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) 50098 (Completion Date 11/13/2024) and 47211 (Completion Date 10/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/13/2024 and found that you have corrected the violations listed in the Complaint report dated 10/16/2024. Your home is back in compliance as of 11/01/2024 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 388-76-10540-2-a, WAC 388-76-10540-4-a

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

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

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Statement of Deficiencies	License #: 754907	Compliance Determination # 47211
Plan of Correction	Seniors Serenity Adult Family Home	Completion Date
Page 1 of 3	Licensee: Miriam Anahi Velazco	10/16/2024

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 09/16/2024 and 09/16/2024 of:

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

This document references the following complaint number(s): 143497

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

Selena Clemons
Residential Care Services

10/17/2024
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.

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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.

Miriam Velazco
Provider (or Representative)

10-25-24
Date

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

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(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;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the home's Disclosure of Charges listed a specified reason for retaining funds when a resident discharged and failed to ensure that a refund was provided to resident's representative for 1 of 1 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 "Refund Statement," dated 06/27/2024 showed that Resident 1 resided in the home from [redacted] 2024 to [redacted] 2024.. According to the statement, the resident's daily rate for care was $250.00 per day equating to a total of $500.00 for their two-day stay. The statement included a charge for $1,250.00 for "Intake Caregiver of 3 for Personalized Care Special Training." The statement further showed a "5-day bed hold" fee of $1,250.00.

Resident 1's "Private Pay/State Pay Contract," signed on [redacted] 2024 by Collateral Contact 1 (CC1), Resident Representative , showed, "For discharge, an additional 5 days may be charged, as allowed by the state for a bed-hold fee." The document did not show that after a death, an additional 5 days may be charged. The document also failed to specify what the funds are paid for and the basis for retaining any portion of the funds.

On 09/18/2024 at 12:22 PM, Staff A, Provider, stated the home's disclosure of charges

Provider (or Representative) Date

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On 09/16/2024 at 12:22 PM, Staff A, Provider, stated the home's disclosure of charges

did not have any charge listed for "intake Caregiver team of 3 for personalized hospice care special training." Staff A further stated that their disclosure of charges only allowed for a 6-day bed hold for a resident that discharges from the home and the disclosure also did not specific what those funds paid for or a basis for retaining any portion of the funds.

On 10/15/2024 at 10:00AM, CC1 stated that they understood that the monthly rate was going to be $7,500.00. According to CC1, they were told the month of May 2024 was supposed to be prorated at $241.00 per day. CC1 stated that Resident.1 was charged daily rate of $250.00 ($9.00 per day more than agreed upon) when the refund was issued.

This is a repeated deficiency previously cited on 06/25/2024.

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) 11/1/24.

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

Provider (or Representative) — Date 10/25/24

did not have any charge listed for “Intake Caregiver team of 3 for personalized hospice care special training.” Staff A further stated that their disclosure of charges only allowed for a 5-day bed hold for a resident that discharges from the home and the disclosure also did not specific what those funds paid for or a basis for retaining any portion of the funds.

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

_____ _____

Provider (or Representative) Date