



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

November 1, 2019

**CERTIFIED MAIL**

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Fil-Am Care Adult Family Home LLC  
Fil-Am Care Adult Family Home LLC  
10208 NW 20th Ave  
Vancouver, WA 98685

RE: Fil-Am Care Adult Family Home LLC License #753545

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on October 23, 2019 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:  
Shawn Swanstrom, Licensor

**Consultation:**

**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.

The Provider failed to notify the Department case manager immediately after the resident was sent to the hospital and discharged to a family member's home.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

- 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

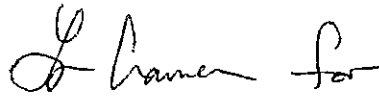
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deficiencies.

**If You Have Any Questions:**

- Please contact me at (360) 397-9549.

Sincerely,

A handwritten signature in cursive script that reads "Karyl Ramsey for".

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Fil-Am Care Adult Family Home LLC (1121359)      **Intake ID(s):** 3671223  
**License/Cert. #:** AF753545  
**Investigator:** Swanstrom, Shawn      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 10/23/2019 through 10/23/2019  
**Complainant Contact Date(s):** 10/08/2019, 10/25/2019

**Allegations:**

Discharge Rights- A Named Resident (NR) was discharged from the Adult Family Home. The staff did not notify the Department's case manager.

**Investigation Methods:**

**Sample:** Two current residents and one discharged resident.

**Observations:** General environment, resident rooms, general appearance of residents, and staff-to-resident interactions.

**Interviews:** Sampled residents, staff, and collateral contact.

**Record Reviews:** Discharged Residents file.

**Allegation Summary:**

Discharge Rights -The NR was transferred to the hospital and then was discharged home with family. The Provider did not notify the Department's case manager. Failed practice identified.

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

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

WAC 388-76-10225 Reporting was identified as failed practice. Please refer to the consultation dated 10/23/2019.