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

COMMUNITY HOUSE MENTAL HEALTH AGENCY
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

RE: HILLTOP MANOR BOARDING HOME License # 1278

Dear Administrator:

This letter addresses Compliance Determination(s) 55897 (Completion Date 03/06/2025) and 51946 (Completion Date 01/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/06/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040-2, WAC 388-78A-2040-1, WAC 388-78A-2040

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced off-site follow-up on 12/28/2024 of:
HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

This document references the following SOD dated: 01/22/2025

The following sample was selected for review during the unannounced off-site verification: 26 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

Statement of Deficiencies | License #: 1278 | Compliance Determination # 51946
Plan of Correction | HILLTOP MANOR BOARDING HOME | Completion Date
Page 2 of 3 | Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY | 01/22/2025

As a result of the off-site verification(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.

Jamie Singer
Residential Care Services — 01/30/2025 Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) — 2/3/25 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 26 residents, staff, and visitors' safety at risk of harm in the event of a fire.

Findings included...

Review of the Department's Facility Management System, on 01/06/2025, showed the ALF was licensed for 35 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 26 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 07/15/2024. Records showed the ALF failed their first OSFM follow-up visit on 09/25/2024. A second OSFM follow-up visit, on 12/30/2024, showed the ALF failed to comply with the following International Fire Codes (IFC):

Sprinkler systems (IFC 903.5 2021)
2. 5-year internal pipe Testing (NFPA 25 14.2.1.1)

As a result of the off-site verification(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.

Jamie Singer
Residential Care Services

01/30/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 26 residents, staff, and visitors' safety at risk of harm in the event of a fire.

Findings included...

Review of the Department's Facility Management System, on 01/06/2025, showed the ALF was licensed for 35 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 26 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 07/15/2024. Records showed the ALF failed their first OSFM follow-up visit on 09/25/2024. A second OSFM follow-up visit, on 12/30/2024, showed the ALF failed to comply with the following International Fire Codes (IFC):

Sprinkler systems (IFC 903.5 2021)
2. 5-year internal pipe Testing (NFPA 25 14.2.1.1)

3. 3-year Dry System Full flow trip test (NFPA 25 13.1.1.2)
5. Annual forward flow test (NFPA 25 13.7.2)
6. 5-year FDC Hydro testing (NFPA 25 13.8.5)
7. Quarterly inspections

Maintenance
2. Log of weekly inspections
3. Monthly 30-minute full load test

In interview, on 01/07/2025 at 2:52 PM, Staff A (Administrator) stated, "Whatever is not done is scheduled to be done."

This is an uncorrected citation previously cited on 10/24/2024.

Plan/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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on (Date) ~~2/15/25~~ 3/8/2025

SB confirmed ammended POC date with provider on 2/11/2025.

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

Administrator (or Representative) 2/3/25 Date

3. 3-year Dry System Full flow trip test (NFPA 25 13.1.1.2)
5. Annual forward flow test (NFPA 25 13.7.2)
6. 5-year FDC Hydro testing (NFPA 25 13.8.5)
7. Quarterly inspections

Maintenance
2. Log of weekly inspections
3. Monthly 30-minute full load test

In interview, on 01/07/2025 at 2:52 PM, Staff A (Administrator) stated, "Whatever is not done is scheduled to be done."

This is an uncorrected citation previously cited on 10/24/2024.

Plan/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, HILLTOP MANOR BOARDING HOME 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.

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: HILLTOP MANOR BOARDING HOME
License/Cert.#: 1278
Compliance Determination #: 49148
Investigator: Lisa Hauk
Investigation Date(s): 10/22/2024 through 10/24/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 151376
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
The Assisted Living Facility (ALF) failed their 2nd fire and life safety inspection and was issued a State Fire Marshal's Office Letter of Non-Compliance from Deputy State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 2 Closed records sample size: 2
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Administration Residents
Record Reviews:	Medical records Fire Marshal Inspection reports

Investigation Summary:
Record Review of the Washington State Patrol Fire Inspection Report dated 09/25/2024, showed the ALF had not corrected seven violations from a previous inspection dated 07/15/2024 In an interview, the Administrator stated they would make sure the items listed on the fire marshal's report would be completed. See citation WAC 388-78A-2040(1)(2).

Conclusion / Action:

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 10/22/2024 and 10/22/2024 of:

HILLTOP MANOR BOARDING HOME
1732 16TH AVE
SEATTLE, WA 98122

This document references the following complaint number(s): 151376

The following sample was selected for review during the unannounced on-site visit: 2 of 24 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
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.

Jamie Singer
Residential Care Services

10/28/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 1278	Compliance Determination # 49148
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 2 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	10/24/2024

Administrator (or Representative) Date 10/31/2024

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 24 residents, staff, and visitors' safety at risk.

Findings included .

Review of the Department's Facility Management System, on 05/30/2024, showed the ALF was licensed for 35 beds.

In interview, on 10/22/2024 at 2:15 PM, Staff A (Administrator) stated that the ALF was providing care for 24 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 07/15/2024. Records showed the ALF failed the OSFM follow-up visit on 09/25/2024. The follow up visit on 09/25/2024 showed the ALF failed to comply with the following International Fire Codes (IFC):

Sprinkler Systems Testing and Maintenance –
(IFC 903.5 2021) – Paperwork was not provided for: 5-Year internal pipe Testing (National Fire Prevention Association (NFPA) 25 14.2.1.1), 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2), Annual forward flow test (NFPA 25 13.7.2), 5-Year FDC Hydro testing (NFPA 25 13 8.5). and Quarterly inspections.

Extinguishing System Service –
(IFC 904. 13.5 2. 2021) – First semi-annual and second semi-annual service inspection.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 24 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 05/30/2024, showed the ALF was licensed for 35 beds.

In interview, on 10/22/2024 at 2:15 PM, Staff A (Administrator) stated that the ALF was providing care for 24 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 07/15/2024. Records showed the ALF failed the OSFM follow-up visit on 09/25/2024. The follow up visit on 09/25/2024 showed the ALF failed to comply with the following International Fire Codes (IFC):

Sprinkler Systems Testing and Maintenance –
(IFC 903.5 2021) – Paperwork was not provided for: 5-Year internal pipe Testing (National Fire Prevention Association (NFPA) 25 14.2.1.1), 3-Year Dry System Full flow trip test (NFPA 25 13.1.1.2), Annual forward flow test (NFPA 25 13.7.2), 5-Year FDC Hydro testing (NFPA 25 13.8.5), and Quarterly inspections.

Extinguishing System Service –
(IFC 904. 13.5.2. 2021) – First semi-annual and second semi-annual service inspection.

Statement of Deficiencies	License #: 1278	Compliance Determination # 49148
Plan of Correction	HILLTOP MANOR BOARDING HOME	Completion Date
Page 3 of 3	Licensee: COMMUNITY HOUSE MENTAL HEALTH AGENCY	10/24/2024

Portable Fire Extinguishers – General Requirements –
(IFC 906.2 2021) – Paperwork was not provided for Annual Servicing (NFPA 10 7.3), Monthly inspection by Facility Maintenance Log (NRPA 10 7.2), and missing portable fire extinguisher in lobby area.

Maintenance –
(IFC 1203.4 2021) – Paperwork was not provided for Power system annual report and Monthly 30-minute full load test.

In interview, on 10/22/2024 at 2:15 PM, Staff A stated that the ALF would complete the paperwork and do the drills.

Plan/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, HILLTOP MANOR BOARDING HOME is or will be in compliance with this law and / or regulation on
(Date) 12/5/2024

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

Administrator (or Representative) 10/31/2024 Date

Portable Fire Extinguishers – General Requirements –
(IFC 906.2 2021) – Paperwork was not provided for Annual Servicing (NFPA 10 7.3), Monthly inspection by Facility Maintenance Log (NRPA 10 7.2), and missing portable fire extinguisher in lobby area.

Maintenance –
(IFC 1203.4 2021) – Paperwork was not provided for Power system annual report and Monthly 30-minute full load test.

In interview, on 10/22/2024 at 2:15 PM, Staff A stated that the ALF would complete the paperwork and do the drills.

Plan/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, HILLTOP MANOR BOARDING HOME 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.

_____ _____

Administrator (or Representative) Date