



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

October 8, 2025

ELECTRONIC-FACSIMILE

Licensee, Grace Serene Adult Family Home LLC
Grace Serene Adult Family Home LLC
1526 GOAT TRAIL ROAD
MUKILTEO, WA 98275

Adult Family Home License # **754273**
Entity Representative: Jim Misewe

IMPOSITION OF CIVIL FINES

Dear Licensee:

On September 29, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of civil fines on the license for your adult family home, located at **1526 GOAT TRAIL ROAD, MUKILTEO**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **September 29, 2025**.

Civil Fines

WAC 388-76-10685 (2)(b) Bedrooms.

\$200.00

The licensee failed to ensure the laundry room window had a screen that would prevent insects from entering the home. This failure placed three residents at risk of a decreased quality of life.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10840 (1)(a)(d) Emergency food supply. **\$200.00**

The licensee failed to ensure there was a sufficient supply of emergency food for each resident and each household member in an emergency. This failure placed three residents at risk for unmet care needs.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10805 (1)(2)(b)(3)(4) Automatic smoke alarms. **\$200.00**

The licensee failed to ensure all automatic smoke alarms were in working order, were interconnected throughout the AFH and were in the immediate vicinity of the bedrooms. These failures placed three residents at risk of injury during a fire emergency.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10650 (2)(a)(b)(c) Medical Devices. **\$200.00**

The licensee failed to ensure that one resident with bedside rails and a transfer pole had the required safety assessment, consent and the care planning to ensure the safe use of the bedside rails and the transfer pole. This failure placed the resident at risk of injury.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10161(2)(a)(b)(3) Background checks—Who is required to have. **\$200.00**

The licensee failed to ensure two staff had a current Washington state name and date of birth background check (WSNDOB BGC), one staff had a national fingerprint background check, and failed to ensure one household member (HHM) had a WSNDOB BGC. These failures placed three residents at risk of being exposed to a staff and/or HHM with an unknown background.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10350 (2)(d) Assessment—Updates required. **\$200.00**

The licensee failed to ensure three residents annual assessments were available to review at least every 12 months. This failure placed three residents at risk for unmet care needs.

This is an uncorrected deficiency previously cited on July 29, 2025.

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WAC 388-76-10146 (2)(d)(6) Qualifications—Training and home care aide certification. **\$200.00**

The licensee failed to ensure two staff had all of the required training documents available in the personnel records. This failure placed three residents at risk for receiving care from an unqualified caregiver.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10585 (2)(a)(b) Resident rights—Examination of inspection results. **\$200.00**

The licensee failed to post a notice for the residents, or interested parties, indicating where a binder containing the AFH's past inspection and complaint investigation documents could be found without having to ask to review the documents. This failure placed three residents at risk of not receiving pertinent information related to their care.

This is an uncorrected deficiency previously cited on July 29, 2025.

WAC 388-76-10201 (1) Succession plan. **\$200.00**

The licensee failed to ensure a written succession plan was available when requested by the department. This failure placed three residents at risk for unmet care needs if the Provider was unable to fulfil their duties.

This is an uncorrected deficiency previously cited on July 29, 2025.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

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Return the signed and dated SOD to:

Nicholette Flynn, Field Manager
Region 2, Unit B
3906 172nd St NE Suite 100
Arlington, WA 98223
Phone: (206) 348-9350/ Fax: (360) 651-6940
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>.

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

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Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,800.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Nicholette Flynn, Field Manager, at (206) 348-9350.

Sincerely,



Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP