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

La Serenita Residential Care LLC

La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

RE: La Serenita Residential Care LLC License # 754646

Dear Provider:

This letter addresses Compliance Determination(s) 80669 (Completion Date 07/20/2026) and 79430 (Completion Date 06/25/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/20/2026 and found that you have corrected the violations listed in the Full report dated 06/25/2026. Your home is back in compliance as of 07/07/2026 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 388-76-10420-4, WAC 388-76-10485-1

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
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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 06/24/2026 of:
La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 1 of 0 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living 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 — 07/06/2026 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.

Selamawit Tekie — Provider (or Representative) — 07/10/2026 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement to 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for dietary problems and possible health complications.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2026 with multiple medical diagnoses.

Observation, on 06/24/2026 at 11:05 AM, showed Resident 1 had Ensure supplement in their room (bedroom [redacted]).

Review of Resident 1's record showed there was no written approval or documentation from Resident 1's physician for the use of the Ensure supplement.

In an interview, on 06/24/2026 at 11:10 AM, Staff A, Entity Representative, stated that Resident 1 ordered Ensure online and it was delivered to home before they could obtain a doctor's order for Ensure supplements.

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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.

Residential Care Services — 07/06/2026 Date

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Provider (or Representative) — Date

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Review of Resident 1's record showed there was no written approval or documentation from Resident 1's physician for the use of the Ensure supplement.

In an interview, on 06/24/2026 at 11:10 AM, Staff A, Entity Representative, stated that Resident 1 ordered Ensure online and it was delivered to home before they could obtain a doctor's order for Ensure supplements.

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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, La Serenita Residential Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/07/2026 .

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

Selamawit Tekie
Provider (or Representative)

Type text here
07/10/2026
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;

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. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 06/24/2026 at 9:35 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation further showed Residents 1, 2 and 4 ambulated with medical devices and Resident 3 ambulated independently in the AFH

<AFH bathroom>
Observation, on 06/24/2026 at 10:50 AM, showed the cabinet underneath the bathroom sink had no locks. Observation of the cabinet underneath the bathroom sink showed a grey plastic cuddy which contained two tubes of Medline Remedy Silicone cream (used for skin irritation), a tube of Boudreaux paste (used for skin irritation) and a tube of Kirkland brand arthritis pain relief gel (used for pain).

In an interview, on 06/24/2026 at 10:53 AM, Staff A, Entity Representative, stated that they used the cream for residents and they were unaware of locking an over the counter (OTC) medications. Staff A was observed to remove the unlocked OTC medications from the bathroom cabinet.

<Bedroom [redacted]>

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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, La Serenita Residential Care LLC 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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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. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 06/24/2026 at 9:35 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation further showed Residents 1, 2 and 4 ambulated with medical devices and Resident 3 ambulated independently in the AFH.

<AFH bathroom>
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In an interview, on 06/24/2026 at 10:53 AM, Staff A, Entity Representative, stated that they used the cream for residents and they were unaware of locking an over the counter (OTC) medications. Staff A was observed to remove the unlocked OTC medications from the bathroom cabinet.

<Bedroom [redacted]>

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Observation, on 06/24/2026 at 11:00 AM, showed Resident 1 resided in bedroom [redacted] and had no roommate. Observation of bedroom [redacted] showed a pack of Sumifun Lidocaine patch (used for pain) on the top of the printer next to Resident 1's bed.

In an interview, on 06/24/2026 at 11:03 AM, Staff A stated that Resident 1 ordered Lidocaine patch online and they wanted to self-administer. Staff A stated that they would remove the medication from Resident 1's 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, La Serenita Residential Care LLC is or will be in compliance with this law and / or regulation on (Date) 07/07/2026 .

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

Selamawit Tekie — Provider (or Representative)

07/10/2026 — Date

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

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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, La Serenita Residential Care LLC 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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07/06/2026

La Serenita Residential Care LLC
La Serenita Residential Care LLC
5425 152nd St SW
Edmonds, WA 98026

RE: La Serenita Residential Care LLC # 754646

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/25/2026 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:

Cecile Leano, 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 calendar days of Last Date of Data Collection (06/25/2026), no later than 08/09/2026 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 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

The Adult Family Home (AFH) failed to post an emergency evacuation plan on each floor of the home. This deficiency was corrected during the visit by Staff A, Entity Representative, who posted the evacuation plan on the upper level of the AFH.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit I

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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:
Cecile Leano, 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]

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 make an IDR request and find directions on the IDR 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 IDR**s the program

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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 supporting documents to:

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

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