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 # 752613

Dear Provider:

This document references Compliance Determination 39098 (04/12/2024), which included complaint number(s) 124463, 124237.

The Department completed a complaint investigation of your Adult Family Home on 04/12/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Theresia Karundeng, NCI

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(1) After an assessment for a significant change in the resident's physical or mental condition;

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

The Adult Family Home (AFH) failed to update the negotiated care plan (NCP) for 1 of 3 residents (Resident 1) when there was a change in memory status. This failure placed Resident 1 at risk for unmet care needs. The provider stated that they were in the process of updating Resident 1's NCP.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the home to determine if you have corrected all deficiencies.

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

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 find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Residential Care Services
Investigation Summary Report

Provider/Facility: Terrace Hope AFH
Provider Type: Adult Family Home
License/Cert.#: 752613
Compliance Determination #: 39098
Intake ID: 124463
Investigator: Theresia Karundeng
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 04/01/2024 through 04/12/2024
Complainant Contact Date(s): 04/12/2024

Allegation(s):

1. The Adult Family Home (AFH) was not providing stimulating activities for the named resident (NR).
2. The AFH staff was not assisting NR with toileting needs at their appointments.
3. The AFH refused to use a vehicle to transport NR from appointments.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size:
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Social services staff
Record Reviews:	Medical records Facility policies

Investigation Summary:

1. Observation and interview showed, the AFH engaged residents with activities, offered activities, and spent time talking with residents. Interview with residents and collateral contacts showed that the activities provided were meeting the residents needs and they had no concerns related to activities. Review of NR's negotiated care plan memory status showed that it was not up to date. Please see consultation dated 04/12/2024.
2. Interview and record review of assessments/negotiated care plan showed, The AFH offered the NR toileting before and after returning from appointments and wears a brief when going out for appointments. The AFH provider escorts NR to medical

appointments. The provider stated that they do not escort NR to counseling sessions. No failed practice identified.
3. Interview and record review showed, the AFH arranges out of facility appointments for NR via third party transportation services. The AFH does not use their personal vehicle for transportation because they do not have a wheelchair accessible car. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Terrace Hope AFH
Provider Type: Adult Family Home
License/Cert.#: 752613
Compliance Determination #: 39098
Intake ID: 124237
Investigator: Theresia Karundeng
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 04/01/2024 through 04/12/2024
Complainant Contact Date(s): 04/12/2024

Allegation(s):

1. The Adult Family Home neglected the named resident (NR) care needs and transportation services during appointments.
2.The AFH financially exploited the NR.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size:
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Social services staff Payee services
Record Reviews:	Medical records Facility policies

Investigation Summary:

1. Interview and record review showed, the AFH arranges out of facility appointments for NR via a third-party transportation service. The provider reported that they did not use their personal vehicle for transportation due to not having a wheelchair accessible car. Interview and record reviews showed, the AFH offered the NR toileting before and after returning from appointments and wears a brief when going out for appointments. The AFH staff reported that they pack NR a meal, snacks and water when going out to appointments. The AFH provider stated that they escort the NR to medical appointments and did not escort the NR to counseling sessions. Interview with sampled residents and collateral contacts showed the residents were well taken care of

and had no concerns related to setting up transportation services for appointments. Review of NR's negotiated care plan memory status showed that it was not up to date. Please see consultation dated 04/12/2024.
2. Review of records shows the NR has a payee. Interview with the payee shows they manage NR's finances. Payee reports no concern of financial exploitation. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A