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

Serene Living LLC

Serene Living LLC
35502 18th Ave SW
Federal Way, WA 98023

RE: Serene Living LLC License # 754866

Dear Provider:

This letter addresses Compliance Determination(s) 53541 (Completion Date 01/24/2025) and 50335 (Completion Date 11/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/24/2025 and found that you have corrected the violations listed in the Full report dated 11/25/2024. Your home is back in compliance as of 12/09/2024 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Kirsten Biddle, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 11/15/2024, 11/15/2024 and 11/15/2024 of:

Serene Living LLC
35502 18th Ave SW
Federal Way, WA 98023

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:

Kirsten Biddle, AFH Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure the two-step skin testing for tuberculosis (TB) for 1 of 2 staff (Staff A, Provider) was completed as required. This failure placed residents at a potential risk of exposure to a communicable disease.

Findings included…

On 11/15/2024, during a record review of personnel records, Staff A's TB records showed only one step skin test, administered on 07/07/2021 and read on 07/09/2021. The department's documentation titled, "AFH Summary Report" showed the "Effective Date" or when Staff A was licensed as the provider, as 02/10/2021.

In an interview with Staff A, on 11/15/2024 at 1:50 PM, they stated that would obtain a copy of the 2nd step skin test through the clinic that administered the skin test.

On 11/18/2024 at 10:21 AM, Staff A reported via email correspondence that they were not able to get verification that a second step skin test was conducted.

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 Living 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