



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

December 30, 2019

SERENITY ADULT FAMILY HOMECARE LLC  
SERENITY ADULT FAMILY HOMECARE LLC  
5501 215TH ST S W  
MOUNTLAKE TERRACE, WA 98043

RE: SERENITY ADULT FAMILY HOMECARE LLC License #751421

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 27, 2019 for the deficiency or deficiencies cited in the report/s dated September 4, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Jesse Diaz, Community Complaint Investigator

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager  
Region 2, Unit I  
Residential Care Services



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 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

RECEIVED  
 SEP 18 2019  
 DSHS/ALTS/RCS

Statement of Deficiencies	License #: 751421	Completion Date
Plan of Correction	SERENITY ADULT FAMILY HOMECARE LLC	September 4, 2019
Page 1 of 4	Licensee: SERENITY ADULT FAMILY HOMECARE LLC	

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 full inspection of:  
 8/29/2019

SERENITY ADULT FAMILY HOMECARE LLC  
 5501 215TH ST S W  
 MOUNTLAKE TERRACE, WA 98043

The department staff that inspected the adult family home:  
 Jesse Diaz, BSN, RN, Community Complaint Investigator

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit I  
 20816 44th Ave West, Suite 240  
 Lynnwood, WA 98036-7744  
 (425)670-6061

As a result of the on-site full inspection 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

9/4/19  
 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)

9/16/19  
 Date

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

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) Entity Representative (ER) failed to ensure the Negotiated Care Plan (NCP) for one of two sampled residents, Resident #5 (R#5), listed the signs, symptoms, and side effects of a mood altering medication. This placed the resident at risk for taking a medication without knowing its purpose and side effects.

**Findings included...**

Review of R#5's resident records on 08/29/19 at 11:00 AM showed a Medication Administration Log (MAR). The MAR listed the medication Mirtazapine 15 milligrams (mg) ( a medication for depression).

Review of R#5's resident records on 08/29/19 at 11:00 AM showed a Negotiated Care Plan (NCP). The NCP, dated 04/01/19, showed R#5 has a diagnosis of [REDACTED] but the section of the NCP "taking psychoactive medication" was checked "no." The NCP did not have the medication, reasons for taking the medication, or the signs, symptoms, and side effects of taking the medication.

During an interview on 08/29/19 at 11:30 AM, the ER stated R#5 just started taking the medication about two months ago and she did not update the NCP.

**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 ADULT FAMILY HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) Aug. 30, 2019 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

9/16/19  
\_\_\_\_\_  
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

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) Entity Representative (ER) failed to ensure one of one caregivers, Staff C, had a Washington state name and date of

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birth background check (BGI). This failure placed all six of the AFH's residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6) at risk for receiving care and services from a caregiver with an unknown criminal history.

Findings included...


Review of AFH administrative records on 08/29/19 at 12:00 PM showed the AFH hired Staff C, a caregiver, on 07/07/2019.

Review of Staff C's records on 08/29/19 at 12:00 PM showed Staff C did not have a BGI in her records for this AFH.

During an interview on 08/29/19 at 12:00 PM, the ER stated that she did not know Staff C needed a BGI because Staff C had one from her last employer. No record of a copy of any previous BGI was found and the ER said she did not have one.

**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 ADULT FAMILY HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) AUG. 31, 2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

9/10/19  
Date

**WAC 388-112A-0495 What are the facility long-term care workers' specialty training deadlines and what is the requirement for supervision until the training is completed?**

(2) During the period to complete the specialty training the long-term care worker must not provide personal care to a resident with special needs without direct supervision until that long-term care worker demonstrates competency in specialty training.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) Entity Representative (ER) failed to ensure one of one caregivers, Staff C, completed specialty training in mental health before having unsupervised access to residents with mental health needs. This failure placed the AFH's residents with mental illnesses at risk for receiving care from an unqualified caregiver.

Findings included...

Review of the AFH resident list on 08/29/19 at 10:00 AM showed three residents, Resident #1 (R#1), Resident #3 (R#3), and Resident #6 (R#6), with mental illnesses and behaviors affecting themselves or others.

During an interview on 08/29/19 10:00 AM, the ER stated that R#1, R#3, and R#6 had behavior problems including talking to themselves, making inappropriate comments and using bad-words, and looking for reasons to argue.

During an interview on 08/29/19 at 10:00 AM, the ER stated that Staff C works at the AFH three-days-a- week from 7:00 AM to 7:00 PM and provides care and services to R#1, R#3, and R#6.

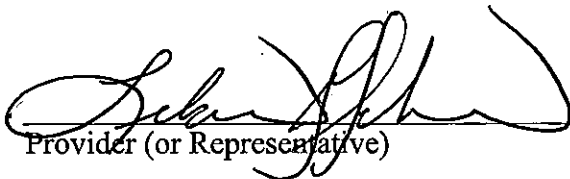
During an interview on 09/04/19 at 10:33 AM, the ER stated that Staff C had unsupervised access to R#1, R#3, and R#6. The ER said Staff C provides care and services unsupervised to R#1, R#3, and R#6 for a couple of hours each day.

Review of AFH administrative records on 08/29/19 at 12:15 showed the AFH hired Staff C, a caregiver, on 07/07/2019. Further review showed Staff C did not have a certificate for mental health specialty training in her records.

During an interview on 08/29/19 at 12:15 PM, the ER stated the she does not think Staff C completed mental health specialty training.

**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 ADULT FAMILY HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) Sept. 16, 2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

9/16/19  
\_\_\_\_\_  
Date