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

FH LLC
THE TERRACES AT SKYLINE
715 9TH AVE
SEATTLE, WA 98104

RE: THE TERRACES AT SKYLINE License # 2054

Dear Administrator:

This letter addresses Compliance Determination(s) 33436 (Completion Date 12/05/2023) and 31106 (Completion Date 10/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/05/2023 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-2450-1-a, WAC 388-78A-2450-2-e, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2, WAC 388-78A-2466, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2054	Compliance Determination # 31106
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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 the unannounced on-site full inspection on 10/11/2023 and 10/13/2023 of:
THE TERRACES AT SKYLINE
715 9TH AVE
SEATTLE, WA 98104

The following sample was selected for review during the unannounced on-site visit: 7 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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
10/26/2023 — 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.

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Administrator (or Representative)

11/2/23
Date

WAC 388-78A-2450 Staff.

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 5 sampled staff (Staff C) obtained Mental Health Specialty training within 120 days of hire. This left residents with mental health diagnoses and behaviors in the care of a staff person who did not have the specific specialty training to work with affected residents.

Findings included...

Note: Washington Administrative Code (WAC) 388-112A-0400 shows the following:
388-112A-0400 What is specialty training and who is required to take it?
(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:
(c) Mental health specialty training as described in WAC 388-112A-0450.

Record review of an undated ALF Resident Characteristic Roster (RCR) and an undated Memory Support RCR showed the ALF served a total of three residents with [redacted] Health diagnoses and/or behaviors.

Record review of an ALF Disclosure of Services (DOS), dated August 2023, showed the ALF served residents with [redacted] Health diagnoses.

Review of staff records showed Staff C (Certified Nursing Assistant) did not have a certificate of completion for the Department-approved Mental Health Specialty Training.

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During an exit interview, on 10/13/2023 at 12:30 PM, with Staff A (Executive Director), Staff F (Health Services Director), and Staff G (Registered Nurse, Resident Care Director), the missing documents were requested, with a due date of 5:00 PM on 10/16/2023.

Record review of documents received by the deadline did not include the appropriate certificate of Mental Health Specialty Training for Staff C. The Department Representative sent an email at 5:25 PM to Staff A, Staff F and Staff G requesting the certificate be sent by noon on 10/17/2023. As of 1:25 PM, no certificate was received.

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, THE TERRACES AT SKYLINE is or will be in compliance with this law and / or regulation on (Date) 11/30/23 .

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

Administrator (or Representative) — Date: 11/2/23

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) renewed their name and date of birth background check (BGC) every two years, and failed to ensure 1 of 5 sampled staff (Staff A) completed an initial BCG and obtained a fingerprint background check (FBGC). This placed the ALF's 58 residents at risk for receiving care and services from two staff persons whose current background

history was unknown.

Findings included...

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services for 58 residents. 24 of the residents lived on two floors of the ALF's Memory Support Unit.

Record review showed the ALF hired Staff A (Executive Director) in 02/2022. Further review showed Staff A did not complete the department's BCG or the FBCG process.

During an interview, on 10/12/2023 at 2:40 PM, Staff A stated they were unsure if they had completed the department's BCG process. They stated they remembered filling in forms virtually.

The Department received an email, on 10/13/2023 at 8:40 AM, showing Staff A started the Background Check Central Unit's (BCCU) background check process but they were never completed.

Record review showed the ALF hired Staff C (Certified Nursing Assistant) on 05/18/2021. Staff C's file contained a BGC, which expired on 04/19/2023. Review of a letter issued by the BCCU, dated 06/23/2023, showed Staff C attempted to renew the expired BGC. The letter included the statement, "The Background Check Central Unit (BCCU) cannot complete the background check without additional information for the applicant. BCCU mailed the applicant a request for additional information on the date identified above and will complete the background check when the information is received and reviewed by our office." Staff C renewed the BCG on 09/08/2023. The ALF employed Staff C for 142 days without a valid BGC.

During an exit interview, on 10/13/2023 at 12:30 PM, with the Staff A (Executive Director), Staff F (Health Services Director), and Staff G (Registered Nurse, Resident Care Director), the missing/late background checks were acknowledged by ALF leadership.

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WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their written Respiratory Protection Program (RPP) when 5 of 5 sampled staff (Staff A, Staff B, Staff C, Staff D and Staff E) did not have documentation of medical clearance and respiratory mask fit testing. This placed the staff and 58 residents at risk for contacting respiratory illnesses, including SARS-CoV-2, the virus responsible for COVID-19 illness.

Findings included...

Note: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health (DOH) as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards."

Note: SARS-CoV-2 spreads from person to person through respiratory droplets when an infected person coughs, sneezes or talks. The virus is responsible for COVID-19, an infectious disease which can result in illness with symptoms including cough, fever, malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death.

Record review showed the ALF developed their RPP. A component of the RPP addresses recordkeeping. The ALF is responsible for maintaining records showing staff are cleared by a medical professional to undergo mask fit testing. Mask fit testing ensures staff are fitted for the appropriate N-95 respirator.

Staff record review included documenting medical clearance dates, mask fit testing dates and the type of N-95 respirator mask staff will wear during a respiratory illness outbreak. The records were requested for Staff A (Executive Director), Staff B (LPN), Staff C (Certified Nursing Assistant), Staff D (Maintenance Technician II) and Staff E (Housekeeper) on 10/11/2023.

During an interview, on 10/12/2013 at 3:30 PM, Staff F (Health Services Director) stated that they had a large stack of medical clearances and fit test records for the ALF staff, but

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they could not find the records for the sampled staff. Staff F then stated they would request them from the mask fitting company.

In an email received by the Department Representative, on 10/16/2023 at 4:29 PM, Staff A stated that, "We contacted the company who performed the fit testing and they weren't able to send any additional records".

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

Administrator (or Representative) 11/2/23 Date