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) 54334 (Completion Date 02/05/2025) and 51928 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/05/2025 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-2474-2

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HORIZON HOUSE
Provider Type: Assisted Living Facility
License/Cert.#: 212
Compliance Determination #: 51928
Intake ID: 156013
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 12/16/2024 through 12/19/2024
Complainant Contact Date(s):

Allegation(s):
The Named Staff (NS#1) spoke aggressively to NS#2 in front of the Named Resident (NR) at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:
Total residents: 63
Resident sample size: 2
Closed records sample size: 0

Observations:
Identified resident
Residents
Resident rooms
Staff to resident interactions

Interviews:
Administration
Identified resident
Identified staff
Nursing staff
Residents
Staff development coordinator

Record Reviews:
Medical records
Incident investigation
Facility policies
Personnel files

Investigation Summary:
Interview showed NS#1 did speak aggressively to NS#2. Interview and record review showed the NR did not suffer emotional harm from the interaction. Record review showed the ALF followed their policy, suspended NS#1 and investigated. No abuse or neglect substantiated. Interview and record review showed NS#1 worked at the ALF caring for residents from 09/11/2024 - 12/06/2024 with expired credentials. Citation written. See deficiency 388-78A-2474(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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Statement of Deficiencies	License # 212	Compliance Determination # 51928
Plan of Correction	HORIZON HOUSE	Completion Date
Page 1 of 3	Licensee: HORIZON HOUSE	12/19/2024

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 12/16/2024 and 12/16/2024 of:

HORIZON HOUSE
900 UNIVERSITY ST
SEATTLE, WA 98101

This document references the following complaint number(s): 156013, 159300

The following sample was selected for review during the unannounced on-site visit: 2 of 93 current residents and 0 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.

Jennie Siegen — Residential Care Services — 12/19/2024 — 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.

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Lynnwood, WA 98036

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Residential Care Services _____ Date

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Lauri Warfield-Larson
Administrator (or Representative)

12/27/2024
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure credentials were active for 1 of 3 sampled staff (Staff B). This failure placed 63 of 63 residents at risk of receiving care and services from uncredentialled staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0060, (s) long-term care worker in ALF must maintain in good standing, the certification or credential.

In interview, on 12/18/2024 at 12:55 PM, Staff E (Staffing Coordinator) stated Staff B (Certified Nursing Assistant) was hired on 10/28/2022.

Record review of the Washington State Provider Credential Search, on 12/16/2024, showed Staff B received a Nursing Assistant Certification that had expired on 09/11/2024. Staff B did not have an active credential (license) to work as a Nursing Assistant.

Review of ALF staff schedules showed Staff B provided care and services to residents at the ALF for 11 days in September of 2024, 20 days in October of 2024, 14 days in November of 2024 and 4 days in December of 2024.

In interview, on 12/18/2024 at 12:55 PM, Staff E stated credential checks for staff were audited every week, but Staff B's report was missed.

In interview, on 12/16/2024 at 3:00 PM, Staff A (Chief Operating Officer) confirmed Staff B had been providing care and services to residents without an active credential.

Administrator (or Representative) Date

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Statement of Deficiencies	License # 212	Compliance Determination # 51928
Plan of Correction	HORIZON HOUSE	Completion Date
Page 3 of 3	Licensee: HORIZON HOUSE	12/19/2024

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, HORIZON HOUSE is or will be in compliance with this law and / or regulation on (Date) 01/31/2025 .

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

Lauri Warfield-Larson
Administrator (or Representative)

12/27/2024
Date

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date