



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

September 14, 2018

DANIEL M KWAO
PROCARE ADULT FAMILY HOME
19256 2ND AVE S
DES MOINES, WA 98148

RE: PROCARE ADULT FAMILY HOME License #750360

Dear Provider:

On September 7, 2018 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated June 7, 2018.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Sharon Judie, Community Complaint Investigator

If you have any questions please, contact me at (253) 234-6007. ⁶⁰³³

Sincerely,

Bennetta Snoop

Bennetta Snoop
~~Elena Atanasova~~, Field Manager
Region 2, Unit G
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: PROCARE ADULT FAMILY HOME (687830) **Intake ID(s):** 3514692
License/Cert. #: AF750360
Investigator: Judie, Sharon **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 05/18/2018 through 06/07/2018
Complainant Contact Date(s): 05/17/2018

Allegations:

- 1. The adult family home (AFH) did not pay annual license fees.

Investigation Methods:

- Sample:** Residents **Observations:** General AFH environment
- Interviews:** AFH staff, Residents **Record Reviews:** Department records

Allegation Summary:

1. The AFH failed to pay the annual license fees on time. Observation of the AFH on 5/18/2018 at 10:00 a.m. found 4 residents (R#1, R#2, R#3, R#4) and 2 caregivers present in the home.

Review of the Department's records on 05/17/2018, revealed the AFH was licensed on 03/02/2008 and had not paid the annual licensing fee of \$1125.00 due 03/15/2018.

In telephone interview, the Provider said it was an oversight of the payment being missed. They stated they would mail the payment today, 5/18/2018.

Unalleged Violation(s): **Yes** **No**

Consultation provided for environment - See statement of deficiency dated 6/7/2018.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

See statement of deficiency dated 6/7/2018.

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



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RECEIVED
 JUN 28 2018
 DSHS/ALISA/RCS

Statement of Deficiencies	License #: 750360	Completion Date
Plan of Correction	PROCARE ADULT FAMILY HOME	June 7, 2018
Page 1 of 2	Licensee: DANIEL KWAO	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 5/18/2018 and 6/7/2018
 PROCARE ADULT FAMILY HOME
 19256 2ND AVE S
 DES MOINES, WA 98148

This document references the following complaint number: 3514692

The department staff that inspected and investigated the adult family home:
 Sharon Judie, Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

As a result of the on-site complaint investigation 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.

06/13/2018
 Residential Care Services Date

I understand that to maintain an adult family home license I must be in compliance with all the licensing laws and regulations at all times.

6/22/18
 Provider (or Representative) Date

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

RECEIVED
JUN 28 2018
DSMS/ALISA/RCS

WAC 388-76-10025 License annual fee.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to pay their annual license fee, which was due 03/15/2018. This failure resulted in the AFH operating with an invalid license since 03/16/2018.

Finding includes:

Observation, interview and record review occurred on 05/18/2018, unless otherwise noted.

Observation of the AFH at 10:00 a.m. found 4 residents (R#1, R#2, R#3, R#4) and 2 caregivers present in the home.

Review of the Department's records on 05/17/2018, revealed the AFH was licensed on 03/02/2008 and had not paid the annual licensing fee of \$1125.00 due 03/15/2018.

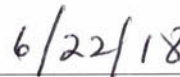
In telephone interview, the Provider said it was an oversight of the payment being missed. They stated they would mail the payment today, 5/18/2018.

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, PROCARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5/18/18. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

June 13, 2018

CERTIFIED MAIL

7018 0360 0000 6591 1409

DANIEL M KWAO
PROCARE ADULT FAMILY HOME
19256 2ND AVE S
DES MOINES, WA 98148

RE: PROCARE ADULT FAMILY HOME License #750360

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on June 7, 2018 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - o Indicating the date you have or will correct each deficiency; and
 - o Signing and dating after each citation to certify that you have or will take corrective measures to correct each cited deficiency, and
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction within 45 days, or sooner if directed by the Department; and
- Sign and date the first page of the enclosed report; and
- Return the report to the department; and
- Have your plan approved by the Department.

Consultation:

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

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(6) Is cared for in a manner and in an environment that promotes maintenance or

DANIEL M KWAO
PROCARE ADULT FAMILY HOME License #750360
June 13, 2018
Page 2

enhancement of each resident's quality of life including a safe, clean, comfortable, and homelike environment; and

Observation of bathroom #2 found the adult family home (AFH) did not maintain the bathroom in a sanitary state. Department staff advised caregiver A (CGA) and Provider of bathroom #2's condition. Caregiver A cleaned bathroom #2 right away.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (253) 234-6007.

Sincerely,



Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

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