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

Terrace Hope LLC
Terrace Hope AFH
24321 54th Ave W
Mountlake Terrace, WA 98043

RE: Terrace Hope AFH License # 752613

Dear Provider:

This letter addresses Compliance Determination(s) 43783 (Completion Date 07/08/2024) and 41385 (Completion Date 05/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2024 and found that you have corrected the violations listed in the Full report dated 05/22/2024. Your home is back in compliance as of 06/07/2024 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10015-1, WAC 388-76-10750-7, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Hang Lu, Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 752613	Compliance Determination # 41385
Plan of Correction	Terrace Hope AFH	Completion Date
Page 1 of 6	Licensee: Terrace Hope LLC	05/22/2024

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 05/15/2024 and 05/15/2024 of:

Terrace Hope AFH
24321 54th Ave W
Mountlake Terrace, WA 98043

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

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

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' Bourgue
Residential Care Services

05/31/2024
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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan) for 3 of 3 residents (Residents 1, 2, and 4) to use a medical device ([redacted]). This failure placed Residents 1, 2, and 4 at risk for injury from improper use of the [redacted].

Findings included…

In an interview, on 05/15/2024 at 11:00 AM, Staff A, Entity Representative, stated that Resident 1, Resident 2, and Resident 4 had [redacted] on both sides of their beds. Staff A stated that Resident 1 used the [redacted] to hold on when they turned from side to side during personal care. Staff A stated that Resident 2 and Resident 4 did not really use the [redacted].

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2021, Resident 2 on [redacted]/2022, and Resident 4 on [redacted]/2014. Record review showed the residents had multiple medically disabling diagnoses.

Review of Resident 1's record showed there was no documentation to indicate the AFH had provided Resident 1 with information regarding the safety risks, obtained a safety assessment from a qualified assessor, and addressed the use of the [redacted] in Resident 1's Negotiated Care Plan (NCP).

Review of Resident 2's record showed there was no documentation to indicate the AFH had provided Resident 2 with information regarding the safety risks, obtained a safety

assessment from a qualified assessor, and addressed the use of the [redacted] in Resident 2's NCP.

Review of Resident 4's record showed there was no documentation to indicate the AFH had provided Resident 4 with information regarding the safety risks regarding the use of the [redacted].

In an interview, on 05/15/2024 at 11:10 AM, Staff A stated that they would contact the primary care provider (PCP) to refer to a physical therapist to do the [redacted] Safety Assessment for Residents 1 and 2. Staff A stated that they would review the Guide to Bed Safety to discuss the risks with Residents 1, 2, and 4, and obtain their signed consent to use the [redacted]. Staff A acknowledged they did not document the use of [redacted] in the NCP for Residents 1 and 2.

Observation, on 05/15/2024 at 3:00 PM, Residents 1, 2, and 4 had [redacted] (one on each side of their beds). The [redacted] were all down (in lowered position).

Review of document, received by the Department on 05/16/2024, showed the PCP's letter, dated 03/22/2023, indicating Resident 2 had [redacted] to assist with transferring.

Attestation Statement

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, Terrace Hope 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

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 written Respiratory Protection Program (RPP) and ensure 2 of 2 caregivers (Staff A and B) had record of respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for illness and infection.

Findings included…

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a RPP in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities.

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of facility records showed the AFH did not have evidence of a written RPP and conducting respirator training for staff, as required.

In an interview, on 05/15/2024 at 2:01 PM, Staff A, Entity Representative, stated that they did not have a written RPP for the AFH.

Review of the AFH's personnel record showed Staff A had a copy of the respirator fit test, dated 03/08/2024. Record review showed Staff A did not have record of medical clearance prior to the respirator fit test on 03/08/2024. Record review showed no evidence to indicate Staff A obtained the medical clearance and respiratory fit test in 2022 and 2023.

Review of personnel record showed the AFH hired Staff B, Caregiver, on 01/27/2024. Review of Staff B's record showed Staff B did not have record of respirator training, medical clearance, and respiratory fit test.

In an interview, on 05/15/2024 at 2:30 PM, Staff A stated that they had called to schedule an appointment for Staff B's respiratory fit test. Staff A inquired about the Department of Health's RPP template to use to develop a written RPP for their AFH.

Attestation Statement

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, Terrace Hope 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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the environment in good repair and keep hazardous cleaning supplies in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for a diminished quality of life and potential safety issues.

Findings included…

Observation and interview, on 05/15/2024 at 4:05 PM, showed scuff marks and missing paint on the walls of the bathroom next to Resident 4's bedroom. There were also scuff marks on the walls, doors, and door frames of Resident 3 and Resident 4's bedrooms. Staff A, Entity Representative, stated that the scuff marks were caused by the wheelchairs. Staff A stated that they had already bought the paint. Staff A stated that they usually had to repaint the doors and walls about every six months.

Observation and interview, on 04/01/2024 at 3:35 PM, showed there was no lock on the door of the laundry closet where various cleaning supplies (such as Clorox bleach and laundry detergents) were kept. Staff A stated that they would move all the cleaning supplies to the locked closet across the hallway.

Attestation Statement

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, Terrace Hope 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