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) 52516 (Completion Date 01/03/2025) and 49900 (Completion Date 11/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/03/2025 and found that you have corrected the violations listed in the Complaint report dated 11/12/2024. Your home is back in compliance as of 12/20/2024 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 388-76-10175-1, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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

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 # 49900
Plan of Correction	Terrace Hope AFH	Completion Date
Page 1 of 3	Licensee: Terrace Hope LLC	11/12/2024

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 an unannounced on-site complaint investigation on 11/06/2024 and 11/06/2024 of:

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

This document references the following complaint number(s): 152759

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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

11/21/2024
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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one business day after conditional employment;

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to ensure that the Washington state name and date of birth background check was completed within one day of employment for 1 of 2 staff (Staff B, Caregiver). This failure resulted in 4 of 4 residents (Resident 1, 2, 3, and 4) being cared for by a staff member with unknown background check history.

Findings included...

Review of Staff B's Washington state name and date of birth background showed it was completed on 10/09/2024.

In an interview, on 11/06/2024 at 1:35 PM, Staff B stated that they had worked at the AFH for two to three months.

In an interview, on 11/06/2024 at 2:31 PM, Staff A, Provider, stated that Staff B was hired on 10/04/2024. Staff A stated that Staff B's background check was completed after Staff B completed training at the AFH for a few days.

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) 12-20-2024

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

Provider (or Representative) _____ Date _____

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one business day after conditional employment;

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to ensure that the Washington state name and date of birth background check was completed within one day of employment for 1 of 2 staff (Staff B, Caregiver). This failure resulted in 4 of 4 residents (Resident 1, 2, 3, and 4) being cared for by a staff member with unknown background check history.

Findings included...

Review of Staff B's Washington state name and date of birth background showed it was completed on 10/09/2024.

In an interview, on 11/06/2024 at 1:35 PM, Staff B stated that they had worked at the AFH for two to three months.

In an interview, on 11/06/2024 at 2:31 PM, Staff A, Provider, stated that Staff B was hired on 10/04/2024. Staff A stated that Staff B's background check was completed after Staff B completed training at the AFH for a few days.

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.

Statement of Deficiencies	License #: 752613	Compliance Determination # 49900
Plan of Correction	Terrace Hope AFH	Completion Date
Page 3 of 3	Licensee: Terrace Hope LLC	11/12/2024

Provider (or Representative) FREWEINI Date Dec 4 2024

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's NCP, dated 09/20/2024, showed Resident 1 was admitted to the AFH on [redacted]/2021 with multiple medical diagnoses. Review of Resident 1's NCP showed there were no signatures and dates indicating that Resident 1's NCP was reviewed with either Resident 1 or their representative and the AFH.

In an interview, on 11/07/2024 at 2:01 PM, Staff A, Provider, stated that Resident 1's NCP was not signed or reviewed because their guardian lives far away.

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) 12-20-2024

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

FREWEINI Dec/4/2024

Provider (or Representative) Date

Provider (or Representative) Date

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(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's NCP, dated 09/20/2024, showed Resident 1 was admitted to the AFH on [redacted]/2021 with multiple medical diagnoses. Review of Resident 1's NCP showed there were no signatures and dates indicating that Resident 1's NCP was reviewed with either Resident 1 or their representative and the AFH.

In an interview, on 11/07/2024 at 2:31 PM, Staff A, Provider, stated that Resident 1's NCP was not signed or reviewed because their guardian lives far away.

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