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) 44401 (Completion Date 07/19/2024) and 42582 (Completion Date 06/25/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/19/2024 and found that you have corrected the violations listed in the Complaint report dated 06/25/2024. Your home is back in compliance as of 07/08/2024 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 388-76-10540-4-a, WAC 388-76-10540-6

The Department staff who did the on-site verification:
Nicole Velazquez, Community Complaint Investigator

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

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit Z
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

Statement of Deficiencies	License #: 754907	Compliance Determination # 42582
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 1 of 3	Licensee: Miriam Anahi Velazco	06/25/2024

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 an unannounced on-site complaint investigation on 06/12/2024 and 06/12/2024 of:

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

This document references the following complaint number(s): 130886

The following sample was selected for review during the unannounced on-site visit: 6 of 7 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Nicole Velazquez, Community Complaint Investigator

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

06/26/2024
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) 7-5-24 Date

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that a refund of any deposit or charges paid to the AFH were refunded to the resident's representative after their death for one of one resident (Resident 1). This failure placed the resident at risk of financial hardship when monies owed to them were not refunded timely.

Findings included...

Review of Resident 1's "Statement," dated [redacted]/2024 showed that Resident 1 moved into the home on [redacted]/2024. Resident 1 was charged a pro-rated monthly fee of $6350.00 to cover a stay from [redacted]2024 through 05/31/2024. The statement further stated "Private Pay Fees are based on the move in Calendar month, and are Non Refundable, as per Admissions Agreement."

Resident 1's Admission Agreement signed [redacted]2024 by Collateral Contact 1 (CC1) showed, "NO REFUNDS will be given in the event of a discharge or passing."

On 06/12/2024 at 1:37 PM, Staff A stated that they do not offer refunds even if the resident was at the AFH for only one day and passed away. They stated that they felt bad about keeping the money but that it was what their bookkeeper told them to do.

On 06/12/2024 at 4:00 PM, CC1 stated that they were told by Staff A, Provider, that there would be no refund for Resident 1's stay even though the resident had only been at the AFH for one night before they passed away. CC1 was told by Staff A that it was because there was a no refund clause in the documents that they had signed.

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that a refund of any deposit or charges paid to the AFH were refunded to the resident's representative after their death for one of one resident (Resident 1). This failure placed the resident at risk of financial hardship when monies owed to them were not refunded timely.

Findings included...

Review of Resident 1's "Statement," dated [redacted]/2024 showed that Resident 1 moved into the home on [redacted]/2024. Resident 1 was charged a pro-rated monthly fee of $6350.00 to cover a stay from [redacted]/2024 through 05/31/2024. The statement further stated "Private Pay Fees are based on the move in Calendar month, and are Non Refundable, as per Admissions Agreement."

Resident 1's Admission Agreement signed [redacted]/2024 by Collateral Contact 1 (CC1) showed, "NO REFUNDS will be given in the event of a discharge or passing."

On 06/12/2024 at1:37 PM, Staff A stated that they do not offer refunds even if the resident was at the AFH for only one day and passed away. They stated that they felt bad about keeping the money but that it was what their bookkeeper told them to do.

On 06/12/2024 at 4:00 PM, CC1 stated that they were told by Staff A, Provider, that there would be no refund for Resident 1's stay even though the resident had only been at the AFH for one night before they passed away. CC1 was told by Staff A that it was because there was a no refund clause in the documents that they had signed.

Attestation Statement

Statement of Deficiencies	License #: 754907	Compliance Determination # 42582
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 3 of 3	Licensee: Miriam Anahi Velazco	06/25/2024

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) 7/8/24.

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

M Jia Velaz — Provider (or Representative)

7/5/24 — Date

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

Plan of correction

On 6/12/24 the DSHS determined that Senior Serenity AFH failed to meet requirements by not providing a refund within 30 days from the residents date of discharge.

In order to meet state requirements I will update our admission agreement to meet state requirements and will make sure the staff is aware of that change.