



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Prosperous Care Services (864352) **Intake ID(s):** 3195408

License/Cert. #: AF752747

Investigator: Masher, Liza

Region/Unit: RCS Region 2/Unit F

Investigation Date(s): 03/15/2016 through
03/15/2016

Complainant Contact Date(s):

Allegations:

The Named Resident (Resident #2) fell and suffered injuries on her [REDACTED]

Investigation Methods:

Sample: The Named Resident and five other current residents.

Observations: General environment and residents' general appearance, resident to resident interaction, staff interacting and providing care to residents.

Interviews: Residents and staff.

Record Reviews: Residents' records and the Named Resident's hospital records.

Allegation Summary:

Interviews and record reviews revealed the Named Resident fell and suffered [REDACTED] lacerations. The Adult Family Home (AFH) called 911 and the Named Resident was transported to the emergency room (ER) where she was further evaluated and received treatment that included but not limited to stitches on her [REDACTED] lacerations. The AFH updated the Named Resident's negotiated care plan (NCP) and implemented measures to prevent reoccurrence. The AFH notified the complaint resolution unit (CRU), the Named Resident's guardian/power of attorney and primary care provider. However, the AFH failed to notify the Department's case manager (CM) as required (Resident #2 was a state pay client). The Named Resident and other current residents denied rough handling, abuse and/or neglect. They said they felt safe in the facility. A citation was written for failure to notify the CM.

Unalleged Violation(s): Yes No



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Conclusion: **Failed Provider Practice Identified**

Failed Provider Practice Not Identified

Did not meet the reporting requirement.

Action: **Citation(s) Written**

No Citation Written

WAC 388-76-10225-2-f

RCPP Action: **Recommend Finding**

Recommend Close Investigation



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

Statement of Deficiencies	License #: 752747	Completion Date
Plan of Correction	Prosperous Care Services	March 15, 2016
Page 1 of 2	Licensee: HYACINTH FARAON	

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: 3/15/2016

Prosperous Care Services
 16353 WALLINGFORD AVE N
 SEATTLE, WA 98133

This document references the following complaint number: 3195408

The department staff that inspected and investigated the adult family home:

Liza Masher, RN, BSN, Licensor

From:

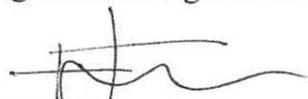
DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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.


 Residential Care Services

3/21/2016
 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.


 Provider (or Representative)

3/28/16
 Date

RECEIVED
 MAR 29 2016
 DSHS/ADSARCS

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to contact and notify one of six residents' (Resident #2) case manager (CM) after the resident sustained [redacted] lacerations requiring an emergency room (ER) visit. This failure may have resulted in CM not being aware of resident's current condition and placed the resident at risk of not getting appropriate services.

Findings include:

Interview and record review occurred on 03-15-16 unless otherwise noted.

In an interview, the Provider said Resident #2 sustained "... cuts on her [redacted] after a fall and was brought to the ER on 03-01-2016.

Review of the hospital records revealed the resident was seen in ER on 03-01-2016 with diagnoses of "[redacted] injury" and "[redacted] lacerations, 6.0 cm. (centimeters) ..." The records revealed the following description of the resident's injuries "... 1 in (inch) lac (laceration/cut) [redacted] with abrasion and swelling ..., half cm lac [redacted] ..."

The Provider said she did not contact or notify the resident's CM. When asked why, she stated, "I forgot."

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, Prosperous Care Services is or will be in compliance with this law and / or regulation on (Date) 3/28/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

RECEIVED
MAR 29 2016
DSHS/ADSARCS

3/28/16

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

April 19, 2016

HYACINTH G FARAON
Prosperous Care Services
16353 WALLINGFORD AVE N
SEATTLE, WA 98133

RE: Prosperous Care Services License #752747

Dear Provider:

On April 18, 2016 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 March 15, 2016.

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:
Liza Masher, Licensor

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

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services