



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

La Serenita Residential Care LLC
La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

RE: La Serenita Residential Care LLC License # 754646

Dear Provider:

This letter addresses Compliance Determination(s) 32675 (Completion Date 11/16/2023) and 31157 (Completion Date 10/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/16/2023 and found that you have corrected the violations listed in the Full report dated 10/20/2023. Your home is back in compliance as of 10/20/2023 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 388-76-10430-2-d, WAC 388-76-10490-1, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6

The Department staff who did the on-site verification:

Twyla Robinson, AFH Licenser

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 #: 754646	Compliance Determination # 31157
Plan of Correction	La Serenita Residential Care LLC	Completion Date
Page 1 of 5	Licensee: La Serenita Residential Care LLC	10/20/2023

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 10/16/2023 and 10/16/2023 of:

La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

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

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licenser

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

10/23/2023
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.

Selamawit Tekie
Provider (or Representative)

10/26/2023
Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 3 sampled residents' (Resident 2) medications were available for administration in the facility. This failure placed Resident 2 at risk of not receiving their medications and of potential health complications.

Findings included...

Resident record review showed the AFH admitted Resident 2 on [REDACTED]/2022. Resident 2's Negotiated Care Plan (NCP), signed and dated on [REDACTED]/2023, showed that the AFH would provide care, including medication management.

Record review of Resident 2's October 2023 Medication Log (ML) listed Acetaminophen (a medication used to treat mild to moderate pain from headaches, menstrual periods, toothaches, backaches, osteoarthritis, or cold/flu aches and pains and/or reduce fever), 500 milligrams (mg), take one tablet by mouth every six hours as needed for pain.

Observation, on 10/16/2023 at 3:16 p.m., showed Resident 2's locked medication supply did not contain Acetaminophen.

Observation, on 10/16/2023 at 3:15 p.m., showed Resident 2's locked medication supply contained two over-the-counter bottles of Ibuprofen (a medication used to help relieve mild to moderate pain).

In interview, on 10/16/2023 at 3:16 p.m., when asked about the Acetaminophen, Staff A (Provider) reported that the Acetaminophen was discontinued, and the Ibuprofen retained.

Record review of Resident 2's "Concerto Care" Care Coordination dated on 08/21/2023 stated "notify caregivers that Ibuprofen should be avoided whenever possible."

Record review of Resident 2's August 2023 and September 2023 ML showed no

administration of Ibuprofen between 08/01/2023 through 09/30/2023.

In interview, on 10/16/2023 at 3:36 p.m., when asked about the Concerto Care note regarding Ibuprofen and if the medication was administered, Staff A reported that the medication was not given to Resident 2 and would be returned to the family.

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, La Serenita Residential Care LLC is or will be in compliance with this law and / or regulation on

(Date) 10/17/2023.

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

Selamawit Tekie

Provider (or Representative)

10/26/2023

Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not dispose of expired medications for 1 of 3 sampled residents (Resident 3). This failure placed Resident 3 at risk of health complications from expired medication.

Findings included...

Record review showed that the AFH's general Medication Disposal Policy, signed and dated on 08/18/2021, stated "Medications that are no longer needed by the resident, discontinued, expired, unable to be returned to the pharmacy... then the medication should be disposed according to applicable laws of the following guidelines. All medications will be returned to the pharmacy that filled the prescription. Any single medication: If the pharmacy does not participate in a take back program, use RX Destroyer which neutralizes the medication..."

Resident record review showed the AFH admitted Resident 3 on [REDACTED]/2021. Resident 3's Negotiated Care Plan (NCP), signed and dated on 12/10/2022, showed that the AFH would provide care, including medication management.

Observation, on 10/16/2023 at 3:56 p.m., showed Resident 3's locked medication supply contained Bisacodyl (an over-the-counter medication used to treat constipation and irregular bowel movements). The medication had expired on 10/10/2023.

In interview, 10/16/2023 at 3:56 p.m., when asked how often the medication reconciliation was conducted, Staff A (Provider) stated they reviewed the medications once a week.

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, La Serenita Residential Care LLC is or will be in compliance with this law and / or regulation on

(Date) 10/20/2023

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

Selamawit Tekip

Provider (or Representative)

10/26/2023

Date

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:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 3 of 3 sampled residents (Resident 1, 2, and 3) received a Medicaid Conversion Policy written on a separate page. This failure placed Resident 1, 2, and 3 at risk of not being fully aware of their rights.

Findings included...

Resident record review showed the AFH admitted Resident 1 on [REDACTED]/2021, Resident 2 on [REDACTED]/2022, and Resident 3 on [REDACTED]/2021.

Record review showed there was no Medicaid Policy in Resident 1's, Resident 2's, and Resident 3's files.

In interview, on 10/16/2023 at 3:00 p.m., when asked about the missing Medicaid Conversion Policies, Staff A (Provider) reported that they did not have the residents sign the policy agreements.

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, La Serenita Residential Care LLC is or will be in compliance with this law and / or regulation on

(Date) 10/16/2023

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

Selamawit Tekie

Provider (or Representative)

10/26/2023

Date

RECEIVED

NOV 01 REC'D

DSHS/ALTSA/RCS



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

10/24/2023

CERTIFIED MAIL

9489009000276073003173

La Serenita Residential Care LLC
La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

RE: La Serenita Residential Care LLC # 754646

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/20/2023 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

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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;
- (2) Emphasizes frequent hand washing and other means of limiting the spread of infection;
- (3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The Adult Family Home (AFH) failed to develop a written Respiratory Protection Program. This failure placed residents and staff at risk of exposure to a communicable disease.

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

Olympia, WA 98504-5600

