STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Miriam Anahi Velazco
Seniors Serenity Adult Family Home
2519 Cordell St
Wenatchee, WA 98801

RE: Seniors Serenity Adult Family Home License # 754907

Dear Provider:

This letter addresses Compliance Determination(s) 41714 (Completion Date 05/22/2024) and 37892 (Completion Date 04/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/22/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 04/04/2024. Your home is back in compliance as of 05/15/2024 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10161-2-b, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-112A-0720-1-c-i

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Seniors Serenity Adult Family Home
License/Cert.#: 754907
Compliance Determination #: 37892
Investigator: Jo Whitney
Provider Type: Adult Family Home
Intake ID: 120268
Region/Unit #: RCS Region 1 / Unit C
Investigation Date(s): 03/07/2024 through 04/04/2024
Complainant Contact Date(s): 03/05/2024

Allegation(s):

1) Adult Family Home (AFH) had no supply of nebulizer solutions for Named Resident (NR) for 2 weeks
2) Medication log initialed to show NR's nebulizers were given

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Home environment for safety and quality of life, residents, staff to resident interaction, provision of care and services, medication supply and storage
Interviews:	Provider, staff, residents, collateral contacts
Record Reviews:	Resident records including assessment, negotiated care plan, medication logs, physician orders, medical evaluations, personnel records, AFH policy

Investigation Summary:

1) AFH failed to reorder 1 of 3 nebulized medications prescribed for NR from alternate pharmacy in January 2024 leading to lack of supply in February 2024. Staff assigned to reorder medications had unexpected absence. AFH had followed reordering procedure for residents' medications from local pharmacy. Lack of supply was not reported to expedite supply availability.
2) NR's February 2024 medication log listed each prescribed medication, including 3 nebulized solutions ordered 2 or 3 times daily. Staff initialed the log showing each medication was given each day in February. Staff interviews found AFH did not have a system to record when a medication was not given.
Failed practice identified: WAC 388-76-10430 Medication system to ensure accurate medication log and resident receives medication as ordered.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON
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1200 Alder Street, Union Gap, WA 98903

Miriam Anahi Velazco
Seniors Serenity Adult Family Home
2519 Cordell St
Wenatchee, WA 98801

RE: Seniors Serenity Adult Family Home # 754907

Dear Provider:

This document references the following complaint numbers 120268.

The Department completed a full inspection of your Adult Family Home on 04/04/2024 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:

Michelle Closner, Field Manager
Residential Care Services

Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

• 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 388-76-10015 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

On 03/07/2024, the Adult Family Home (AFH) did not ensure staff had annual N95 respirator fit-testing per their Respiratory Protection Program.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 03/07/2024, the Adult Family Home did not have Resident 3 or their representative sign and date the AFH's Disclosure of Charges for their file.

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 (509)572-7394.

Sincerely,
Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

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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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 754907	Compliance Determination # 37892
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 5 of 13	Licensee: Miriam Anahi Velazco	04/04/2024

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 and complaint investigation on 03/07/2024 and 03/07/2024 of:
Seniors Serenity Adult Family Home
2519 Cordell St
Wenatchee, WA 98801

This document references the following complaint numbers: 120268.

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

04/09/2024
Date

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

Provider (or Representative) 4/22/24 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system that ensured background check results were not over 2 years old for 2 of 3 current staff (Staff B, C) and 1 of 1 former staff (Staff E). This failure placed the residents at risk from disqualified staff.

Findings included...

On 03/07/2024 at 2:20 PM, Staff A, Provider, stated a previous staff member had helped to track when renewals of credentials and background checks were needed. They had set up a calendar of reminders. Staff A, stated the reminder calendar was not up to date.

Staff B, Caregiver, was hired 03/22/2021. Their current background result was dated 06/07/2023. The previous result was dated 06/03/2021. The AFH did not have a valid result for 4 days.

Staff C, Caregiver, was hired 03/04/2021. Their last background result was dated 06/07/2023. Their previous result was 2 years old on 06/03/2023.

Staff E, former staff Caregiver, was hired 03/04/2021. Their background result was dated 06/07/2023. Their previous result was over 2 years old on 06/03/2024.

Attestation Statement

Statement of Deficiencies	License #: 754907	Compliance Determination # 37892
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 7 of 13	Licensee: Miriam Anahi Velazco	04/04/2024

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, Seniors Serenity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) MAY 15, 2024

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

Per telephone conversation with facility manager Miriam Valezco, on 04/23/2024, the full attestation date is 04/15/2024. ME

Provider (or Representative) 4/22/24 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:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a fingerprint-based background check result was obtained when required for 1 or 2 current caregivers (Staff B) and 1 previous caregiver (Staff F). This failure placed the residents at risk from a disqualified person.

Findings included...

Review of the Amended Dear Provider letter dated September 9, 2022, "Governor's Proclamations Related to COVID-19 Ending October 27" showed emergency rules were adopted requiring those who did not complete a fingerprint-based background check prior to April 30, 2022, were to obtain their results no later than August 28, 2022.

Staff record review on 03/07/2024 showed, Staff B, Caregiver, hired 03/22/2021, had a name and date of birth background results dated 06/03/2021 and 06/07/2023. Their employee file did not include a fingerprint-based background result.

Staff F, Caregiver, was rehired at the AFH on 09/30/2022. Their file included a non-disqualifying background result dated 02/18/2022. The file did not include a fingerprint-based background result obtained before they left employment in August of 2023.

On 03/22/2024 at 11:32 AM, Staff A, Provider stated Staff B stated they had submitted their fingerprints in the past. The AFH did not ensure Staff B had a fingerprint-based background result when required, 557 days previously.

Statement of Deficiencies	License #: 754907	Compliance Determination # 37892
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 6 of 13	Licensee: Miriam Anahi Velazco	04/04/2024

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, Seniors Serenity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) May 15, 2024

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

Per telephone conversation with facility manager Miriam Valezco, on 04/23/2024, the full attestation date is 04/15/2024. ME

M Velazco 4/22/24

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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, D) had completed initial screening for tuberculosis (TB) within 3 days of starting work, a second test in one to three weeks, and/or completed testing when the emergency rules suspending testing had expired. This failure placed the residents at risk of exposure to a communicable disease.

Findings included...

Review of the Amended Dear Provider letter dated 05/17/2022, "Reinstatement of Tuberculosis Testing Requirements July 1, 2022" showed the emergency rules suspending the TB testing requirements were reinstated effective September 23, 2021. Residential Care Services notified care facilities it was necessary to reinstate TB testing requirements to reduce the risk of illness to the vulnerable adults served at AFH. The testing requirement went into effect on July 1, 2022.

Staff B, Caregiver, was hired 03/22/2021. On 03/07/2024 Staff B's file did not include TB test results obtained after hire or after 07/01/2022.

Staff D, Caregiver, was hired 12/1/2023. On 03/07/2024 Staff D's file did not include a TB result obtained 3 days after starting work, a second test result or a result from a blood test.

On 03/07/2024 at 2:20 PM, Staff A, Provider, stated Staff D needed to get their TB testing done.

On 03/22/2024 at 11:32 AM, Staff A stated Staff D had TB testing; the AFH did not have the results.

On 04/04/2024 at 10:45 AM, Staff D stated they did not understand the TB screening requirement and had recently (03/13/2024) had one test; the second test was scheduled.

Per telephone conversation with facility manager Miriam Valezco, on 04/23/2024, the full attestation date is 04/15/2024. ME

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, Seniors Serenity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) May 15, 2024

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

Miriam Velazco — Provider (or Representative)

4/22/24 — 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 observation, interview and record review, the Adult Family Home (AFH) failed to have a medication system that ensured medication logs were accurate and medications were given as ordered for 2 of 2 residents (Resident 2, 5). This failure placed the residents at risk of medical complications.

Findings included...

Resident 5. Their annual assessment dated 12/13/2023 showed diagnoses including [redacted] Resident 5 required assistance with medications including set-up and monitoring for inhalation of nebulized medications. On 03/07/2024, Resident 5's medication supply, medication

orders and the medication logs were reconciled.

1) Prescriber orders dated 02/22/2024 showed:
-Budesonide (medication to decrease the number and severity of asthma attacks) nebulizer suspension given 2 times daily. Originally ordered 08/30/2023.
-Ipratropium (medication to control the symptoms of lung diseases, such as asthma) nebulized solution given 3 times daily. Originally ordered 08/30/2023.
-Formoterol (medication to control wheezing, shortness of breath and chest tightness caused by COPD) nebulized solution given every 12 hours. Originally ordered 08/26/2023.

The February 2024 medication log listed each of the nebulizer solutions with direction how often to give, times when to give and the initials of staff assisting with medication each day of the month.
-Ipratropium directions showed to give 3 times daily at 8 AM, 12 PM and 8 PM. Initials recorded the medication was given 3 times daily.
-Formoterol (generic for Perforomist) directions showed to give 2 times daily at 8 AM and 8 PM. Initials recorded the medication was given 2 times daily.
-Budesonide directions showed to give 'twice daily' with a single time, "8 AM", followed by a single row of staff initials.

The February 2024 log showed staff gave Budesonide nebulized solution once daily when it was ordered twice daily. The March 2024 log showed the Budesonide directions to give twice daily with a single listed time to give; it was given once daily per staff initials.

On 03/07/2024 at 5:40 PM, Staff B, Caregiver, stated Resident 5 was given the Budesonide twice daily. Staff knew Resident 5 had 3 nebulized solutions each 8 AM and 8 PM and 1 nebulized solution at noon. Staff B stated they would check and correct the logs each month – they stated they had missed adding the second time.

The February 2024 log showed staff gave Formoterol nebulized solution to Resident 5 twice daily each day in February.

On 03/07/2024, the AFH had a supply of Formoterol delivered on 02/20/2024. Per interview with Collateral Contact 4 (CC-4) on 03/22/2024 at 11:10 AM, the AFH did not reorder the 30-day supply of Formoterol on 01/15/2024 and ran out of the medication. The AFH called for medication refill on 02/20/2024; the pharmacy did a rush delivery. Per interview with Collateral Contact 2 (CC-2) AFH staff did not know Resident 5 did not have the Formoterol for 2 weeks. Staff initialed the log when they did not give the medication.

On 03/07/2024 at 6:10 PM, Staff A, Provider, stated the AFH had missed reordering the Formoterol nebulized solution and staff did not say they had no supply. To reorder the nebulized medications, a different pharmacy was called, and the supply was delivered by mail; it could take 2 weeks for the refill to arrive.

On 03/22/2024 at 11:24 AM, Staff D, Caregiver, stated if they did not give a medication, they would put an "X" on the log instead of their initial but was not sure what Staff A wanted them to do. On 04/04/2024 at 11:00 AM, Staff B stated they would leave the log blank, not initial, if they did not give the medication. The AFH did not have a system how to show when a resident did not receive or did not have a supply of medication to give when ordered.

2) Prescriber orders dated 02/22/2024 showed:
"Restart Emergen-C (immune support) one serving daily" in addition to the Vitamin C they were getting.

The February 2024 medication log listed Vitamin C (nutritional supplement) 500 milligrams (mg) give daily. The new order for Emergen-C was not added on the February 2024 log. The March 2024 medication log listed Vitamin C give daily – the log was marked "change". Emergen-C was added on the log and initialed as given.

Resident 5's medications were packaged by a local pharmacy in a medication organizer containing prescribed medications. The medication organizer label showed it contained Vitamin C 500 mg. Staff gave the Vitamin C provided by the pharmacy and did not initial the log.

Resident 3. Their admission assessment showed diagnoses including [redacted]. They needed assistance with medications. On 03/07/2024, Resident 3's medication supply, medication logs and prescriber orders were reconciled.

Medication orders dated 02/26/2024 showed direction to give levothyroxine (thyroid hormone) 75 micrograms (mcg) daily, 6 days per week (not Sunday).
-The February 2024 log listed levothyroxine 75 mcg give 6 days weekly (not Sunday) at 8:00 AM. Initials on the log showed staff gave the levothyroxine every day in February.
-The March 2024 log listed levothyroxine 75 mcg give 6 days weekly (not Sunday) at 8:00 AM. Initials on the log showed staff gave the levothyroxine every day between 03/01/2024 and 03/03/2024 including Sunday 03/03/2024.

Resident 3's medications were packaged by a local pharmacy in a medication organizer containing prescribed medications. The package separated medications by the time given (morning, noon, evening, bedtime) and day of the week. The package label listed levothyroxine 75 mcg was included each morning except on Sunday. The lack of a levothyroxine tablet in the Sunday medication bubble was visually confirmed at 4:30 PM on 03/07/2024.

Resident 3 was receiving their medication as ordered, 6 days a week. The medication log inaccurately showed it was given 7 days a week.

Resident 3's medication orders included other medications not given every day of the week. Vitamin C 500 mg give every other day, ferrous sulfate 325 mg give every other day, and Fiber Lax give every other day. The February and March medication logs printed by the pharmacy were marked by the AFH to initial the log every other day. AFH staff did not amend/mark out the logs when the levothyroxine was not given.

On 04/04/2024 at 10:45 AM, Staff B, Caregiver, stated they reviewed the medication logs supplied by the pharmacy each month. The April 2024 log showed an 'X' marked on days when medication was not given. Staff B stated they had failed to mark the February and March 2024 logs; staff initialed the log when there was no 'X'.

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, Seniors Serenity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) May 15, 2024

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

Per telephone conversation with facility manager Miriam Valezco, on 04/23/2024, the full attestation date is 04/15/2024. ME

Provider (or Representative) — Date: 4/22/24

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 new staff (Staff D) completed a first aid and cardiopulmonary resuscitation (CPR) course within 30 days of starting work as a caregiver in the AFH. This failure placed the residents at risk from unqualified staff.

Findings included...

On 03/07/2024 at 2:20 PM, Staff A, Provider, stated Staff D, Caregiver, started work at the AFH in December 2023. Staff A stated Staff D did not work alone in the AFH.

Statement of Deficiencies	License #: 754907	Compliance Determination # 37892
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 13 of 13	Licensee: Miriam Anahi Velazco	04/04/2024

Record review on 03/07/2024 showed Staff D was hired 12/01/2023. Their file did not have a certificate of training in first aid and CPR, 97 days after starting work in the home. Staff A thought Staff D had taken a course in the college program they were enrolled in.

On 04/04/2024 at 10:30 AM, Staff B, Caregiver, stated Staff D had not taken a first aid and CPR course.

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, Seniors Serenity Adult Family Home is or will be in compliance with this law and / or regulation on (Date) May 15, 2024

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

Provider (or Representative) 4/22/24 Date

Per telephone conversation with facility manager Miriam Valezco, on 04/23/2024, the full attestation date is 04/15/2024. ME