



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

October 8, 2019

Dorreen Mashtare
SERENITY ROSE
3614 E 27TH AVE
SPOKANE, WA 99223

RE: SERENITY ROSE License #557400

Dear Provider:

On October 4, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated September 19, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Sylvia Chauvin, Complaint Investigator

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

Susan Bergeron, Field Manager
Region 1, Unit B
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SERENITY ROSE (687165) **Intake ID(s):** 3665425
License/Cert. #: AF557400
Investigator: Chauvin, Sylvia **Region/Unit:** RCS Region 1/Unit B **Investigation Date(s):** 09/19/2019 through 09/19/2019
Complainant Contact Date(s): 09/10/2019, 09/19/2019

Allegations:

#1- Provider is overdue on payment of licensing fee.

Investigation Methods:

Sample: Five of five residents

Observations: Residents' safety and well-being
Utilities
Food, medication, care supplies

Interviews: Four residents
Relief caregiver
Provider
Office of Financial Recovery staff

Record Reviews: Office of Financial Recovery Spreadsheet

Allegation Summary:

#1- Residents were receiving needed care and supplies were available for care. There was no disruption of services and utilities in the home. Provider was uncertain if licensing fee was paid for 2019. Per Office of Financial Recovery record and staff, annual licensing fee was overdue on 07/15/19 and there was a pattern of late payment of annual licensing fees since 2008. Violation was found.

Unalleged Violation(s): Yes No

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

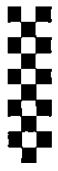
The violation was documented in 09-19-19 Statement of Deficiencies under:
Washington Administrative Code 388-76-10025(1-4) Licensing fee

This document was prepared by Residential Care Services for the Locator website.



**Residential Care Services
Investigation Summary Report**

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Statement of Deficiencies	License #: 557400	Completion Date
Plan of Correction	SERENITY ROSE	September 19, 2019
Page 1 of 3	Licensee: DORREEN MASHTARE	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 9/19/2019

SERENITY ROSE
3614 E 27th Ave
Spokane, WA 99223

This document references the following complaint number: 3665425

The department staff that inspected and investigated the adult family home:

Sylvia Chauvin, RN, Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1, Unit B
316 W Boone Ave., Suite 170
Spokane, WA 99201
(509)323-7324

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OCT 07 2019

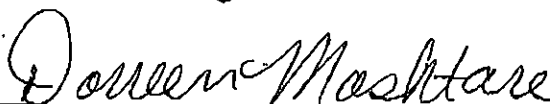
DSHS ADSA RCS
SPOKANE WA

As a result of the on-site complaint investigation 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

9/25/19
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)

9/25/19
Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews the facility failed to pay the annual licensing fee when it was due. This placed five of five residents (Residents #1, #2, #3, #4, and #5) at risk of not receiving needed care and services. Findings included...

A Residential Care Services (RCS) investigator made an unannounced visit to the adult family home (AFH) on 09/19/19. As observed on 09/19/19 from 10:20 AM until 11:40 AM, Residents #2, #3, #4, and #5 were in the AFH. The residents were clean and without signs of distress. Per interview on 09/19/19 at 10:20 AM with Staff B, caregiver, Resident #1 was attending activities outside of the home.

As observed on 09/19/19 from 10:20 AM until 11:40 AM, utilities such as water, electricity, and heat were available. Care supplies, medications, and food were also available.

In an interview on 09/19/19 at 10:50 AM with Staff B, she said there was never disruption of utilities in the home. She said there was never a lack of food, medication, and care supplies for residents. On 09/19/19 at 11:40 AM, Staff A, Provider, stated utilities, food, medication, and care supplies were always available for the residents in the home.

Review of Office of Financial Recovery (OFR) Spreadsheet and interview with staff from OFR on 09/19/19 at 3:00 PM showed Staff A, Provider, did not pay the annual license fee of \$1350.00 that was due on 07/15/19. The OFR staff said since 2008, there was a pattern of the Provider's failure to pay the annual licensing fee on time. Per the OFR Spreadsheet, the Provider paid the licensing fee late in 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2016, 2017, and 2018.

In the 09/19/19 - 11:40 AM interview with Staff A, she said she was unaware if the 2019 licensing fee was paid because an accountant took care of paying the AFH bills.

Statement of Deficiencies

License #: 557400

Completion Date

Plan of Correction

SERENITY ROSE

September 19, 2019

Page 3 of 3

Licensee: DORREEN MASHTARE

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, SERENITY ROSE is or will be in compliance with this law and / or regulation on (Date) 9/25/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

D Mashtare

Provider (or Representative)

9/25/19
Date

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