STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SERENITY WOODS LLC
SERENITY WOODS ADULT FAMILY HOME LLC
218 Main St # 308
Kirkland, WA 98033

RE: SERENITY WOODS ADULT FAMILY HOME LLC License # 633201

Dear Provider:

This letter addresses Compliance Determination(s) 84688 (Completion Date 10/05/2026) and 82941 (Completion Date 09/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 10/05/2026 and found that you have corrected the violations listed in the Complaint report dated 09/03/2026. Your home is back in compliance as of 09/10/2026 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 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10315-1-c, WAC 388-76-10315-1-e

The Department staff who did the on-site verification:
Tekeste Demissie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 an unannounced on-site complaint investigation on 08/27/2026 of:

SERENITY WOODS ADULT FAMILY HOME LLC
14413 SALAL DR
EDMONDS, WA 98026

This document references the following complaint number(s): 237183

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jeb Korzilius
Residential Care Services

09/11/2026
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.

IAN Wallace
Provider (or Representative)

Type text here
09/21/2026
Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to develop a Preliminary Service Plan (PSP) for 1 of 5 residents (Resident 1), when Resident 1 was admitted to the AFH. This failure placed Resident 1 at risk of unrecognized and unmet care needs.

Findings included...

Record review of Resident 1's face sheet, undated, showed the AFH admitted Resident 1 on [redacted]/2026. Resident 1's record did not include a PSP.

During an interview, on 08/27/2026 at 10:53 AM, Staff B, Caregiver, stated that they did not have Resident 1's PSP or any other care plan when the AFH admitted Resident 1. Staff B was not able to present Resident 1's PSP during department's visit.

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During an interview, on 08/27/2026 at 12:05 PM, Staff A, Entity Representative, stated that they had not completed Resident 1's PSP when Resident 3 was admitted to AFH. Staff A stated they would send the residents' care plans as soon as possible.

In a follow-up interview, on 08/31/2026 at 4:27 PM, Staff A stated that the AFH staff were using Resident 1's assessment when giving care to Resident 1.

In a follow up email, on 08/27/2026, the Department's verbal request for records by 12:00 PM on 08/28/2026, was repeated.

In a follow-up email, on 08/28/2026 at 12:01 PM, Staff A sent a Negotiated Care Plans for all residents. The record did not include Resident 1's PSP.

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 WOODS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 09/10/2026 .

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

IAN Wallace
Provider (or Representative)

Type text here
09/22/2026
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure resident medical records for 5 of 5 Residents (Resident 1, 2, 3, 4, and 5) was kept confidential, or protected from loss, alteration, destruction, and unauthorized use. This failure placed all residents' personal information at risk of becoming public knowledge or being destroyed.

Findings included...

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Observation of the AFH living room, on 08/27/2026 at 10:00 AM, showed a big three-ring binder located on a table against the wall containing residents' personal information, medical records, and medication lists. The record was not in a secured container and was laying on the table.

Observation and record review showed one resident currently in the AFH ambulates independently and two residents who use assistive devices to ambulate throughout the AFH.

During an interview, on 08/27/2026 at 10:53 AM, Staff B, Caregiver, stated that the binder had been on the table for long time. Staff B stated that nobody told them not to leave the binder out in the living room.

During an interview, on 08/31/2026 at 4:27 PM, Staff A, Entity Representative, stated that information in the binder was outdated. Staff A stated that state regulators had been in the AFH several times and no one told them they were not supposed to leave the binder out in the living room.

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 WOODS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 09/10/2026 .

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

IAN Wallace
Provider (or Representative)

Type text here
09/22/2026
Date

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