STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504-5819

May 12, 2016

Francia Evelyn M Carbonel
Barrington Heights AFH
1517 Evanston Ct NE
Olympia, WA 98506

RE: Barrington Heights AFH License #752837

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 11, 2016 for the deficiency or deficiencies cited in the report/s dated April 26, 2016 and found no deficiencies.

The Department staff who did the inspection:
Janet Wakefield, Complaint Investigator
Carol Smith, Licensor

If you have any questions please, contact me at (360) 664-8421.

Sincerely,

Janice Jiles, Field Manager
Region 3, Unit D
Residential Care Services

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Statement of Deficiencies	License #: 752837	Completion Date
Plan of Correction	Barrington Heights AFH	April 26, 2016
Page 1 of 2	Licensee: Francia Evelyn Carbonel	

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 full inspection of: 2/26/2016 and 4/26/2016

Barrington Heights AFH
1517 Evanston Ct NE
Olympia, WA 98506

The department staff that inspected the adult family home:

Carol Smith, Licensor
Janet Wakefield, Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819
(360)664-8421

As a result of the on-site full inspection 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: 4/29/16

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) — Date: 4/28/16

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

(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:

(a) The resident's family;

(b) The resident's representative, if one exists;

(c) The resident's health care provider;

(d) Other appropriate professionals working with the resident;

(e) Persons identified in the negotiated care plan; and

(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 Provider failed to report an injury incident regarding Resident #2, to the CRU hotline. This failure to report the injury to the CRU hotline placed this Resident at risk for continued injury.

Findings include:

Observation, interview and record review took place on 04/26/2016, unless otherwise noted.

The provider failed to report resident #2's fall dated 04/12/2016, that resulted in a fractured [redacted] to the CRU hotline. This accident was listed on the incident log for resident #2 but not report to CRU hotline. When the Provider as questioned about not reporting the injury to the CRU hotline, she stated she was not aware that she needed to call CRU.

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, Barrington Heights AFH is or will be in compliance with this law and / or regulation on (Date) 4/26/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative) — Date: 4/28/16