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) 68108 (Completion Date 10/31/2025) and 65293 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/31/2025 and found that you have corrected the violations listed in the Full report dated 09/15/2025. Your home is back in compliance as of 09/20/2025 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 388-112A-0200-2-a, WAC 388-112A-0220-1, WAC 388-112A-0220-2, WAC 388-76-10750-1, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensor

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

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 09/05/2025 of:

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

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:

Melanie Hopkins, NHI-AFH Licensor

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

Statement of Deficiencies	License #: 754907	Compliance Determination # 65293
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 2 of 4	Licensee: Miriam Anahi Velazco	09/15/2025

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.

Michelle Ann Garbrough
Residential Care Services

09/16/2025
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)

9/22/2025
Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

(a) All long-term care workers who are not exempt from home care aide certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.

WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed?

(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements as described in WAC 388-112A-0230 , and include basic safety precautions, emergency procedures, and infection control. Safety training must be completed prior to providing care to a resident.

(2) All long-term care workers who are not exempt from home care aide certification as described in RCW 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors who meet the requirements in WAC 388-112A-1260 .

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 6 caregiving staff (Staff C) had completed Orientation and Safety class (O/S) prior to providing care to residents in the home. This failure placed residents at risk from an unqualified caregiver.

Findings included . . .

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 Ann Garbrough
Residential Care Services

09/16/2025
Date

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Provider (or Representative)

Date

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Findings included . . .

Statement of Deficiencies Plan of Correction Page 3 of 4	License #: 754907 Seniors Serenity Adult Family Home Licensee: Miriam Anahi Velazco	Compliance Determination # 65293 Completion Date 09/15/2025

On 09/05/2025, Staff C, Caregiver, was observed providing care to residents in the AFH from 9:15 AM to 3:30 PM.

Record review on 09/05/2025 showed Staff C was hired on 07/23/2025. No record of O/S training was available for review.

In an interview on 09/15/2025 at 4:58 PM, Staff A, Provider, stated that they were not aware that Staff C had not completed the O/S training at the beginning of their Basic Training classes.

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) 9/11/2025

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

Provider (or Representative) Miriam Velaz Date 9/22/2025

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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, interview, and record review, the Adult Family Home (AFH) failed to ensure the home was maintained in a safe manner for 5 of 6 residents (Resident 1, 2, 3, 4 & 6). This failure resulted in residents living in an environment that was not safe.

Findings included . . .

On 09/05/2025 during the environmental tour of the inspection the following was observed:

- At 9:30 AM and 10:22 AM, the door leading to Provider area was observed to be unlocked. Behind the unlocked door in a room used for storage at the bottom of the

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_____ _____
Provider (or Representative) Date

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Findings included . . .

On 09/05/2025 during the environmental tour of the inspection the following was observed:

- At 9:30 AM and 10:22 AM, the door leading to Provider area was observed to be unlocked. Behind the unlocked door in a room used for storage at the bottom of the

stairway leading up to the Provider area, there was a single step down and no railing or handhold.

- At 9:50 AM and again at 10:30 AM, the laundry room door was observed to be unlocked. In the laundry room, expired and discontinued medications and used disposable gloves were seen in an open white garbage bag. Two large containers of liquid laundry soap were sitting with opened spouts on a counter next to the washer and dryer.

Resident record review on 09/05/2025 at 9:25 AM showed:

Residents 1 & 2 utilized walkers for ambulation.
Residents 3 & 4 ambulated independently.
Resident 5 utilized a wheelchair for mobility.
Resident 6 utilized a cane for ambulation.

In an interview at 9:50 AM, Staff A, Provider, stated that doors to the laundry room and leading to the Provider area were supposed to be locked. Staff A stated that they had planned to dispose of the expired/discontinued medications with another staff person and had not completed the task.

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) 9/20/2025

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

Provider (or Representative) Miriam Date 9-22-2025

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Residents 3 & 4 ambulated independently.
Resident 5 utilized a wheelchair for mobility.
Resident 6 utilized a cane for ambulation.

In an interview at 9:50 AM, Staff A, Provider, stated that doors to the laundry room and leading to the Provider area were supposed to be locked. Staff A stated that they had planned to dispose of the expired/discontinued medications with another staff person and had not completed the task.

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)_____ .

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

_____ _____
Provider (or Representative) Date

TO: Maria Espinoza

from: Miriam Velazco

On Sep-5-2025 RCS came to Seniors Serenity AFH for an inspection. RCS found that the AFH is not in compliance due to some deficiencies.

I have corrected the deficiencies.

* Staff was working without S/O since 7/23/25
- Staff completed S/O on 9/11/2025 I will make sure employees have S/O before being put on the schedule.
* Unlocked laundry room with chemicals
- Provider and staff will make sure laundry room is locked at all times.
* Expired and discontinued medications not dispossed.
- Provider will make sure the medication disposal polity is followed acordingly and medication will be stored in a safe locked place.
* Door leading to provider area was unlocked due to maintanace issues.
- Lock was replaced Provider an CG are aware of keeping door locked at all times. ~~Locked~~ replaced on 9/20/25

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