care Services for the Locator website.

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 Provider (or Representative)

 11-21-24
 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, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 1 of 4 residents (Resident 1) to use a medical device (). This failure placed Resident 1 at risk for injury from improper use of the ().

Findings included...

Observation, on 10/31/2024 at 9:35 AM, showed Resident 1 had two () (one on each side of their bed) in raised position.

In an interview, on 10/31/2024 at 11:41 AM, Staff A, Entity Representative, stated that Resident 1 was (). Staff A stated that Resident 1 held on to the () during personal care.

Review of Resident 1's record showed the AFH admitted Resident 1 on ()/2024. Record review showed Resident 1 was on hospice care. Record review showed Resident 1 had a Resident Representative (RR) who advocated and signed for them.

Review of Resident 1's record showed there was no documentation to indicate Staff A had provided the RR with information regarding safety risks to enable them to make an informed decision about whether to use the (). Record review showed there was no evidence Staff A had obtained a safety assessment from a qualified assessor (to determine Resident 1's need and ability to use the () safely) and addressed the

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, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 1 of 4 residents (Resident 1) to use a medical device (REDACTED). This failure placed Resident 1 at risk for injury from improper use of the REDACTED.

Findings included...

Observation, on 10/31/2024 at 9:35 AM, showed Resident 1 had two REDACTED (one on each side of their bed) in raised position.

In an interview, on 10/31/2024 at 11:41 AM, Staff A, Entity Representative, stated that Resident 1 was REDACTED. Staff A stated that Resident 1 held on to the REDACTED during personal care.

Review of Resident 1's record showed the AFH admitted Resident 1 on REDACTED/2024. Record review showed Resident 1 was on hospice care. Record review showed Resident 1 had a Resident Representative (RR) who advocated and signed for them.

Review of Resident 1's record showed there was no documentation to indicate Staff A had provided the RR with information regarding safety risks to enable them to make an informed decision about whether to use the REDACTED. Record review showed there was no evidence Staff A had obtained a safety assessment from a qualified assessor (to determine Resident 1's need and ability to use the REDACTED safely) and addressed the

Statement of Deficiencies	License #: 754432	Compliance Determination # 49721
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use of the [REDACTED] in Resident 1's NCP, dated 04/12/2024.

In an interview, on 10/31/2024 at 2:23 PM, Staff A stated that they had called and received the [REDACTED] safety assessment from the hospice nurse on this day. Staff A stated that they had also obtained informed consent from Resident 1's RR.

Observation, on 10/31/2024 at 2:23 PM, showed Staff A presenting copies of the [REDACTED] assessment and informed consent, both dated 10/31/2024, to the Regulators.

In an interview, on 10/31/2024 at 2:27 PM, Staff A stated that they were in the process of documenting the use of [REDACTED] in Resident 1's NCP.

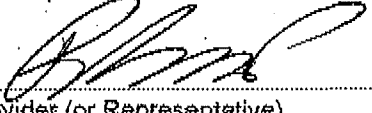
Observation, on 10/31/2024 at 2:34 PM, showed Staff B, Resident Manager, presenting Resident 1's NCP (with documentation regarding [REDACTED] use) to the Regulators.

This deficiency was corrected on site at the time of visit.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 10-31-24

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


Provider (or Representative)

11-21-24
Date

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to complete the Negotiated Care Plan (NCP) for 1 of 4 residents. (Resident 4) within 30 days of admission. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

use of the [REDACTED] in Resident 1's NCP, dated 04/12/2024.

In an interview, on 10/31/2024 at 2:23 PM, Staff A stated that they had called and received the [REDACTED] safety assessment from the hospice nurse on this day. Staff A stated that they had also obtained informed consent from Resident 1's RR.

Observation, on 10/31/2024 at 2:23 PM, showed Staff A presenting copies of the [REDACTED] assessment and informed consent, both dated 10/31/2024, to the Regulators.

In an interview, on 10/31/2024 at 2:27 PM, Staff A stated that they were in the process of documenting the use of [REDACTED] in Resident 1's NCP.

Observation, on 10/31/2024 at 2:34 PM, showed Staff B, Resident Manager, presenting Resident 1's NCP (with documentation regarding [REDACTED] use) to the Regulators.

This deficiency was corrected on site at the time of visit.

Attestation Statement	
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to complete the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 4) within 30 days of admission. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

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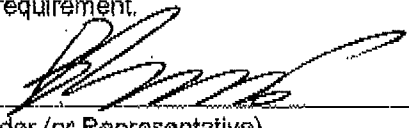
Review of Resident 4's record showed the AFH admitted Resident 4 on [REDACTED]/2024. Record review showed Resident 4 had a Resident Representative (RR) who advocated and signed for them.

Review of Resident 4's NCP, dated 08/10/2024, showed it was incomplete. Record review showed Resident 4's NCP document had 29 pages. Record review showed Staff A, Entity Representative, had documented up to page 11 ("Psych/ Social/ Cognitive Status" section) of the NCP. Record review showed Staff A had not filled out the remaining pages (from page 12 to page 29) of the NCP to address all of Resident 4's care needs.

In an interview, on 10/31/2024 at 12:30 PM, Staff A stated that they would finish the NCP and print it out for Resident 4's record.

Observation and interview, on 10/31/2024 at 5:32 PM, showed Staff A presenting Resident 4's completed NCP, dated 10/31/2024, to the Regulators. Staff A stated that they would have Resident 4's RR review and sign the NCP soon.

Review of an email, received by the Department on 11/01/2024, showed the AFH had sent a copy of Resident 4's NCP with Staff A's and Resident 4's RR signatures, both dated 11/01/2024.

Attestation Statement	
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) <u>11-01-2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Provider (or Representative)	<u>11-21-24</u> _____ Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

Review of Resident 4's record showed the AFH admitted Resident 4 on [REDACTED]/2024. Record review showed Resident 4 had a Resident Representative (RR) who advocated and signed for them.

Review of Resident 4's NCP, dated 08/10/2024, showed it was incomplete. Record review showed Resident 4's NCP document had 29 pages. Record review showed Staff A, Entity Representative, had documented up to page 11 ("Psych/ Social/ Cognitive Status" section) of the NCP. Record review showed Staff A had not filled out the remaining pages (from page 12 to page 29) of the NCP to address all of Resident 4's care needs.

In an interview, on 10/31/2024 at 12:30 PM, Staff A stated that they would finish the NCP and print it out for Resident 4's record.

Observation and interview, on 10/31/2024 at 5:32 PM, showed Staff A presenting Resident 4's completed NCP, dated 10/31/2024, to the Regulators. Staff A stated that they would have Resident 4's RR review and sign the NCP soon.

Review of an email, received by the Department on 11/01/2024, showed the AFH had sent a copy of Resident 4's NCP with Staff A's and Resident 4's RR signatures, both dated 11/01/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge 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.

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

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a current list of medication orders on file and all prescribed medications available in the home for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of medication errors and not getting all the medications prescribed to them.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [REDACTED]/2024. Record review showed Resident 1 had a Resident Representative (RR) who advocated and signed for them. Record review showed Resident 1 was on hospice care. Record review showed Resident 1's doctor prescribed multiple medications including a Comfort Kit (CK: Medications from hospice to manage end of life comfort) for Resident 1 to use.

Review of Resident 1's record showed there was no current list of medication orders on file for verification.

Review of Resident 1's October 2024 Medication Log (ML) showed an entry that read, "Hyoscyamine Tablet 0.125 milligram (mg): Take one tablet by mouth every four hours as needed (PRN) for excessive secretions." In addition, there was another medication entry that read, "Refresh Liquid Drops 1%: Instill two drops into both eyes every four hours PRN for dry eyes."

Observation and interview, on 10/31/2024 at 4:05 PM, showed there was no Hyoscyamine in Resident 1's medication supply. Observation showed there was an unopened box of Lubricant Eye Drops (Carboxymethylcellulose Sodium 0.5 %), which did not match with the entry for eye drops (Refresh Liquid Drops 1%) on Resident 1's October 2024 ML.

Observation and interview, on 10/31/2024 at 4:10 PM, showed Staff B, Resident Manager, not being able to locate the Hyoscyamine medication in Resident 1's medication supply. Staff A, Entity Representative, stated that the Hyoscyamine medication should have been included in Resident 1's CK.

In an interview, on 10/31/2024 at 4:15 PM, Staff A stated that Resident 1's RR brought the Lubricant Eye Drops to the AFH. Staff A stated that they would call the hospice nurse for the list of medication orders.

Observation and interview, on 10/31/2024 at 4:27 PM, showed Staff A on the phone with the hospice nurse who stated that they (hospice) had stopped sending the Hyoscyamine to the AFH. The hospice nurse stated that the AFH was instructed to call hospice when needing to give the Hyoscyamine medication to Resident 1. Staff A was observed asking

Statement of Deficiencies	License #: 754432	Compliance Determination # 40721
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the hospice nurse to send the list of current medication orders.

Observation, on 10/31/2024 at 4:32 PM, showed Staff A received a faxed copy of Resident 1's medication orders (from hospice) which showed no special instructions for the AFH to call hospice to send Hyoscyamine when needed.

Review of the doctor's order, dated 03/13/2024, showed, "Hyoscyamine 0.125 mg tablet: Take 0.125 mg by mouth every four hours if needed." Review of the doctor's order, dated 10/14/2024, showed, "Carboxymethylcellulose 1% ophthalmic solution: Administer two drops into both eyes every four hours if needed (dry eye)."

In an interview, on 10/31/2024 at 4:37 PM, Staff A stated that the hospice nurse had updated the Hyoscyamine order but sent the wrong copy.

Observation, on 10/31/2024 at 4:42 PM, showed Staff A presenting a copy of updated medication orders (that they had just received from hospice) for Resident 1. Review of the doctor's order, dated 03/13/2024, showed, "Hyoscyamine 0.125 mg tablet: Take 0.125 mg by mouth every four hours if needed. Call HO (hospice) 24/7 for supply if needed."

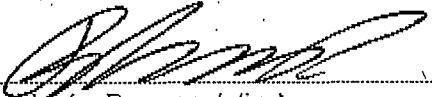
Review of an email, received by the Department on 11/01/2024, showed the AFH had sent a copy of their refill request, dated 11/01/2024, for Resident 1's Refresh Eye drops 1%.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge Adult Family Home, LLC is or will be in compliance with this law and / or regulation on

(Date) 11-01-24

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


Provider (or Representative)

11-21-24
Date

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

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128, 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

the hospice nurse to send the list of current medication orders.

Observation, on 10/31/2024 at 4:32 PM, showed Staff A received a faxed copy of Resident 1's medication orders (from hospice) which showed no special instructions for the AFH to call hospice to send Hyoscyamine when needed.

Review of the doctor's order, dated 03/13/2024, showed, "Hyoscyamine 0.125 mg tablet: Take 0.125 mg by mouth every four hours if needed." Review of the doctor's order, dated 10/14/2024, showed, "Carboxymethylcellulose 1% ophthalmic solution: Administer two drops into both eyes every four hours if needed (dry eye)."

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Observation, on 10/31/2024 at 4:42 PM, showed Staff A presenting a copy of updated medication orders (that they had just received from hospice) for Resident 1. Review of the doctor's order, dated 03/13/2024, showed, "Hyoscyamine 0.125 mg tablet: Take 0.125 mg by mouth every four hours if needed. Call HO (hospice) 24/7 for supply if needed."

Review of an email, received by the Department on 11/01/2024, showed the AFH had sent a copy of their refill request, dated 11/01/2024, for Resident 1's Refresh Eye drops 1%.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 754432	Compliance Determination # 40721
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Based on record review and interview, the Adult Family Home (AFH) failed to ensure 7 of 7 caregivers (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, D, E, F, and G, Caregivers) had documentation of annual respirator training, as required. This failure placed Residents 1, 2, 3, and 4 at risk for illness and infection.

Findings included...

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review showed the AFH did not have any documentation of site-specific respirator training for Staff A, B, C, D, E, F, and G on file.

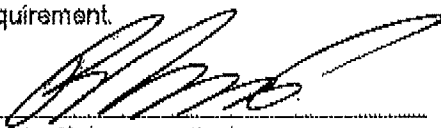
In an interview, on 10/31/2024 at 5:24 PM, Staff A stated that they were not aware of the respirator training requirement. Staff A asked if the respirator training was the same as the fit test and medical clearance.

Review of an email, received by the Department on 11/01/2024, showed Staff A had sent copies of respirator training records, dated 11/01/2024, for all staff.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge Adult Family Home, LLC is or will be in compliance with this law and / or regulation on
(Date) 11-01-24

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



Provider (or Representative)

11-21-24

Date

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 7 of 7 caregivers (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, D, E, F, and G, Caregivers) had documentation of annual respirator training, as required. This failure placed Residents 1, 2, 3, and 4 at risk for illness and infection.

Findings included...

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review showed the AFH did not have any documentation of site-specific respirator training for Staff A, B, C, D, E, F, and G on file.

In an interview, on 10/31/2024 at 5:24 PM, Staff A stated that they were not aware of the respirator training requirement. Staff A asked if the respirator training was the same as the fit test and medical clearance.

Review of an email, received by the Department on 11/01/2024, showed Staff A had sent copies of respirator training records, dated 11/01/2024, for all staff.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Serene Ridge 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

11/21/2024

Serene Ridge Adult Family Home, LLC
Serene Ridge Adult Family Home, LLC
13530 Wigen Rd
Lynnwood, WA 98087

RE: Serene Ridge Adult Family Home, LLC # 754432

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/12/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

11/12/2024

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Lynnwood, WA 98036

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

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

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

Resident 2 did not have a copy of the signed and dated Medicaid Policy in their file. Staff A, Entity Representative, promptly had Resident 2's Resident Representative sign and date the home's Medicaid Policy. This deficiency was corrected onsite at the time of visit.

You Are Not:

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

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

**Plan
(Plan of Correction)**

You Must:

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

Include the following in your plan for each deficiency:

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

Send your plan to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

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

Provider Process for Choosing a Panel or Traditional IDR:

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

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

Adult Family Home IDR Program
Residential Care Services
PO Box 45600

Serene Ridge Adult Family Home, LLC # 754432

11/12/2024

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Olympia, WA 98504-5600