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

Hannah's Serene AFH LLC

Hannah's Serene AFH LLC
19250 106th Ave SE
Renton, WA 98055

RE: Hannah's Serene AFH LLC License # 755744

Dear Provider:

This letter addresses Compliance Determination(s) 26316 (Completion Date 07/07/2023) and 21340 (Completion Date 05/30/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/07/2023 and found that you have corrected the violations listed in the Complaint report dated 05/30/2023. Your home is back in compliance as of 06/07/2023 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 388-76-10220-2

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Hannah's Serene AFH LLC **Provider Type:** Adult Family Home

License/Cert.#: 755744
Intake ID: 74805
Compliance Determination #: 21340
Region/Unit #: RCS Region 2 / Unit E
Investigator: Liza Flowers
Investigation Date(s): 03/20/2023 through 05/30/2023
Complainant Contact Date(s):

Allegation(s):

1) The Named Resident (NR) did not return to the Adult Family Home (AFH) and was found unresponsive.

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 3 Closed records sample size: 0
Observations:	General environment, resident and staff interaction, staff provision of care.
Interviews:	Resident and Staff.
Record Reviews:	Residents and AFH records.

Investigation Summary:

1) In an interview, the Entity Representative (ER) stated that the NR was her own decision maker and no other listed as power of attorney. The NR could go outside of the AFH when she wanted to. On 03/16/2023, the NR told the staff that they wanted to go out and would be back. The staff reached out to the NR's next of kin to notify them when the NR did not come back that evening. The following morning, the AFH was able to reach the NR via phone who told the staff they would be coming back to the AFH soon. When the NR did not show up and did not answer the calls later, the AFH contacted emergency services and reported the incident. The police officers found the NR unresponsive inside the hotel room and the NR was sent out to the hospital. In an interview with other current resident in the AFH, they stated staff treated them well and all of their care needs were met. The ER stated that the incident was reported to the Department's Complaint Resolution Unit (CRU). However, the AFH did not keep an incident log. See Statement of Deficiency dated 05/30/2023 WAC 388-76-10220 Incident Log.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 755744	Compliance Determination # 21340
Plan of Correction	Hannah's Serene AFH LLC	Completion Date
Page 1 of 3	Licensee: Hannah's Serene AFH LLC	05/30/2023

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 03/20/2023 and 03/20/2023 of:

Hannah's Serene AFH LLC
19250 106th Ave SE
Renton, WA 98055

This document references the following complaint number(s): 74805, 73083

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Liza Flowers, 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 — 5/31/2023 (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 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to log an incident for 1 of 2 residents (Resident 2) who experienced an incident that affects their wellbeing. This failure placed the resident at risk of not receiving appropriate follow-up care after an incident and/or accident that were not logged and tracked.

Findings included...

During an unannounced visit to the AFH on 03/20/2023 at 2:28 PM to 5:01 PM, observation showed Resident 2 was not in the home.

In an interview on 03/20/2023 at 2:28 AM, Staff A, Entity Representative, stated that Resident 2 was in the hospital.

On 03/20/2023 at 4:00 PM, Staff A stated that Resident 2 was their own decision maker, alert, oriented and could go out of the home anytime they wanted.

On 03/20/2023 at 4:28 PM, Staff A stated that Resident 2 left the AFH on 03/16/2023 at 5:30 PM and told the staff that they would be back. Staff phoned Resident 2 the following day and were told by the resident that they were safe but refused to give their location. The staff reported to Law Enforcement (LE) when Resident 2 did not show-up in the afternoon. Shortly after, the staff received a call from LE and informed them that Resident 2 was found in a hotel unresponsive.

On 03/20/2023 at 3:00 PM, when asked about the AFH incident log, Staff A was unable to provide and stated that she did not know about it.

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, Hannah's Serene AFH 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