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

HORIZON HOUSE
HORIZON HOUSE
900 University St
SEATTLE, WA 98101

RE: HORIZON HOUSE License # 212

Dear Administrator:

This letter addresses Compliance Determination(s) 34613 (Completion Date 01/02/2024) and 30871 (Completion Date 11/08/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/02/2024 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-24642-1, WAC 388-78A-2350-7-b

The Department staff who did the on-site verification:
Keiko Kitano, 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
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/09/2023

HORIZON HOUSE
HORIZON HOUSE
900 University St
SEATTLE, WA 98101

RE: HORIZON HOUSE # 212

Dear Administrator:

This document references the following complaint numbers 101425.

The Department completed a full inspection of your Assisted Living Facility on 11/08/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

The Assisted Living Facility failed to ensure toxic solutions were secured in a common area. This placed all ambulatory cognitively impaired residents at risk for inadvertent ingestion of a harmful solution that could cause harm.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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

Enclosure

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 #: 212	Compliance Determination # 30871
Plan of Correction	HORIZON HOUSE	Completion Date
Page 4 of 7	Licensee: HORIZON HOUSE	11/08/2023

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 and complaint investigation on 10/09/2023 and 10/11/2023 of:
HORIZON HOUSE
900 UNIVERSITY ST
SEATTLE, WA 98101

This document references the following complaint numbers: 101425.

The following sample was selected for review during the unannounced on-site visit: 10 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, 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

11/9/2023
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.

Statement of Deficiencies	License #: 212	Compliance Determination # 30871
Plan of Correction	HORIZON HOUSE	Completion Date
Page 5 of 7	Licensee: HORIZON HOUSE	11/08/2023

Lauri Warfield-Larson
Administrator (or Representative)

11/14/2023
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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 3 sampled staff members (Staff B-Elder Care Assistant/Certified Nursing Assistant) had completed a national fingerprint background check (NFBGC). This placed 68 of 68 residents at risk for receiving care from a staff member whose criminal background history was unknown.

Findings included...

Review of the Residents Characteristics Roster, dated 10/09/2023, showed the ALF was providing care and services for 68 residents.

Record review showed that the ALF hired Staff B on 04/27/2023. Staff B's staff file did not include a NFBGC.

In an interview, on 10/10/2023 at 09:18 AM, Staff K (Director of Human Resources) confirmed there was no NFBGC for Staff B.

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, HORIZON HOUSE is or will be in compliance with this law and / or regulation on (Date) 12/20/2023 .

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

Lauri Warfield-Larson
Administrator (or Representative)

11/14/2023
Date

Statement of Deficiencies	License #: 212	Compliance Determination # 30871
Plan of Correction	HORIZON HOUSE	Completion Date
Page 6 of 7	Licensee: HORIZON HOUSE	11/08/2023

WAC 388-78A-2350 Coordination of health care services.

(7) When coordinating care or services, the assisted living facility must:

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to coordinate care with a Primary Care Physician (PCP) to discontinue a treatment order for a resolved skin issue for 1 of 1 sampled resident (Resident 6). This caused ALF staff to document treatments for Resident 6 that they were not actually providing, were no longer appropriate or required.

Findings included...

Review of a Resident Information (RI) form, dated 10/10/2023, showed the ALF admitted Resident 6 multiple disabling diagnoses including [redacted] Review of Care Plan (CP – equivalent to a Negotiated Service Agreement), dated 08/08/2023, showed Resident 6 was fall risk.

Record review showed an ALF investigation document, dated 04/23/2023, that showed Resident 6 fell and sustained the left knee abrasion. The document showed the ALF obtained a physician's order, on 05/09/2023, to treat Resident 6's knee abrasion with normal saline and to cover with foam dressing, changing every three days or as needed.

Review of the August, September, and October 2023 electronic Treatment Administration Record (eTAR) showed signatures of Licensed Nurses (LNs), to indicate dressing change treatment were done three times a week on Resident 6's left knee abrasion through 10/09/2023.

In interview, on 10/10/2023 at 12:30 PM, Staff J (Director of Resident Care) stated "the abrasion should have been resolved in August and I do not know why they are still signing the eTAR in September and October."

In interview, on 10/11/2023 at 8:45 AM, Staff J stated Resident 6's skin was intact with no evidence of any skin breakdown on their knee.

Record review showed the physician's order for dressing changes to Resident 6's knee was not discontinued when the knee abrasion was resolved. The facility continued to document performing dressing changes when they were no longer appropriate. The facility did not have any documentation of coordinating with Resident 6's physician to discontinue a treatment order when it was no longer needed.

Statement of Deficiencies	License #: 212	Compliance Determination # 30871
Plan of Correction	HORIZON HOUSE	Completion Date
Page 7 of 7	Licensee: HORIZON HOUSE	11/08/2023

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, HORIZON HOUSE is or will be in compliance with this law and / or regulation on (Date) 12/15/2023 .

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

Lauri Warfield-Larson
Administrator (or Representative)

11/14/2023
Date