STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Paula Serene LLC
Paula Serene AFH
2010 Swanee Place SE
Olympia, WA 98501

RE: Paula Serene AFH License # 756756

Dear Provider:

This letter addresses Compliance Determination(s) 65723 (Completion Date 09/18/2025) and 63235 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/18/2025 and found that you have corrected the violations listed in the Full report dated 08/13/2025. Your home is back in compliance as of 08/18/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 756756	Compliance Determination # 63235
Plan of Correction	Paula Serene AFH	Completion Date
Page 1 of 3	Licensee: Paula Serene LLC	08/13/2025

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 the unannounced on-site full inspection on 07/28/2025 of:

Paula Serene AFH
2010 Swanee Place SE
Olympia, WA 98501

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

Statement of Deficiencies	License #: 756756	Compliance Determination # 63235
Plan of Correction	Paula Serene AFH	Completion Date
Page 2 of 3	Licensee: Paula Serene LLC	08/13/2025

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.

Jennifer LeMaster
Residential Care Services

8/14/2025
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.

Paula Serene
Provider (or Representative)

8/18/2025
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to provide medications as prescribed, keep an accurate medication log, and follow all rules and regulations for medication administration for 1 of 4 residents (Resident 4). This failure resulted in Resident 4 not getting medications as prescribed and not receiving medication assistance as required by their assessment.

Findings included...

While completing the environmental tour on 07/28/2025 at 10:35 AM, observations showed Resident 4's bedroom door was locked. Caregiver 1 stated Resident 4 typically sleeps all day, is up all night and does not like to be disturbed so they typically leave them alone during the day.

Record review of Resident 4's current assessment dated 04/29/2025 showed Resident 4

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.

Jennifer LeMaster
Residential Care Services

8/14/2025
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

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(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to provide medications as prescribed, keep an accurate medication log, and follow all rules and regulations for medication administration for 1 of 4 residents (Resident 4). This failure resulted in Resident 4 not getting medications as prescribed and not receiving medication assistance as required by their assessment.

Findings included...

While completing the environmental tour on 07/28/2025 at 10:35 AM, observations showed Resident 4's bedroom door was locked. Caregiver 1 stated Resident 4 typically sleeps all day, is up all night and does not like to be disturbed so they typically leave them alone during the day.

Record review of Resident 4's current assessment dated 04/29/2025 showed Resident 4

needed medication management as they do not follow frequency or dosages, forgets to take medications and has psychotropic medications that need monitoring. Resident 4's AFH negotiated care plan dated 04/07/2025 showed Resident 4 needed medication assistance for all medications.

Record review of Resident 4's medication administration record (MAR) for July 2025 showed 24 daily medications were signed off as administered by AFH staff throughout the day from 08:00 AM till 11:00 PM. The MAR also showed a mental health medication (quetiapine fumarate), multivitamin, and vitamin B tablet that were to be given daily were not signed off as administered from 07/01/2025-07/28/2025.

During interview with Caregiver 1 on 07/28/2025 at 11:12 AM, Department staff asked them to explain how they administered medications to Resident 4 as they had previously stated Resident 4 sleeps all day and locks their door to not be disturbed. Caregiver 1 said they give Resident 4 their first dose of medications for the day at 11:00 pm and then give Resident 4 the rest of their daily medications so Resident 4 can self administer their medications throughout the night while they are awake. When department staff asked how AFH staff guarantee Resident 4 actually takes their medications since no one is there to watch them, Caregiver 1 did not have an answer. When department staff asked why Resident 4's MAR showed they received their medications daily at times ranging from 8:00 AM - 11:00 PM when Resident 4 does not take their medications at those times, Caregiver 1 did not have an answer. Caregiver 1 repeated that Resident 4 does not like to be disturbed so they did not want to make them upset but understood that Resident 4 is assessed to need medication assistance. Caregiver 1 said they had no way to verify that Resident 4 actually took any of their medications as no one actually watched Resident 4 take medications.

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, Paula Serene AFH is or will be in compliance with this law and / or regulation on (Date) 8/19/2025.

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

Provider (or Representative) — Date 8/18/2025

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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, Paula Serene AFH 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 _____

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Paula Serene LLC
Paula Serene AFH
2010 Swanee Place SE
Olympia, WA 98501

RE: Paula Serene AFH # 756756

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/13/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit G
Preferred methods:

eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

The Adult Family Home failed to add that Resident 2 is currently using [redacted] in their negotiated care plan. Provider updated negotiated care plan within 24 hours of inspection to add Resident 2's use of [redacted] and sent verification to Department, consultation provided.

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

The Adult Family Home failed to have disclosure of charges documentation for Resident 2 in their resident file. Provider sent completed documentation to Department which was completed at time of admission but not kept in resident file, consultation provided.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and

directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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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 the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

PLAN OF CORRECTION

Home Name: Paula Serene LLC	
Address: 2010 SWANEE PL SE, OLYMPIA WA 98501	
License Number	756756
Survey Date	8/18/2025

ID TAG	Plan of Correction	Completion Date
	This plan of correction constitutes Paula Serene LLC written response to the written allegation of non-compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the state and federal law.	
WAC 388-76-10430- Medication System If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident: (a) Assessment indicates the amount of medication assistance needed by the resident; (b) Negotiated care plan identifies the medication service that will be provided to the resident; (c) Medication log is kept current as required in WAC 388-76-10475;	➢ Paula Serene LLC will ensure that medications are administered as per the orders while following the rights of medication administration per the WAC. ➢ Paula Serene LLC will also ensure that they obtain physician orders that gives directions of medication administration at times outside the schedule to accommodate the residents needs due to behaviors. ➢ The provider-owner has audited the MARs of other residents to ensure that they are signed when medications are given. The provider will be doing **daily audits** to check and ensure that	9/30/2025

(d) Receives medications as required. (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.	medications are signed as administered. ➢ Paula Serene LLC will follow the resident's negotiated care plans as written to meet the residents' needs and improve the resident's outcomes.	