



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388**

December 31, 2019

SERENITY HARBOR AFH CO  
SERENITY HARBOR AFH CO II  
14328 SE 170TH ST  
RENTON, WA 98058

RE: SERENITY HARBOR AFH CO II License #751598

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 30, 2019 for the deficiency or deficiencies cited in the report/s dated November 4, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Brenna Botsford, Licensor

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

Sincerely,

Dahl Kim, Field Manager  
Region 2, Unit E  
Residential Care Services



RECEIVED

NOV 20 2019

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES DSHS/ALTSA/RCS  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 751598	Completion Date
Plan of Correction	SERENITY HARBOR AFH CO II	November 4, 2019
Page 1 of 7	Licensee: SERENITY HARBOR AFH CO	

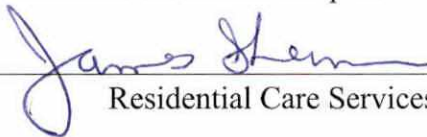
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation and full inspection of: 10/17/2019  
SERENITY HARBOR AFH CO II  
14328 SE 170TH ST  
RENTON, WA 98058

This document references the following complaint number: 3674547  
The department staff that inspected the adult family home:  
Brenna Botsford, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit E  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032-2388  
(253)234-6033

As a result of the on-site complaint investigation and 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

11/7/19  
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)

11/15/19  
Date

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

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure one of two sampled residents (Resident #5) signed their Negotiated Care Plan (NCP). This failure placed Resident #5 at risk for not negotiating or participating in the development of their care plan.

**Findings included...**

Review of Resident #5's resident records showed Resident #5 moved into the AFH [redacted] 19. Resident #5's NCP was developed 04/01/19. There was no resident or resident signature of the NCP.

During an interview on 10/17/19 at 3:30 PM, Staff A, Provider stated that Resident #5's representative was not available to sign the NCP, and asked if Resident #5 could sign their own 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 HARBOR, AFH, CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11/15/19  
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;
  - (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 one of two residents (Resident #5) who used medical equipment (transfer pole) had a medical equipment assessment and included the use of the transfer pole on the Negotiated Care Plan (NCP). This failure placed Resident #5 at risk for injury from improper use of a transfer pole.

**Findings included...**

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

Observation on 10/17/19 at 11:00 AM showed Resident #5 had a [REDACTED]

[REDACTED] installed next to their bed.

Review of Resident #5's resident record showed Resident #5 moved into the AFH [REDACTED] 19 and did not have a medical equipment assessment for the [REDACTED]

Review of Resident #5's NCP dated 04/01/19 showed Resident #5 needed full help with transferring from one place to another, one person assistance when getting up and down from a chair, and had several falls. There was no [REDACTED] use in the NCP.

Review of Resident #5's "CARE" assessment (resident assessment for state clients) dated 03/20/19, showed Resident #5 needed extensive assistance with transfers.

During an interview on 10/17/19 at 3:30 PM, Staff A stated that there was a meeting on 10/16/19 for Resident #5 and that Resident #5's NCP and Assessment would be updated.

#### 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 HARBOR AFH CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11/15/19  
Date

**WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

- (10) A current inventory of the resident's personal belongings dated and signed by:  
(a) The resident; and

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure one of two sampled residents (Resident #5) inventory list was completed. This failure placed Resident #5 at risk for exploitation and lost personal items.

Findings included...

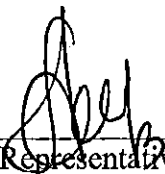
Review of Resident #5's resident records showed Resident #5 moved into the AFH [REDACTED] 19.

Review of Resident #5 resident records showed an inventory list that was signed by Staff A, Provider but was not filled out to identify any of Resident #5's personal belongings.

During an interview on 10/17/19, Staff A stated that Resident #5's representative had not filled out the inventory list.

#### 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 HARBOR AFH CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11/15/19  
 \_\_\_\_\_  
 Date

**WAC 388-76-10129 Qualifications Adult family home personnel. The adult family home must ensure that the following are qualified and meet all of the applicable requirements of this chapter and chapter 388-112A WAC:**

- (1) Any person employed or used by the adult family home, directly or by contract, by an adult family home; including but not limited to:
- (a) The provider;
  - (e) Caregivers.

**WAC 388-112A-0620 What are the documentation requirements for continuing education?**

- (1) The adult family home, enhanced services facility, or assisted living facility must maintain written documentation of department approved continuing education in the form of a certificate or transcript that contains the following information:
- (d) The assigned curriculum approval code;
  - (f) The name and identification number of the home or training entity giving the training; and

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

Based on interview and record review, the Adult Family Home (AFH) failed to have a Department of Health and Social Service (DSHS) approved trainer provide half-hour food safety continuing education for four of five staff (Staff A, Provider, Staff B, Resident Manager, Staff C, Caregiver and Staff E, Caregiver). This failure placed five of five residents (Resident #1, Resident #2, Resident #3, Resident #4,, and Resident #5) at risk for a food-borne illness.

**Findings included...**

Review of Staff A, Providers staff record showed Staff A taught themselves half-hour food safety continuing education.

Review of Staff B, Caregiver staff record showed Staff B was hired 10/03/10. Staff B's half-hour food safety continuing education was taught by Staff A.

Review of Staff C, Caregiver staff record showed Staff C was hired 08/04/14, Staff C's half-hour food safety continuing education was taught by Staff A.



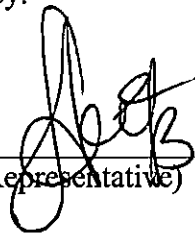
Review of Staff E, Caregiver staff record showed Staff E was hired 04/10/19. Staff E's half-hour food safety continuing education was taught by Staff A.

During an interview on 10/15/19 at 11:00 AM, Staff A stated they thought they were able to teach the AFH staff half-hour food safety continuing education.

Review of the Department Instructor & Curriculum Tracking System showed Staff A was not a Department approved trainer for hal-hour food safety 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 HARBOR AFH CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



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



\_\_\_\_\_  
Date

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**  
(4) Criminal history disclosure and background check results as required.

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

Based on interview and record review, the Adult Family Home (AFH) failed to have one of five current staff (Staff C, Caregiver) National fingerprint background check and one of one former staff (Staff H, Former Caregiver) Washington state name and date of birth background check readily available for Department review. This failure delayed the Department's ability to determine if Staff C, Caregiver and Staff H, Former Caregiver met current caregiver qualifications, and placed five of five residents exposed to individuals with an unknown criminal background.

**Findings included...**

Review of Staff C, Caregiver staff records showed Staff C was hired 08/14/14. There was no National fingerprint background check available for review.

Review of Staff H, Former Caregiver showed there was no Washington state background check available for review.


During an interview on 10/17/19 at 3:30 PM, Staff A, Provider stated that they had the background checks available, but not at the AFH.

Review of a fax received from the AFH on 10/17/19 at 8:35 PM showed the background check for Staff H.

Review of an email received from the Background Check Central Unit on 10/23/19 at 4:04 PM showed Staff C, Caregiver completed a National fingerprint background check on 01/31/2013.

### 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 HARBOR AFH CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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

11/15/19  
\_\_\_\_\_  
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 observation, interview and record review, the Adult Family Home (AFH) failed to have one of five current staff (Staff C, Caregiver) complete a Washington state name and date of birth background check every two years. This failure placed five of five residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5) at risk for exposure to an individual with an unknown criminal background.

### Findings included...

Five residents lived in and received care in the AFH.

Review of Staff C, Caregiver staff records showed Staff C was hired 08/14/14. The last Washington state name and date of birth background check available for review was completed on 08/10/16 (expiring 08/10/18).

During an interview on 10/17/19 at 3:30 PM, Staff A, Provider stated that they had the current background check available, but not at the AFH.

Review of an email received from the Background Check Central Unit on 10/23/19 at 4:04 PM showed Staff C, Caregiver completed A Washington state name and date of birth background check 08/09/2016 (expiring 08/10/18). Staff C went approximately 433 days without completing a current Washington state name and date of birth background check.

**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 HARBOR AFH CO II is or will be in compliance with this law and / or regulation on (Date) 12/16/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



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



\_\_\_\_\_  
Date