



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) 60143 (Completion Date 05/28/2025) and 56661 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2025 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-2450-2-e

The Department staff who did the off-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

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

Statement of Deficiencies	License #: 2054	Compliance Determination # 56661
Plan of Correction	THE TERRACES AT SKYLINE	Completion Date
Page 1 of 5	Licensee: FH LLC	03/31/2025

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 03/24/2025 and 03/26/2025 of:

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

The following sample was selected for review during the unannounced on-site visit: 9 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licenser
Scottie Sindora, ALF Licenser

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

License #: 2054

Compliance Determination # 56661

Plan of Correction

THE TERRACES AT SKYLINE

Completion Date

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Licensee: FH LLC

03/31/2026

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.

Jamie Singer
Residential Care Services

4/9/2025
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.

[Signature] NHA
Administrator (or Representative)

04/18/2025
Date

WAC 388-78A-2450 Staff.

(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 2 of 3 newly hired employees (Staff B and C) completed long-term care worker orientation, 2 of 3 newly hired employees (Staff B and C) completed long-term care safety training, 1 of 3 newly hired staff (Staff C) had completed specialty training for mental health and dementia, and 4 of 5 sampled staff (Staff B, C, D, and E) had current food worker cards. This failure placed 71 of 71 residents at risk for care and services being provided by untrained staff.

Findings included...

Orientation Training:

Note: Washington Administrative Code (WAC) 388-112A-0200 (2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210.

Review of a personnel file showed Staff B was hired on 05/27/2024 as a full-time

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.

_____ Residential Care Services	_____ Date
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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
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(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 2 of 3 newly hired employees (Staff B and C) completed long-term care worker orientation, 2 of 3 newly hired employees (Staff B and C) completed long-term care safety training, 1 of 3 newly hired staff (Staff C) had completed specialty training for mental health and dementia, and 4 of 5 sampled staff (Staff B, C, D, and E) had current food worker cards. This failure placed 71 of 71 residents at risk for care and services being provided by untrained staff.

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Note: Washington Administrative Code (WAC) 388-112A-0200 (2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210.

Review of a personnel file showed Staff B was hired on 05/27/2024 as a full-time

This document was prepared by Residential Care Services for the Locator website.

Caregiver. There was no evidence showing Staff B completed the required orientation training.

Review of a personnel file showed Staff C was hired on 07/08/2024 as a full-time Caregiver. There was no evidence showing Staff C completed the required orientation training.

In an interview, on 03/25/2025 at 10:40 AM, Staff G (Health Services Director) stated that all new employees were oriented to the ALF. Staff G stated that he didn't realize ALF orientation and the long-term care worker orientation were different requirements.

Safety Training:

Note: WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed? (1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements as described in WAC 388-112A-0230, and include basic safety precautions, emergency procedures, and infection control. Safety training must be completed prior to providing care to a resident. (2) All long-term care workers who are not exempt from home care aide certification as described in Revised Code of Washington (RCW) 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors who meet the requirements in WAC 388-112A-1260. (3) The department must approve safety training curricula and instructor

Review of a personnel file showed Staff B was hired on 05/27/2024 as a full-time Caregiver. There was no evidence showing Staff B completed the required safety training.

Review of a personnel file showed Staff C was hired on 07/08/2024 as a full-time Caregiver. There was no evidence showing Staff C completed the required safety training.

In an interview, on 03/25/2025 at 10:40 AM, Staff G stated that all new employees were trained on ALF safety during the onboarding process, and thought the ALF safety training would satisfy the requirement.

Specialty Training:

Note: WAC 388-112A-0400 What is specialty training and who is required to take it?

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula: (b) Dementia specialty training as described in WAC 388-112A-0440; (c) Mental health specialty training as described in WAC 388-112A-0450. (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

Record review of the Resident Characteristic Roster, updated on 03/24/2025, showed 33 of the 71 residents had a primary diagnosis of [REDACTED]. Further review showed two of the 71 residents had a primary [REDACTED] diagnosis.

Review of a personnel file showed Staff C was hired on 07/08/2024 as a full-time Caregiver. Further review showed no evidence that Staff C had completed specialty training for mental health or dementia.

In an interview, on 03/26/2025 at 10:30 AM, Staff F (Resident Care Manager/ Registered Nurse) stated that Staff C primarily worked on the 6th floor, which was a secured memory care unit for residents with dementia.

Food Workers Card:

NOTE: WAC 246-215-02120 Food worker cards. (1) The PERMIT HOLDER and PERSON IN CHARGE of the FOOD ESTABLISHMENT shall ensure that all FOOD EMPLOYEES are in compliance with the provisions of chapter 69.06 RCW and chapter 246-217 WAC for obtaining and renewing valid FOOD WORKER CARDS

In an interview, on 03/24/2025 at 8:50 AM, Staff G (Health Services Director) stated the kitchen sent up food to the floors who housed Assisted Living residents and were served in the dining rooms by the caregivers.

Record review of the ALF's "Job Description for Certified Nursing Assistants," dated 06/06/2024, stated: "Required Knowledge, Skills & Abilities – Must have King County Food Workers card or ability to obtain upon hire."

Review of a personnel file showed Staff B was hired on 05/27/2024 as a full-time Caregiver. There was no evidence showing Staff B had a Food Workers card.

Statement of Deficiencies	License #: 2054	Compliance Determination # 56561
Plan of Correction	THE TERRACES AT SKYLINE	Completion Date
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Review of a personnel file showed Staff C was hired on 07/08/2024 as a full-time Caregiver. There was no evidence showing Staff C had a Food Workers card.

Review of personnel file showed Staff D was hired on 10/26/2028 as a full-time Medication Technician. There was no evidence showing Staff D had a Food Workers card.

Review of a personnel file showed Staff E was hired on 04/18/2019 as a full-time Medication Technician. There was no evidence showing Staff E had a Food Workers card.

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) 05/17/2025

SB confirmed ammended POC date with provider on 4/21/2025.

5/15/2025

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


Administrator (or Representative)

04/18/2025
Date

Review of a personnel file showed Staff C was hired on 07/08/2024 as a full-time Caregiver. There was no evidence showing Staff C had a Food Workers card.

Review of personnel file showed Staff D was hired on 10/26/2028 as a full-time Medication Technician. There was no evidence showing Staff D had a Food Workers card.

Review of a personnel file showed Staff E was hired on 04/18/2019 as a full-time Medication Technician. There was no evidence showing Staff E had a Food Workers card.

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)_____.

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

Administrator (or Representative)

Date