STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SERENITY PARK ADULT FAMILY HOME INC
SERENITY PARK ADULT FAMILY HOME INC
9124 NE 152nd Pl
Kenmore, WA 98028

RE: SERENITY PARK ADULT FAMILY HOME INC License # 666200

Dear Provider:

This letter addresses Compliance Determination(s) 68391 (Completion Date 11/06/2025) and 67077 (Completion Date 10/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2025 and found that you have corrected the violations listed in the Full report dated 10/15/2025. Your home is back in compliance as of 10/28/2025 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 388-76-10015-1, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 the unannounced on-site full inspection on 10/13/2025 of:

SERENITY PARK ADULT FAMILY HOME INC
9124 NE 152nd Pl
Kenmore, WA 98028

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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.

Residential Care Services 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) 10/25/2025 Date

WAC 388-76-10015 License. Adult family home. Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128, 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a record of Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring as required for 2 of 6 residents (Residents 1 and 4). This failure placed Residents 1 and 4 at risk of infection and illness.

Findings included:

Review of resident records showed the AFH admitted Resident 1 on [redacted] 2025 with multiple diagnoses including [redacted] Review of Resident 1's assessment, dated 09/04/2025, showed AFH staff checked Resident 1 blood sugar once a day.

<Resident 4>
Review of resident records showed the AFH admitted Resident 4 on [redacted] 2025 with multiple diagnoses including [redacted] Review of Resident 4's assessment, dated 09/09/2025, showed AFH staff checked Resident 4's blood sugar once a day.

In an interview, on 10/13/2025 at 10:40 AM, Staff A, Entity Representative, stated that Resident 1 checked their blood sugar independently once a day and AFH staff checked Resident 4's blood sugar once a day. Staff A stated that they did not have an MTSW.

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

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.

Renee' Bourque
Residential Care Services

10/16/2025
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

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a record of Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring as required for 2 of 6 residents (Residents 1 and 4). This failure placed Residents 1 and 4 at risk of infection and illness.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses including [redacted]. Review of Resident 1's assessment, dated 03/04/2025, showed AFH staff checked Resident 1 blood sugar once a day.

<Resident 4>
Review of resident records showed the AFH admitted Resident 4 on [redacted]/2025 with multiple diagnoses including [redacted]. Review of Resident 4's assessment, dated 09/09/2025, showed AFH staff checked Resident 4's blood sugar once a day.

In an interview, on 10/13/2025 at 10:40 AM, Staff A, Entity Representative, stated that Resident 1 checked their blood sugar independently once a day and AFH staff checked Resident 4's blood sugar once a day. Staff A stated that they did not have an MTSW

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Statement of Deficiencies
Plan of Correction
Page 3 of 8

License # 086200 Compliance Determination # 67073
SERENITY PARK ADULT FAMILY HOME, INC
Licensee SERENITY PARK ADULT FAMILY HOME, INC Correction Date 10/15/2025

license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the W.I.S.W. license available.

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 PARK ADULT FAMILY HOME, INC is or will be in compliance with this law and/or regulation on (Date) 10/28/2025

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

Provider (or Representative) [signature] Date 10/28/2025

WIC 369.76,10439 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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 2 sampled residents (Resident 2) had all prescribed medications available on site. This failure placed Resident 2 at risk of harm and medications errors.

Findings included:

Review of Resident 2's Negotiated Care Plan (NCP), dated 07/18/2025, showed Resident 2 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses. The NCP showed Resident 2 required assistance with [redacted] medications. Review of Resident 2's assessment, dated 07/14/2025, showed Resident 2 required assistance with medications.

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

license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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 PARK ADULT FAMILY HOME INC 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 _____

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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 2 sampled residents (Resident 2) had all prescribed medications available on site. This failure placed Resident 2 at risk of harm and medications errors.

Findings included...

Review of Resident 2's Negotiated Care Plan (NCP), dated 07/18/2025, showed Resident 2 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses. The NCP showed Resident 2 required assistance with their medications. Review of Resident 2's assessment, dated 07/14/2025, showed Resident 2 required assistance with medications.

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Statement of Deficiencies
Plan of Correction
Page 4 of 8

License # 666700 Compliance Determination #6707F
SERENITY PARK ADULT FAMILY HOME INC Completion Date
License: SERENITY PARK ADULT FAMILY HOME INC 10/15/2025

Review of Resident 2's October 2025 Medication Log (ML) showed a medication entry that read, "Bisacodyl (used for constipation) 10 Milligram (mg), insert one suppository daily as needed (PRN)." The medication matched the doctor's order dated 08/19/2024. A medication entry that read, "Fluticasone nasal spray (used for nasal congestion), instill one spray in each nostril every twenty four hours PRN. The medication matched the doctor's order dated 08/19/2025. A medication entry that read, "Hemorrhoidal cream (used for hemorrhoid), apply topically four times a day PRN for hemorrhoidal irritation. The medication matched the doctor's order dated 09/13/2024. A medication entry that read, "Lidocaine patch (used for pain), apply one patch daily PRN, leave on twelve hours. The medication matched the doctor's order dated 08/19/2025.

Observation of Resident 2's medication storage bin, on 10/13/2025 at 12:50 PM, showed the Bisacodyl suppository and Fluticasone nasal spray had expired. Observation further showed they had no supplies of the Lidocaine patch and Hemorrhoidal cream.

In an interview, on 10/13/2025 at 12:55 PM, Staff A, Entity Representative, stated that they did not have the Lidocaine patch and Hemorrhoidal cream supplies and they needed to request refills. Staff A stated that Resident 2 did not need the Hemorrhoidal cream. Staff A stated that they would request refills for Resident 2's PRN medications.

Review of correspondent email on 10/14/2025 from Staff A showed the AFH received Resident 2's PRN medications from the pharmacy.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency by taking the action: SERENITY PARK ADULT FAMILY HOME INC is or will soon comply with this law and/or regulation on (Date) 10/20/2025

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

Provider or Representative Date 10/20/2025

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(2) Appropriately for each medication, such as if refrigeration is required for a medication, the medication is kept in refrigerator in locked storage.

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

Review of Resident 2's October 2025 Medication Log (ML) showed a medication entry that read, "Bisacodyl (used for constipation) 10 Milligram (mg): insert one suppository daily as needed (PRN)." The medication matched the doctor's order dated 08/19/2024. A medication entry that read, "Fluticasone nasal spray (used for nasal congestion): instill one spray in both nostrils every twenty-four hours PRN. The medication matched the doctor's order dated 08/19/2025. A medication entry that read, "Hemorrhoidal cream (used for hemorrhoid): apply topically four times a day PRN for hemorrhoidal irritation. The medication matched the doctor's order dated 09/13/2024. A medication entry that read, "Lidocaine patch (used for pain): apply one patch daily PRN, leave on twelve hours." The medication matched the doctor's order dated 08/18/2025.

Observation of Resident 2's medication storage bin, on 10/13/2025 at 12:50 PM, showed the Bisacodyl suppository and Fluticasone nasal spray had expired. Observation further showed they had no supplies of the Lidocaine patch and Hemorrhoidal cream.

In an interview, on 10/13/2025 at 12:55 PM, Staff A, Entity Representative, stated that they did not have the Lidocaine patch and Hemorrhoidal cream supplies and they needed to request refills. Staff A stated that Resident 2 did not need the Hemorrhoidal cream. Staff A stated that they would request refills for Resident 2's PRN medications.

Review of correspondent email on 10/14/2025 from Staff A, showed the AFH received Resident 2's PRN medications from the pharmacy.

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 PARK ADULT FAMILY HOME INC 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

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to ensure the medication in the fridge was kept in the lock box. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 10/13/2025 at 9:30 AM, showed Residents 1, 2 and 6 ambulated with the medical devices independently, Residents 3 and 4 ambulated with staff assistance and Resident 5 was [redacted] in the AFH.

Observation of the AFH fridge on 10/13/2025 at 11:05 AM, showed an open box of Latanoprost eye drops (used to regulate eye pressure) unlocked and unsecured in the storage compartment in the right side of the fridge door next to the Whipped cream spray. Observation of the pharmacy generated label showed the eye drop was for Resident 2. Further observation showed there was no locked medication box in the AFH fridge.

In an interview, on 10/13/2025 at 11:10 AM, Staff A, Entity Representative, stated that they had a medication lockbox and they could lock the eye drop.

Observation and interview, on 10/13/2025 at 11:15 AM, showed in the bathroom (located in the hallway next to bedroom D) a clear plastic tower storage organizer with three drawers next to the bathroom sink. Observation showed following over the counter (OTC) medications in the storage organizer, an open tube of Coloplast wound dressing (used for wounds and burns) and a tube of used Desitin cream (used for skin irritation). Staff A stated that the Coloplast and Desitin were not used for current residents. Staff A stated that they might of used them for former residents, and they forgot to dispose. Staff A removed the Coloplast and Desitin cream from the bathroom.

Bedroom [redacted]
Observation, on 10/13/2025 at 11:35 AM, showed Resident 6 resided in bedroom [redacted] and had no roommate. Observation showed Resident 6 were in the wheelchair in their room. Observation showed an unlocked Fluticasone nasal spray (used for nasal congestion) and the Albuterol inhaler (used for asthma) on the nightstand next to Resident 6's bed. Observation further showed a pack of Ipratropium Bromide and Albuterol Sulfate (used for asthma) next to the nebulizer on the dresser on the left side of Resident 6's bedroom.

Bedroom [redacted]
Observation, on 10/13/2025 at 11:40 AM, Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2 was sleeping. Observation showed an

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

Statement of Deficiencies
Plan of Correction
Page 6 of 8

License #: 666200 Compliance Determination #: 67077
SERENITY PARK ADULT FAMILY HOME INC Completion Date
Licensee: SERENITY PARK ADULT FAMILY HOME INC 10/17/2025

opened tube of Bengay cream (used for joint pain) on the shelf in the closet in Resident 2's room.

Bedroom [redacted]
Observation on 10/13/2025 at 11:43 AM, showed Resident 5 resided in bedroom [redacted] and had no roommate. Observation showed Resident 5 was in bed. Observation showed an unlocked PeroGard oral rinse (used for gingivitis) on the nightstand next to Resident 5's bed. Observation further showed two unlocked tubes of Calmoseptine ointment (used for skin irritation) in the plastic storage on the bottom closet shelf in Resident 5's room.

In an interview on 10/13/2025 at 1:50 PM, Staff A stated that Resident 6 was independent to keep their PRN (as needed) inhaler and nasal spray in their room. Staff A stated that Resident 5 had dentures, and they gave Resident 5 the mouth wash, stated that they provided lockboxes for residents. Staff A stated that they would make sure staff keep resident's medications locked.

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 PARK ADULT FAMILY HOME INC is or will be in compliance with this law and/or regulation on (Date): 10/24/2025

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

[redacted] 10/24/2025

Provider or Representative Date

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

opened tube of Bengay cream (used for joint pain) on the shelf in the closet in Resident 2's room.

Bedroom [redacted]
Observation, on 10/13/2025 at 11:43 AM, showed Resident 5 resided in bedroom [redacted] and had no roommate. Observation showed Resident 5 was in bed. Observation showed an unlocked PerioGard oral rinse (used for gingivitis) on the nightstand next to Resident 5's bed. Observation further showed two unlocked tubes of Calmoseptine ointment (used for skin irritation) in the plastic storage on the bottom closet shelf in Resident 5's room.

In an interview, on 10/13/2025 at 11:50 AM, Staff A stated that Resident 6 was independent to keep their PRN (as needed) inhaler and nasal spray in their room. Staff A stated that Resident 5 had dental visit, and they gave Resident 5 the mouth wash. stated that they provided lockboxes for residents. Staff A stated that they would make sure staff keep resident's medications locked.

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 PARK ADULT FAMILY HOME INC 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 _____

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

10/16/2025

SERENITY PARK ADULT FAMILY HOME INC
SERENITY PARK ADULT FAMILY HOME INC
9124 NE 152nd Pl
Kenmore, WA 98028

RE: SERENITY PARK ADULT FAMILY HOME INC # 666200

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/15/2025 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:

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

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home. This deficiency was corrected during the visit by Staff A.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of expired medications for 1 of 2 sampled residents (Resident 2). This deficiency was corrected during the visit by Staff A, Entity Representative. Staff A moved the expired medications to the locked disposal bin.

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.

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

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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

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

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