STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 77452 (Completion Date 05/14/2026) and 73813 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2026 and found that you have corrected the violations listed in the Complaint report dated 04/02/2026. Your home is back in compliance as of 04/30/2026 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10365, WAC 388-76-10220-1, WAC 388-76-10220-2, WAC 388-76-10220-3, WAC 388-76-10220

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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

HOME AND COMMUNITY LIVING ADMINISTRATION

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 an unannounced on-site complaint investigation on 03/04/2026 of:

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

This document references the following complaint number(s): 214715

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:

Nylay Quist, AFH Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 752613	Compliance Determination #: 73513
Plan of Correction	Terrace Hope AFH	Completion Date
Page 2 of 6	Licensee: Terrace Hope LLC	04/02/2026

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' Bourque
Residential Care Services

04/09/2026
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.

Renewin Wubneh.
Provider (or Representative)

4/20/2026.
Date

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) for 1 of 4 residents (Residents 1) was signed by Resident 1 and the AFH at least every 12 months. This failure placed Residents 1 at risk for unrecognized and/or unmet care needs.

Findings included...

Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2016 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 1's NCP, dated 01/25/2025, was not signed by Resident 1 and was not signed by any AFH staff.

In an interview, on 03/04/2026 at 12:23PM, Staff A, Provider, stated that they did not realize that Resident 1's NCP was not signed because they probably forgot about it. Staff A could not find a current signed NCP for Resident 1.

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' Bourque
Residential Care Services

04/09/2026
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.

Provider (or Representative)

Date

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) for 1 of 4 residents (Residents 1) was signed by Resident 1 and the AFH at least every 12 months. This failure placed Residents 1 at risk for unrecognized and/or unmet care needs.

Findings included...

Resident 1's record showed the AFH admitted Resident 1 on [redacted]2015 with multiple diagnoses that included [redacted] and [redacted]

Record review of Resident 1's NCP, dated 01/25/2025, was not signed by Resident 1 and was not signed by any AFH staff.

In an interview, on 03/04/2026 at 12:23PM, Staff A, Provider, stated that they did not realize that Resident 1's NCP was not signed because they probably forgot about it. Staff A could not find a current signed NCP for Resident 1.

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) 4/30-2026.

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

FREWEINI Wubneh. 4/20/2026.

Provider (or Representative) Date

WAC 388-76-10365 Negotiated care plan implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure that the Negotiated Care Plan (NCP) for 1 of 4 residents (Residents 1) was implemented. This failure placed Residents 1 at risk for unrecognized and/or unmet care needs.

Findings included...

Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2018 with multiple diagnoses that included [redacted] and [redacted]. Resident 1 required the caregiver to help them with bathing, position change, and daily skin check.

Review of hospital records showed Resident 1 was admitted to the hospital [redacted] 2026 with diagnosis that included [redacted] and [redacted]

Observation on 03/04/2026 at 12:52PM, showed Resident 1 had 4 inches by 6 inches (4X6) skin protective bandage over their lower back area. There was a small bandage under the right buttock with a small area of broken skin under the bandage. There were small broken skin areas on the left buttock. Resident 1's wound areas were clean and had white powder on the areas to keep the area dry.

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 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure that the Negotiated Care Plan (NCP) for 1 of 4 residents (Residents 1) was implemented. This failure placed Residents 1 at risk for unrecognized and/or unmet care needs.

Findings included...

Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2015 with multiple diagnoses that included [redacted] and [redacted]. Resident 1 required the caregiver to help them with bathing, position change, and daily skin check.

Review of hospital records showed Resident 1 was admitted to the hospital [redacted] 2026 with diagnosis that included [redacted] and [redacted].

Observation on 03/04/2026 at 12:52PM, showed Resident 1 had 4 inches by 6 inches (4X6) skin protective bandage over their lower back area. There was a small bandage under the right buttock with a small area of broken skin under the bandage. There were small broken skin areas on the left buttock. Resident 1's wound areas were clean and had white powder on the areas to keep the area dry.

Statement of Deficiencies	License #: 752613	Compliance Determination #: 73813
Plan of Correction	Terrace Hope AFH	Completion Date
Page 4 of 6	Licensee: Terrace Hope LLC	04/02/2026

Record review of Resident 1's unsigned Negotiated Care Plan (NCP) dated 01/25/2025 showed the caregiver was to observe, document and report changes in Resident 1's skin condition.

In an interview on 03/04/2026 at 08:43AM, Staff A, Provider, stated that Resident 1 had two small wounds in their (Resident 1) lower back area on and off for the past 8 months. Stated A stated that Resident 1 got a bed bath and skin assessment daily by the AFH staff. Staff A stated that they knew that they needed to report Resident 1's skin concern to Resident 1's representative. Staff A stated that they did not document or keep a log of Resident 1 daily skin assessment.

In an interview on 03/04/2026 at 11:39AM, Staff B, Caregiver, stated that they helped Resident 1 with bed bath and skin assessment daily. Staff B stated that they did not document Resident 1's daily skin check. Staff B stated that Resident 1 had small wounds on their (Resident 1) buttock that looked like small scratches wounds. Staff B stated that they did not document Resident 1's daily skin check because they (Staff B) thought that Staff A would do all the documentation about Resident 1's skin assessment or wounds.

Review of Resident 1's progress note showed 03/02/2026 was the earliest documentation notes mentioning Resident 1's wound. Staff A could not provide any note or log regarding Resident 1's wounds/sores monitoring before 03/02/2026.

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) 4-30-2026.

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

FREWEINI WUBNEH. 4/20/2026

Provider (or Representative) Date

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

Record review of Resident 1's unsigned Negotiated Care Plan (NCP) dated 01/25/2025 showed the caregiver was to observe, document and report changes in Resident 1's skin condition.

In an interview on 03/04/2026 at 09:43AM, Staff A, Provider, stated that Resident 1 had two small wounds in their (Resident 1) lower back area on and off for the past 6 months. Stated A stated that Resident 1 got a bed bath and skin assessment daily by the AFH staff. Staff A stated that they knew that they needed to report Resident 1's skin concern to Resident 1's representative. Staff A stated that they did not document or keep a log of Resident 1 daily skin assessment.

In an interview on 03/04/2026 at 11:39AM, Staff B, Caregiver, stated that they helped Resident 1 with bed bath and skin assessment daily. Staff B stated that they did not document Resident 1's daily skin check. Staff B stated that Resident 1 had small wounds on their (Resident 1) buttock that looked like small scratches wounds. Staff B stated that they did not document Resident 1's daily skin check because they (Staff B) thought that Staff A would do all the documentation about Resident 1's skin assessment or wounds.

Review of Resident 1's progress note showed 03/02/2026 was the earliest documentation notes mentioning Resident 1's wound. Staff A could not provide any note or log regarding Resident 1's wounds/sores monitoring before 03/02/2026.

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 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to document incidents when 1 of 4 residents (Resident 1) had a medical emergency incident in the AFH that affected Resident 1's welfare. This failure placed Resident 1, 2, 3, and 4 at risk of unrecognized patterns of incidents that may affect resident's welfare in the AFH.

Findings included...

Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2015 with multiple diagnoses that included [redacted] and [redacted]. Resident 1 required the caregiver to help them with bathing, position change, and daily skin check.

Review of hospital records showed Resident 1 was admitted to the hospital [redacted] 2026 to [redacted] 2026 with diagnosis that included [redacted] and [redacted].

In an interview on 03/04/2026 at 09:43AM, Staff A, Provider, stated that Resident 1 was sent to the hospital due to heavy breathing, cough, and low oxygen level. Staff A stated that they did not document the incident in the incident log because they did not think that sending Resident 1 to the hospital was an incident, and Resident 1's Representative was the one that told them (Staff A) to call 911 and send Resident 1 to the hospital. Staff A stated that they could not provide a copy of the AFH's incident log to Department Staff because they do not have one.

Record reviewed on 03/04/2026 at 12:50PM showed no incident log were available for review.

Statement of Deficiencies	License #: 752613	Compliance Determination #73513
Plan of Correction	Terrace Hope AFH	Completion Date
Page 6 of 6	Licensee: Terrace Hope LLC	04/02/2026

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) 4/30/2026.

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

FREWEINI Wubneh. 4/20/2026.

Provider (or Representative) Date

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