STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Serene Lake AFH, Inc

Serene Lake AFH, Inc
4802 Picnic Point Rd
Edmonds, WA 98026

RE: Serene Lake AFH, Inc License # 756440

Dear Provider:

This letter addresses Compliance Determination(s) 65039 (Completion Date 09/01/2025) and 61329 (Completion Date 06/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/01/2025 and found that you have corrected the violations listed in the Follow up report dated 06/18/2025. Your home is back in compliance as of 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10655-2, WAC 388-76-10655-3, WAC 388-76-10865-1

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 follow-up on 06/12/2025 of:
Serene Lake AFH, Inc
4802 Picnic Point Rd
Edmonds, WA 98026

This document references the following SOD dated: 06/18/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 756440	Compliance Determination # 61329
Plan of Correction	Serene Lake AFH, Inc	Completion Date
Page 2 of 7	Licensee: Serene Lake AFH, Inc	06/18/2025

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.

Renee' Bourque
Residential Care Services

08-30-2025
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)

10/29/25
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 residents (Resident 1 and Resident 2) requiring [redacted] had a safety assessment prior to use or that their Negotiated Care Plans (NCP) included instructions for the safe use of the [redacted]. This failure placed Resident 1 and Resident 2 at risk of harm from [redacted] being used in an unsafe manner.

Findings included...

Record review of the AFH's Medical Device Policy, undated, included the following directions:
"It is the policy of Serene Lake AFH that any medical positioning/transferring device, such as [redacted], [redacted], [redacted] etc., are utilized for any Resident's care, the following steps are to be taken:
1. There will be an individual assessment of need, ability, risks and benefits of the device.

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 | 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 residents (Resident 1 and Resident 2) requiring [redacted] had a safety assessment prior to use or that their Negotiated Care Plans (NCP) included instructions for the safe use of the [redacted]. This failure placed Resident 1 and Resident 2 at risk of harm from [redacted] being used in an unsafe manner.

Findings included…

Record review of the AFH's Medical Device Policy, undated, included the following directions:
"It is the policy of Serene Lake AFH that any medical positioning/transferring device, such as [redacted], [redacted], [redacted] etc., are utilized for any Resident's care, the following steps are to be taken:
1. There will be an individual assessment of need, ability, risks and benefits of the device.

2. A Physicians order for the device must be written and placed in the resident record.
3. Both family (if applicable) and the resident will be informed of the risks and benefits of the device and sign the informed consent agreement form to indicate their understanding and agreement to the AFH policy regarding the use of medical devices.
4. Noted regarding use of the device will be added to the negotiated care plan documenting the residents safe use of the device and any caregiver instructions.
5. Resident will be reassessed on an ongoing basis to determine the continued safe use of the device and the care plan will be updated as needed. “

RESIDENT 1:
Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted].

Review of Resident 1’s NCP , dated 04/23/2024, showed Resident 1 had decreased vision and hearing, was easily confused and made poor decisions, was not able to independently walk and required extensive two-person assistance for bed mobility and transfers. Resident 1’s NCP did not contain any documentation regarding the [redacted].

Review of Resident 1’s assessment, dated 12/04/2024, showed Resident 1 was weight bearing, made poor decisions being unaware of the consequences, required extensive assistance when repositioning in bed and could transfer out of bed with assistance. The current assessment did not mention the use of the full-length [redacted].

Review of Resident 1’s record showed a copy of the AFH Medical Device policy, signed by Resident 1’s representative on 03/26/2025. Resident 1’s record did not contain a [redacted] safety assessment or an informed consent form.

On 06/12/2025 at 2:00 PM, Resident 1 was observed to be in bed with a full-length [redacted] to be in the up position on the left side of Resident 1’s bed.

In an interview, on 06/12/2025 at 2:05 PM, Staff B (Resident Manager) stated that the full- length [redacted] on the right side (against the wall) of Resident 1’s bed had been removed. Resident 1’s bed remained against the wall on the right side. Staff B stated a [redacted] safety assessment had not been completed for Resident 1, a risk and benefits consent form had not been completed and Resident 1’s NCP had not been updated to include the safe use of the [redacted].

RESIDENT 2
Resident 2 was admitted to the AFH on [redacted]/2023 with multiple diagnoses including a [redacted].

Resident was observed, on 06/12/2025 at 2:00 PM, to be in bed with half length [redacted] in the up position on both sides of the bed.

Review of Resident 2's record showed a copy of the AFH medical device policy, signed on 02/18/2025, by Resident 2. Resident 2's record did not contain a [redacted] safety assessment or an informed consent form. There had not been any documentation made in Resident 2's current NCP regarding the safe use of the [redacted].

On 06/12/2025 at 2:00 PM, Resident 2 was observed to be in bed with the half length [redacted] in the up position.

Review of Resident 2's record showed Resident 2's current NCP had not included any documentation regarding the safe of use of the [redacted].

In an interview with Staff B, on 06/12/2025 at 2:30 PM, Staff B stated Resident 2's NCP would be updated.

This is an uncorrected deficiency previously cited on 04/17/2025.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/2/25.

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

Provider (or Representative) 10/29/25 Date

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

Resident was observed, on 06/12/2025 at 2:00 PM, to be in bed with half length [redacted] in the up position on both sides of the bed.

Review of Resident 2's record showed a copy of the AFH medical device policy, signed on 02/18/2025, by Resident 2. Resident 2's record did not contain a [redacted] safety assessment or an informed consent form. There had not been any documentation made in Resident 2's current NCP regarding the safe use of the [redacted].

On 06/12/2025 at 2:00 PM, Resident 2 was observed to be in bed with the half length [redacted] in the up position.

Review of Resident 2's record showed Resident 2's current NCP had not included any documentation regarding the safe of use of the [redacted].

In an interview with Staff B, on 06/12/2025 at 2:30 PM, Staff B stated Resident 2's NCP would be updated.

This is an uncorrected deficiency previously cited on 04/17/2025.

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, Serene Lake AFH, Inc 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

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 1) was free from the mechanical restraint of full-length [redacted]. This failure placed Resident 1 at risk for decreased freedom of movement or injury.

Findings included…

Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted].

Resident 1 was observed, on 04/04/2025 at 10:45 AM, to be in bed with full-length [redacted] in the up position on both sides of the bed. The right side of Resident 1's bed was against the wall.

Review of Resident 1's assessment, dated 12/27/2024 showed Resident 1 was weight bearing, made poor decisions being unaware of the consequences, required assistance when repositioning in bed and could transfer out of bed with standby assistance. The assessment did not document the use of full-length [redacted].

Review of Resident 1's negotiated care plan (NCP), dated 03/29/2924, showed Resident 1 had decreased vision and hearing, was easily confused and made poor safety decisions.

On 06/12/2025 at 2:00 PM, Resident 1 was observed to be in bed with a full-length [redacted] to be in the up position on the left side of Resident 1's bed.

In an interview, on 06/12/2025 at 2:05 PM, Staff B stated the full-length [redacted] had been removed on the right side of Resident 1's bed. The right side of Resident 1's bed remained against the wall. Staff B stated they thought having two full-length [redacted] on Resident 1's bed was what made the [redacted] a restraint.

This is an uncorrected deficiency previously cited on 04/17/2025.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/2/25 .

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

Provider (or Representative) 10/29/25 Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an emergency evacuation process was developed to evacuate all residents within the required 5 minutes. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for injury during an emergency.

Findings included...

Record review of the AFH emergency evacuation records, from 04/15/2024 to 03/14/2025, showed the following times listed for the emergency evacuations:

04/15/2024 Partial evacuation, 3 residents participated, 4 minutes
06/16/2024 Partial evacuation, 4 residents participated, 6 minutes
08/17/2024 Unknown Partial or Full evacuation, 4 residents participated, 6 minutes
10/20/2024 Partial evacuation, 5 residents participated, 4 minutes
02/16/2025 Partial evacuation, 6 residents participated, 8 minutes
03/14/2025 Full evacuation, 5 residents participated, 10 minutes

In an interview, on 06/12/2025 at 3:00 PM, Staff B stated that no further emergency evacuations had been completed, and it was still unknown if all residents could be evacuated in 5 minutes.

This is an uncorrected deficiency previously cited on 04/17/2025.

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, Serene Lake AFH, Inc 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

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an emergency evacuation process was developed to evacuate all residents within the required 5 minutes. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for injury during an emergency.

Findings included…

Record review of the AFH emergency evacuation records, from 04/15/2024 to 03/14/2025, showed the following times listed for the emergency evacuations:

04/15/2024 Partial evacuation, 3 residents participated, 4 minutes
06/16/2024 Partial evacuation, 4 residents participated, 6 minutes
08/17/2024 Unknown Partial or Full evacuation, 4 residents participated, 6 minutes
10/20/2024 Partial evacuation, 5 residents participated, 4 minutes
02/16/2025 Partial evacuation, 6 residents participated, 8 minutes
03/14/2025 Full evacuation, 5 residents participated, 10 minutes

In an interview, on 06/12/2025 at 3:00 PM, Staff B stated that no further emergency evacuations had been completed, and it was still unknown if all residents could be evacuated in 5 minutes.

This is an uncorrected deficiency previously cited on 04/17/2025.

Statement of Deficiencies	License #: 756440	Compliance Determination # 61329
Plan of Correction	Serene Lake AFH, Inc	Completion Date
Page 7 of 7	Licensee: Serene Lake AFH, Inc	06/18/2025

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/2/25 .

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

Provider (or Representative) Date 10/29/25

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, Serene Lake AFH, Inc 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 04/04/2025 of:

Serene Lake AFH, Inc
4802 Picnic Point Rd
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/24/2025
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)

05/06/2025
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 1 and Resident 2) had the required safety assessment, the informed consent documentation or the necessary care planning for the continued safe use of [redacted]. This failure placed Resident 1 and Resident 2 at risk for injury.

Findings included...

Record review of the AFHs' Medical Device Policy included the following directions:
"It is the policy of Serene Lake AFH that any medical positioning/transferring device, such as [redacted] etc., are utilized for any Resident's care, the following steps are to be taken:
1. There will be an individual assessment of need, ability, risks and benefits of the device.
2. A Physicians order for the device must be written and placed in the resident

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 | 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 1 and Resident 2) had the required safety assessment, the informed consent documentation or the necessary care planning for the continued safe use of [redacted]. This failure placed Resident 1 and Resident 2 at risk for injury.

Findings included…

Record review of the AFHs' Medical Device Policy included the following directions:
"It is the policy of Serene Lake AFH that any medical positioning/transferring device, such as [redacted], [redacted], [redacted] etc., are utilized for any Resident's care, the following steps are to be taken:
1. There will be an individual assessment of need, ability, risks and benefits of the device.
2. A Physicians order for the device must be written and placed in the resident

record.
3. Both family (if applicable), and the resident will be informed of the risks and benefits of the device and sign the Informed Consent Agreement Form to indicate their understanding and agreement to the AFH Policy regarding the Use of Medical Devices.
4. Notes regarding use of the device will be added to the negotiated care plan documenting the residents' safe use of the device and any caregiver instructions.
5. Resident will be reassessed on an ongoing basis to determine the continued safe use of the device, and the care plan will be updated as needed."

RESIDENT 1:
Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnosis including [redacted].

Resident 1 was observed, on 04/04/2025 at 10:45 AM, to be in bed with full-length [redacted] in the up position on both sides of the bed.

Review of Resident 1's record showed a copy of the AFH Medical Device policy, signed on 03/26/2025, by Resident 1's representative. Resident 1's record did not contain a [redacted] safety assessment or an informed consent and there had been no care planning concerning the [redacted] in Resident 1's negotiated care plan (NCP).

Review of Resident 1's current NCP, dated 03/29/2024, showed Resident 1 had decreased vision and hearing, was easily confused and made poor decisions, was not able to walk and required extensive two-person assistance for bed mobility and transfers.

Review of Resident 1's assessment, dated 12/27/2024, showed Resident 1 was weight bearing, made poor decisions being unaware of the consequences, required extensive assistance when repositioning in bed and could transfer out of bed with standby assistance. The current assessment did not mention the use of the full-length [redacted].

Review of Resident 1's significant change assessment, dated 12/04/2024, showed Resident 1 was weight bearing, using a walker for mobility and required one person assistance to reposition and transfer. The significant change assessment did not mention the use of the full-length [redacted].

In an interview, on 04/04/2025 at 3:30 PM, Staff B (Resident Manager) stated that Resident 1 did not have the required documents to ensure the safe use of the full-length [redacted] completed.

In an interview, on 04/17/2025 at 4:00 PM, Staff B stated that Resident 1 had started to walk to the bathroom with physical assistance and the use of a walker. Staff B stated

that Resident 1 used the full [redacted] to turn, and that Resident 1 did not have any falls. Staff B stated Resident 1 came to the AFH with the bed, and the full-length [redacted] were already installed. Staff B stated that an appointment had been made for a [redacted] safety assessment to be completed.

RESIDENT 2
Resident 2 was admitted to the AFH on [redacted]/2023 with multiple diagnosis including a [redacted]

Resident 2 was observed, on 04/04/2025 at 10:30 AM, to be in bed with 1/2 length [redacted] in the up position on both sides of the bed.

Review of Resident 2's record showed a copy of the AFH Medical Device policy, signed on 02/18/2025, by Resident 2. Resident 2's record did not contain a [redacted] safety assessment or an informed consent and there had been no care planning concerning the [redacted] in Resident 2's NCP.

In an interview, on 04/04/2025 at 3:30 PM, Staff B stated that Resident 2 did not have the required documents completed to ensure the safe use of the [redacted]

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025.

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

Provider (or Representative) — Date: 05/06/2025

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

that Resident 1 used the full [redacted] to turn, and that Resident 1 did not have any falls. Staff B stated Resident 1 came to the AFH with the bed, and the full-length [redacted] were already installed. Staff B stated that an appointment had been made for a [redacted] safety assessment to be completed.

RESIDENT 2:
Resident 2 was admitted to the AFH on [redacted]/2023 with multiple diagnosis including a [redacted].

Resident 2 was observed, on 04/04/2025 at 10:30 AM, to be in bed with 1/2 length [redacted] in the up position on both sides of the bed.

Review of Resident 2's record showed a copy of the AFH Medical Device policy, signed on 02/18/2025, by Resident 2. Resident 2's record did not contain a [redacted] safety assessment or an informed consent and there had been no care planning concerning the [redacted] in Resident 2's NCP.

In an interview, on 04/04/2025 at 3:30 PM, Staff B stated that Resident 2 did not have the required documents completed to ensure the safe use of the [redacted].

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, Serene Lake AFH, Inc 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

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 1) was free from the mechanical restraint of full-length [redacted]. This failure placed Resident 1 at risk for decreased freedom of movement or injury.

Findings included…

Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnosis including [redacted].

Review of Resident 1's assessment, dated 12/27/2024, showed Resident 1 was weight bearing, made poor decisions being unaware of the consequences, required extensive assistance when repositioning in bed and could transfer out of bed with standby assistance. The assessment did not mention the use of the full-length [redacted].

Review of Resident 1's negotiated care plan (NCP), dated 03/29/2024, showed Resident 1 had decreased vision and hearing, was easily confused and made poor decisions, was not able to walk and required extensive two-person assistance for bed mobility and transfers.

Resident 1 was observed, on 04/04/2025 at 10:45 AM, to be in bed with full-length [redacted] in the up position on both sides of the bed.

In an interview, on 04/17/2025 at 4:00 PM, Staff B (Resident Manager) stated that Resident 1 had started to walk to the bathroom with physical assistance and the use of a walker. Staff B stated that Resident 1 used the full [redacted] to turn and that Resident 1 did not have any falls. Staff B stated Resident 1 came to the AFH with the bed with the full-length [redacted] installed. Staff B stated that an appointment had been made for a [redacted] safety assessment to be completed.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025.

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

Provider (or Representative) — Date: 05/06/2025

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature at the bathroom sink used by residents was under 120.0 degrees Fahrenheit (F). This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury.

Findings included...

Observation, on 04/04/2025 at 11:00 AM, of the main resident bathroom sink showed a water temperature of 128.8 degrees F.

In an interview, on 04/04/2025 at 11:15 AM, Staff A (Entity Representative) was informed of the current water temperature, and they reported that they would turn the hot water heater down.

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, Serene Lake AFH, Inc 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

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature at the bathroom sink used by residents was under 120.0 degrees Fahrenheit (F). This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury.

Findings included…

Observation, on 04/04/2025 at 11:00 AM, of the main resident bathroom sink showed a water temperature of 128.8 degrees F.

In an interview, on 04/04/2025 at 11:15 AM, Staff A (Entity Representative) was informed of the current water temperature, and they reported that they would turn the hot water heater down.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Residents 1 and 2) had a medication log that was updated and that they received all their medications as required. This failure placed Resident 1 and Resident 2 at risk for a medication administration error and for not receiving the required medications as ordered.

Findings included...

RESIDENT 1:
Review of Resident 1's Medication Administration Log, dated 04/01/2025, showed Resident 1 had two orders for Trazadone (an antidepressant medication) for a 50-milligram tablet at night and the other order was for a 25-milligram tablet of Trazadone at night. Both orders on the Medication Administration Log had a notation of ***MAR ONLY***. No doses of the medication had been recorded as given, and the Trazadone medication was not available in Resident 1's medication bin.

In an interview, on 04/04/2025 at 3:35 PM, Staff B (Resident Manager) stated that they did not know why the medication was not available or what the notation of ***MAR ONLY*** meant. Staff B stated they would check with the Physician and the pharmacy to clarify what Resident 1 should be receiving.

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, Serene Lake AFH, Inc 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

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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Residents 1 and 2) had a medication log that was updated and that they received all their medications as required. This failure placed Resident 1 and Resident 2 at risk for a medication administration error and for not receiving the required medications as ordered.

Findings included…

RESIDENT 1:
Review of Resident 1's Medication Administration Log, dated 04/01/2025, showed Resident 1 had two orders for Trazadone (an antidepressant medication) for a 50-milligram tablet at night and the other order was for a 25-milligram tablet of Trazadone at night. Both orders on the Medication Administration Log had a notation of ***MAR ONLY***. No doses of the medication had been recorded as given, and the Trazadone medication was not available in Resident 1's medication bin.

In an interview, on 04/04/2025 at 3:35 PM, Staff B (Resident Manager) stated that they did not know why the medication was not available or what the notation of ***MAR ONLY*** meant. Staff B stated they would check with the Physician and the pharmacy to clarify what Resident 1 should be receiving.

RESIDENT 2:
Review of Resident 2's Medication Administration Log, dated 04/01/2025, showed the following entries, and none of the medications were available in Resident 2's medication bin.

Diclofenac Gel 1% (a topical gel for pain relief)
Fleets Enema (a saline laxative for constipation)
Chest Congestion Tablet (an aid to help remove chest phlegm)
Dulcolax suppository (an aid to clear constipation)
Miconazole ointment 1% (a fungal infection cream)
Melatonin 3mg tablets (a natural hormone to aid in sleep)

In an interview, on 04/04/2025 at 3:45 PM, Staff B stated that they did not know where the medications were that were missing from Resident 2's medication bin. Staff B stated some of the medications may have been discontinued. Staff B stated they would reconcile all the medications and change pharmacies.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an emergency evacuation process was developed to evacuate all residents within the required 5 minutes. This failed placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for injury during an emergency.

Findings included...

RESIDENT 2:
Review of Resident 2's Medication Administration Log, dated 04/01/2025, showed the following entries, and none of the medications were available in Resident 2's medication bin:

Diclofenac Gel 1% (a topical gel for pain relief)
Fleets Enema (a saline laxative for constipation)
Chest Congestion Tablet (an aid to help remove chest phlegm)
Dulcolax suppository (an aid to clear constipation)
Miconazole ointment 1% (a fungal infection cream)
Melatonin 3mg tablets (a natural hormone to aid in sleep)

In an interview, on 04/04/2025 at 3:45 PM, Staff B stated that they did not know where the medications were that were missing from Resident 2's medication bin. Staff B stated some of the medications may have been discontinued. Staff B stated they would reconcile all the medications and change pharmacies.

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, Serene Lake AFH, Inc 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

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an emergency evacuation process was developed to evacuate all residents within the required 5 minutes. This failed placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for injury during an emergency.

Findings included…

Review of the AFH emergency evacuation forms, from 04/15/2024 to 03/14/2025, showed the following total time of the drills:

04/15/2024 Partial evacuation, 3 residents participated, 4 minutes
06/16/2024 Partial evacuation, 4 residents participated, 6 minutes
08/17/2024 Unknown Partial or Full evacuation, 4 residents participated, 6 minutes
10/20/2024 Partial evacuation, 5 residents participated, 4 minutes
02/16/2025 Partial evacuation, 6 residents participated, 8 minutes
03/14/2025 Full evacuation, 5 residents participated, 10 minutes

In an interview, on 04/04/2025 at 3:00 PM, Staff B (Resident Manager) stated that when the AFH had an emergency drill all of the emergency systems were checked (alarm, food, water, flashlights) and the times reflect checking those systems as well. Staff B stated that they were not aware of the requirement to get all residents out of the AFH to the meeting place during the full evacuation under 5 minutes.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/20/2025

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

Provider (or Representative) — Date: 05/06/2025

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review and the Adult Family Home (AFH) failed to ensure the development of a system to have tuberculosis (TB) testing for all staff within 3 days of hire. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for exposure to TB.

Review of the AFH emergency evacuation forms, from 04/15/2024 to 03/14/2025, showed the following total time of the drills:

04/15/2024 Partial evacuation, 3 residents participated, 4 minutes
06/16/2024 Partial evacuation, 4 residents participated, 6 minutes
08/17/2024 Unknown Partial or Full evacuation, 4 residents participated, 6 minutes
10/20/2024 Partial evacuation, 5 residents participated, 4 minutes
02/16/2025 Partial evacuation, 6 residents participated, 8 minutes
03/14/2025 Full evacuation, 5 residents participated, 10 minutes

In an interview, on 04/04/2025 at 3:00 PM, Staff B (Resident Manager) stated that when the AFH had an emergency drill all of the emergency systems were checked (alarm, food, water, flashlights) and the times reflect checking those systems as well. Staff B stated that they were not aware of the requirement to get all residents out of the AFH to the meeting place during the full evacuation under 5 minutes.

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, Serene Lake AFH, Inc 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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review and the Adult Family Home (AFH) failed to ensure the development of a system to have tuberculosis (TB) testing for all staff within 3 days of hire. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for exposure to TB.

Findings included:

Review of the AFH staffing records showed Staff A (Entity Representative), Staff B (Resident Manager) hired 07/01/2023, and Staff D (Caregiver) hired 10/07/2024, did not have any TB testing available in their staff records.

In an interview, on 04/04/2025 at 3:55 PM, Staff B stated that they were not aware if any TB testing had been completed.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date 05/06/2025

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on interview and record review and the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff A and Staff C) had the required current valid first aid card. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury during an emergency.

Findings included:

Review of the AFH staffing records showed Staff A (Entity Representative) and Staff C (Caregiver), hired on 03/20/2024, did not have a first aid card available in their staff records.

In an interview, on 04/04/2025 at 3:55 PM, Staff B (Resident Manager) stated they were not aware if Staff A or Staff C had the first aid card training, and they would find out.

Findings included:

Review of the AFH staffing records showed Staff A (Entity Representative), Staff B (Resident Manager) hired 07/01/2023, and Staff D (Caregiver) hired 10/07/2024, did not have any TB testing available in their staff records.

In an interview, on 04/04/2025 at 3:55 PM, Staff B stated that they were not aware if any TB testing had been completed.

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, Serene Lake AFH, Inc 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on interview and record review and the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff A and Staff C) had the required current valid first aid card. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury during an emergency.

Findings included:

Review of the AFH staffing records showed Staff A (Entity Representative) and Staff C (Caregiver), hired on 03/20/2024, did not have a first aid card available in their staff records.

In an interview, on 04/04/2025 at 3:55 PM, Staff B (Resident Manager) stated they were not aware if Staff A or Staff C had the first aid card training, and they would find out.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Staff A, Staff B, Staff C and Staff D) obtained all the required long term care worker training. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included:

A review of the AFH's staff training record showed the following missing certificates:

Staff A (Entity Representative):
70-hour basic training
Continuing Education Hours (CEU's)
Nursing assistant registered (NAR) DOH license (expired 05/01/2024)

Staff B (Resident Manager) hired on 07/2023:
AFH orientation
5-hour orientation and safety

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, Serene Lake AFH, Inc 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

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Staff A, Staff B, Staff C and Staff D) obtained all the required long term care worker training. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included…

A review of the AFH's staff training record showed the following missing certificates:

Staff A (Entity Representative):
70-hour basic training
Continuing Education Hours (CEU's)
Nursing assistant registered (NAR) DOH license (expired 05/01/2024)

Staff B (Resident Manager) hired on 07/2023:
AFH orientation
5-hour orientation and safety

Food Handlers Card (Expired 03/18/2018)
CEU's
NAR DOH license (expired 04/24/2024)

Staff C (Caregiver) hired on 03/20/2024
Nurse Delegation
Nurse Delegation Diabetes focus
CEU's

Staff D (Caregiver) hired on 10/07/2024
Food Handlers Card

In an interview, on 04/04/2025 at 4:00 PM, Staff B (Resident Manager) stated that they were not aware if the training certificates had been obtained but would find out.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure the window overlooking the driveway in Bedroom [redacted] could be opened from the inside without effort. This failure placed 1 of 4 residents (Resident 3) at risk of injury during an emergency evacuation.

Findings included...

Food Handlers Card (Expired 03/18/2018)
CEU's
NAR DOH license (expired 04/24/2024)

Staff C (Caregiver) hired on 03/20/2024:
Nurse Delegation
Nurse Delegation Diabetes focus
CEU's

Staff D (Caregiver) hired on 10/07/2024
Food Handlers Card

In an interview, on 04/04/2025 at 4:00 PM, Staff B (Resident Manager) stated that they were not aware if the training certificates had been obtained but would find out.

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, Serene Lake AFH, Inc 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 _____

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

This requirement was not met as evidenced by:

Based on interview and observation, the Adult Family Home (AFH) failed to ensure the window overlooking the driveway in Bedroom [redacted] could be opened from the inside without effort. This failure placed 1 of 4 residents (Resident 3) at risk of injury during an emergency evacuation.

Findings included…

Observation of Bedroom [redacted] window, on 04/04/2025 at 11:15 AM, showed Staff C (Caregiver) was unable to open the window other than a few inches. The track for the window was noted to be bent which prevented the window from opening.

In an interview with Resident 3, on 04/04/2025 at 11:15 AM, Resident 3 reported wishing the window opened all the way in the summer for ventilation.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have evidence of a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring as required. This failure placed 3 of 3 residents, (Residents 2, 3 and 4), at risk for illness and infection.

Findings included...

The current requirement for AFH's is to obtain an MTSW license if required when the AFH administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results or acts upon the test results.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses including [redacted]. In addition, reviews of Resident 3 and Resident 4's records showed both residents required blood sugar monitoring and insulin administration.

In an interview, on 04/04/2025 at 11:20 AM, Staff B (Resident Manager) stated that the caregivers checked Resident 2's blood sugar three times a day. Staff B reported the AFH

Observation of Bedroom [redacted] window, on 04/04/2025 at 11:15 AM, showed Staff C (Caregiver) was unable to open the window other than a few inches. The track for the window was noted to be bent which prevented the window from opening.

In an interview with Resident 3, on 04/04/2025 at 11:15 AM, Resident 3 reported wishing the window opened all the way in the summer for ventilation.

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, Serene Lake AFH, Inc 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

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have evidence of a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring as required. This failure placed 3 of 3 residents, (Residents 2, 3 and 4), at risk for illness and infection.

Findings included…

The current requirement for AFH's is to obtain an MTSW license if required when the AFH administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results or acts upon the test results.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses including [redacted]. In addition, reviews of Resident 3 and Resident 4's records showed both residents required blood sugar monitoring and insulin administration.

In an interview, on 04/04/2025 at 11:20 AM, Staff B (Resident Manager) stated that the caregivers checked Resident 2's blood sugar three times a day. Staff B reported the AFH

did not have an MTSW license.

Review of facility records showed no record of the MTSW license available.

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, Serene Lake AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 05/30/2025

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

Provider (or Representative) — Date: 05/06/2025

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Review of facility records showed no record of the MTSW license available.

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

_____ _____

Provider (or Representative) Date