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

05/01/2025

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

RE: Serene Lake AFH, Inc # 756440

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58950 (Completion Date 05/01/2025) and 55965 (Completion Date 03/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/01/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

The Department staff who did the On Site verification:
Spomenka Hodzic, NCI

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 complaint investigation on 03/06/2025 and 03/25/2025 of:

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

This document references the following complaint number(s): 169009, 170985

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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.

Residential Care Services — Date: 04/01/2025

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: 04/10/25

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

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff members (Staff A, Provider, and Staff C, caregiver) had a valid cardiopulmonary resuscitation (CPR) card or certificate as required. This failure placed Residents 1, 2, 3, 4, and 5 at risk of being cared for by staff without current training to administer CPR.

Findings included...

Observation on 03/06/2025 at 11:05 AM, showed Staff C and Staff D providing various care and services for four residents, unsupervised. Observation, on 03/25 /2025 at 10:20 AM, showed that the Adult Family Home (AFH) was providing various care and services for five residents.

<Staff A>

Review of staff A's personnel records during on-site visits on 03/06/2025, 03/18/2025 and 03/25/2025 showed that Staff A did not have had a valid cardiopulmonary resuscitation (CPR) card or certificate as required.

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' Bourgue
Residential Care Services

04/01/2025
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)

Date

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

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff members (Staff A, Provider, and Staff C, caregiver) had a valid cardiopulmonary resuscitation (CPR) card or certificate as required. This failure placed Residents 1, 2, 3, 4, and 5 at risk of being cared for by staff without current training to administer CPR.

Findings included...

Observation on 03/06/2025 at 11:05 AM, showed Staff C and Staff D providing various care and services for four residents, unsupervised. Observation, on 03/25 /2025 at 10:20 AM, showed that the Adult Family Home (AFH) was providing various care and services for five residents.

<Staff A>

Review of staff A's personnel records during on-site visits on 03/06/2025, 03/18/2025 and 03/25/2025 showed that Staff A did not have had a valid cardiopulmonary resuscitation (CPR) card or certificate as required.

In a final interview, on 03/25/2025 at 10:30 AM, Staff B, Resident Manager, stated that Staff A had all records, but they could not locate them.

In an email on 3/25/2025, Staff B sent Staff A's records, without the required the CPR card or certificate.

<Staff C>

Review of Staff C's orientation and training records showed that Staff C was hired by the AFH on 12/16/2024.

Review of Staff C's personnel records showed that Staff C did not have a valid CPR card.

In an interview, on 3/18/2025 at 10:55 AM, Staff B stated that Staff C did not have a CPR card, and they would have them get the CPR training.

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) 04/30/25 .

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

Provider (or Representative) 04/30/25 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

In a final interview, on 03/25/2025 at 10:30 AM, Staff B, Resident Manager, stated that Staff A had all records, but they could not locate them.

In an email on 3/25/2025, Staff B sent Staff A's records, without the required the CPR card or certificate.

<Staff C>

Review of Staff C's orientation and training records showed that Staff C was hired by the AFH on 12/16/2024.

Review of Staff C's personnel records showed that Staff C did not have a valid CPR card.

In an interview, on 3/18/2025 at 10:55 AM, Staff B stated that Staff C did not have a CPR card, and they would have them get the CPR training.

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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

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 4 Staff members (Staff C and Staff D, caregivers) had a Washington state name and dated of birth background check timely done and 4 of 4 Staff members (Staff A, Provider, Staff B, Resident Manager, Staff C and Staff , caregivers) had national fingerprint background check. This failure resulted in 5 of 5 Residents (Resident 1,2,3, 4 and 5) being cared for by a Staff member with unknown background history.

Findings included...

Observation on 03/06/2025 at 11:05 AM, showed Staff C and Staff D providing various care and services for four residents, unsupervised. Observation, on 03/25/2025 at 10:20 AM, showed that the Adult Family Home (AFH) was providing various care and services for five residents.

<Staff A>

Review of staff A's personnel records during on-site visits on 03/06/2025, 03/18/2025 and 03/25/2025 showed Staff A did not have national fingerprint records.

In a final interview, on 03/25/2025 at 10:30 AM, Staff B, stated that Staff A did have fingerprints records, but they still cannot locate Staff A's fingerprint records.

<Staff B>

Review of staff A's personnel records during on-site visits on 03/06/2025, 03/18/2025 and 03/25/2025 showed that Staff B did not have national fingerprint records.

Review of Secure Tracking and Reporting System (STARS) showed that Staff B had been listed as Resident Manager and Representative since 10/16/2023.

Review of Staff B's records on 3/25/2025, showed Staff B completed their national fingerprint on 03/21/2025 (results still pending). Staff B's national fingerprint check was overdue five hundred and six days.

<Staff C>

Review of Staff C's orientation and training records showed that Staff C was hired by the AFH on 12/16/2024.

Review of Staff C's personnel records showed that Staff C did not have Washington state name and dated of birth background check or national fingerprint.

In an interview, on 3/18/2025 at 10:55 AM, Staff B, Resident Manager, stated that they would make sure Staff C had their background and fingerprint check done.

Review on 3/25/2025 showed that Staff C had their background check completed on 03/19/2025 and their national fingerprint check on 03/21/2025 (results still pending). Staff C's background check records were overdue seventy-nine days.

<Staff D>

Review of Staff D's orientation and training records showed that Staff D was hired by the AFH on 10/07/2024.

Review of Staff D's personnel records showed that Staff D did not have National Fingerprint, and that background check was completed on 10/24/2024, sixteen days overdue.

In an interview, on 3/18/2025 at 10:55 AM, Staff B, stated that they wanted to do national fingerprint check for Staff D, but they went to the wrong place, and they would have to do it again.

In an interview, on 3/25/2025 at 10:30 AM, Staff B stated that they tried make an appointment for Staff D to have their national fingerprint done but online system would not allow it.

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) 4/30/25 .

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

Provider (or Representative)

04/10/25
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, 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