STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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

Yellowville Serenity Home LLC

Yellowville Serenity Home LLC
2417 183rd Street Ct E
Tacoma, WA 98445

RE: Yellowville Serenity Home LLC License # 754660

Dear Provider:

This letter addresses Compliance Determination(s) 78190 (Completion Date 05/29/2026) and 75711 (Completion Date 04/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/29/2026 and found that you have corrected the violations listed in the Full report dated 04/14/2026. Your home is back in compliance as of 05/20/2026 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 388-76-10485-3, WAC 388-76-10198-4, WAC 388-76-10161-3

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 04/10/2026 of:
Yellowville Serenity Home LLC
2417 183rd Street Ct E
Tacoma, WA 98445

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:

Gary Fuentebella, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

(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 requirement was not met as evidenced by:

Based on observations, interview and record review, the Adult Family Home (AFH) failed to ensure medications inside the kitchen refrigerator were kept in locked storage. This failure placed 1 of 6 (Resident 4) residents at risk for medication errors.

Findings included…

On 04/10/2026, record review of Resident 1's Assessment dated 08/14/2025 revealed they had diagnosis to include [redacted], and that they had memory problems, made poor decisions and needed assistance in medication management.

On 04/10/2026 at 10:42 AM observation inside the kitchen refrigerator showed the medication box containing Resident 2's, Resident 3's, and Resident 5's insulin injections (for high blood sugar) were not locked.

On 04/10/2026 at 12:00 PM, observation showed Resident 1 ambulating independently in the kitchen area where the refrigerator was located.

On 04/10/2026 at 1:33 PM, during interview the Resident Manager (RM) stated that somebody forgot to lock the medication box after giving insulin injections earlier that day.

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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, Yellowville Serenity Home 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Provider) personnel files were kept in a place readily accessible to authorized Department staff review. This failure placed all residents at risk, for receiving care and services from unqualified staff.

Findings included…

On 04/10/2026, record review of personnel files revealed the Provider's national fingerprint result was not readily available for review.

On 04/10/2026 at 1:33 PM, during interview the Resident Manager (RM) stated they would try get a copy of the Provider's (who was out of the country at the time of the inspection) missing national fingerprint result and send a copy to the Department for review.

On 04/11/2026 the Department received an email from the RM, stating they were unable to obtain a copy of the Provider's missing national fingerprint result.

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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, Yellowville Serenity Home 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

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews the Adult Family Home (AFH) failed to ensure 1 of 5 (Staff C) staff completed a Washington state name and date of birth (DOB) background check. This failure placed all residents at risk for unsupervised access from staff with unknown criminal history.

Findings included…

On 04/10/2026 at 11:10 AM, observation showed Staff C arriving in the AFH.

On 04/10/2026 at 11:13 AM, during interview Staff C stated that they were the “consultant” for the Provider’s two AFHs.

On 04/10/2026, record review of personnel files revealed no documentation to show that Staff C completed a Washington state name and date of birth background check.

On 04/10/2026 at 1:33 PM, during interview Staff C stated that they did not provide care and services to the residents and that they have their background check result in the Provider’s other AFH. Staff C stated that they would send a copy of the document to the Department for review.

As of 04/15/2026, the Department had not received a copy of Staff C’s background

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check result.

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, Yellowville Serenity Home 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Yellowville Serenity Home LLC
Yellowville Serenity Home LLC
2417 183rd Street Ct E
Tacoma, WA 98445

RE: Yellowville Serenity Home LLC # 754660

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/14/2026 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/14/2026), no later than 05/29/2026 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 388-76-10315 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:

(g) Be available so that department staff may review them when requested; and

On 04/10/2026, record review revealed Resident 6's no approved verification source for their use of psychopharmacologic (for mental illness) medications. On 04/10/2026 at 1:33 PM, during interview, the Resident Manager (RM) stated that they would look for the missing records and send copies to the Department for review. On 04/13/2026, the Department received via email from the RM copies of Resident 6's pharmacy verification documentation regarding their use of psychopharmacologic medications, to correct the issue.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

On 04/10/2026, record review revealed Resident 6's Negotiated Care Plan (NCP) dated 11/24/2025 did not address their use of hydroxyzine (for anxiety). On 04/10/2026 at 1:33 PM, during interview the Resident Manager (RM) stated that they would address the issue. On 04/11/2026, the Department received via fax from the RM, Resident 6's updated NCP address their use of the hydroxyzine, to correct the issue.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

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(4) Whether the drill was a full or partial emergency evacuation; and

On 04/10/2026, review of the evacuation drill records revealed the drills conducted on 03/28/2025 and 07/24/2025 did not identify whether they were full evacuation or partial evacuations. On 04/10/2026 at 1:33 PM, during interview the Resident Manager (RM) stated that they talked to the Provider over the phone and stated that both drills were partial evacuations. The RM documented the information on the evacuation drill record before completion of the onsite visit, to correct the issue.

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)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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:

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

• 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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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 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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