



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

May 20, 2016

BRIAN MAR  
CONIFER VIEW ADULT FAMILY HOME  
8919 NE 192ND PLACE  
BOTHELL, WA 98011

RE: CONIFER VIEW ADULT FAMILY HOME License #751600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 18, 2016 for the deficiency or deficiencies cited in the report/s dated March 15, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Sonia Coleman, 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



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 #: 751600	Completion Date
Plan of Correction	CONIFER VIEW ADULT FAMILY HOME	March 15, 2016
Page 1 of 14	Licensee: BRIAN MAR	

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:  
 3/8/2016

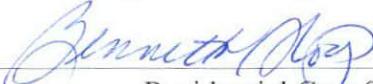
CONIFER VIEW ADULT FAMILY HOME  
 8919 NE 192ND PLACE  
 BOTHELL, WA 98011

The department staff that inspected the adult family home:  
 Sonia Coleman, RN, MN, Licensors

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

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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

3/22/2016  
 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)

3/31/2016  
 Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

- (4) Completion of the training requirements that were in effect on the date they were hired including requirements described in chapter 388-112 WAC;
- (8) Have tuberculosis screening to establish tuberculosis status per this chapter.

**WAC 388-112-0195 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training, and when?**

- (1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must:
- (a) Successfully complete DSHS-designated nurse delegation core training, "Nurse Delegation for Nursing Assistants";

**This requirement was not met as evidenced by:**

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 2 of 5 caregivers (C and D) obtained tuberculosis (TB) testing, nurse delegation, fingerprint background, check before performing caregiver duties. These failures placed 6 of 6 residents (#1, #2, #3, #4 #5 and #6) at risk for exposure to disease and receiving care from unqualified care givers. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Staff A and Staff C were the only caregivers on duty on arrival at the AFH at 9:20 a.m.. The Provider was not present. Staff B arrived shortly after arrival.

**Staff C**

Record review revealed the home hired Staff C on 06/01/2015. Review of Staff C's employee file revealed she had no TB records or any form of TB screening records. Staff C worked in close proximity with the residents preparing and serving their meals and providing care.

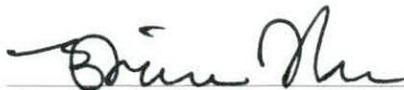
In interview, Staff B was asked for Staff C's TB records. She said the TB records were in Staff C's employee file. Staff C searched the file but was unable to the records. The Department staff asked Staff C if she had TB testing. Staff C said she had given her TB records to the home. Staff B said she would send the TB records by fax. As of 03/15/2016 no records were received.

During interview, Staff B said all residents except for Resident #4 had nurse delegation for medication administration. During the staff record reviews Staff B said Staff C gave the resident medications. Resident #1's medications were crushed. No nurse delegation records were found for Staff C. When interviewed, Staff C said she was taking the nurse delegation class but had not yet take the examination.

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**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, CONIFER VIEW ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) APR 25, 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3-31-2016

Date

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

**This requirement was not met as evidenced by:**

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 1 of 5 caregivers (Staff E) had documented orientation to the home. This failure placed the residents (#1, #2, #3, #4 #5 and #6) at risk for receiving care from a caregiver who was not knowledgeable about their needs. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Obsrvation found Staff E was not on duty. Review of Staff E's employee file found her hire date was 02/24/2016. No documentation of orientation to the home was found in either caregivers' records.

In interview, Staff B said Staff C did not receive orientation to the home.

**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, CONIFER VIEW ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) APR. 25, 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



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3-31-2016

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**WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:**

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

**This requirement was not met as evidenced by:**

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 1 of 5 caregivers (Staff C) obtained a national fingerprint background check within one hundred and twenty days of hire. This failure placed the residents (#1, #2, #3, #4, #5 and #6) at risk for receiving care from a caregiver with disqualifying crime background. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

On arrival at 9:20 a.m., Staff A and Staff C were on duty. Staff B arrived about 10 minutes later. Staff C worked unsupervised with the residents providing their care. She prepared the resident's meals and fed them.

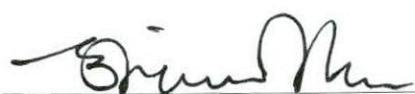
Record review revealed the home hired Staff C on 06/30/2015. Review of her background records found she had no fingerprint background verification. There was no evidence showing a fingerprint background was requested. Staff C's fingerprint background was more than four months overdue.

In interview, Staff B said Staff C did not give the home a fingerprint background check.

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3-31-2016

Date

**WAC 388-76-10265 Tuberculosis Testing Required.**

- (1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
  - (d) Caregiver;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the adult family home failed to ensure 1 of 3 sampled caregivers (Staff C) obtained a tuberculosis test within three days of hire. This failure placed 6 of 6 residents (#1, #2, #3, #4, #5 and #6) at risk for exposure to contiguous disease. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

The home hired Staff C on 06/01/2015. Staff C was observed working with the residents caring for them and preparing and feeding residents their meals.

No TB test records, include testing on hire, were found in Staff C's file. When interviewed, Staff B said no testing was done when Staff C started working.

Staff B said she was not aware Staff C required testing on hire.

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\_\_\_\_\_  
Provider (or Representative)

3/31/2016  
\_\_\_\_\_  
Date

#### WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

- (1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;
- (2) Make the records readily available to the appropriate health authority and licensing agency.

#### This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 1 of 5 caregivers (Staff C) tuberculosis (TB) test records were kept in the home and available to the Department for review. This failure placed the residents (#1, #2, #3, #4 #5 and #6) at risk for exposure to an infectious disease. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Staff A and Staff C were on duty on arrival at the AFH. The Provider was not present. Staff C worked in close proximity with the residents preparing their meals and providing care.

Record review revealed the home hired Staff C on 06/01/2015. Review of Staff C's employee file revealed she had no TB records or any form of TB screening records.

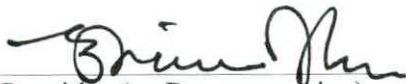
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Staff B said she would send Staff C's TB records by fax. As of 03/15/2016 no records were received from the AFH.

In interview, when Staff B was asked about Staff C's TB records, she said it was in Staff C's employee file. Staff C searched the file but was unable to the records. The Department staff asked Staff C if she had TB testing. Staff C said she gave her TB records to Staff B.

#### Attestation Statement

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\_\_\_\_\_  
Provider (or Representative)

3/31/2016  
\_\_\_\_\_  
Date

#### WAC 388-76-10315 Resident record Required. The adult family home must:

- (1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
  - (g) Be available so that department staff may review them when requested; and
- (2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

#### This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Adult Family Home (AFH) failed to create, maintain, and keep 1 of 2 sampled residents (Resident #6) negotiated care plan (NCP) in the home where the resident lived and did not have the record available to the caregivers to perform their duties and for Department staff. These failures placed Resident #6 at risk for not having her care needs identified and met. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Observation found Resident #6 was a frail elderly woman sitting on the edge of her bed during the tour of the home and during interview. She was on [REDACTED] continuously. The resident was alert and responded appropriately to interview questions but her responses were often delayed.

Review of Resident #6's assessment dated 07/25/2015 found she was not able to bear weight, required lifting assist and positioning in bed, assistance with transfer, used a wheelchair and her blood sugar was monitored twice daily.

In an interview, Staff A said the resident required two persons Hoyer lift transfers. A Hoyer lift was observed in the resident's bedroom during the tour.

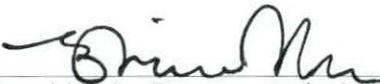
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Record review revealed the resident did not have a NCP in her file. Staff B was asked for the resident's NCP. Staff B said she had taken it home (her private home) home to do some work on it and could not find it. The resident had no negotiated care plan to address her care in the AFH.

#### Attestation Statement

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(Date) Apr. 25, 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
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3/31/2016  
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**WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

#### This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to develop 1 of 2 sampled residents (#6) negotiated care plan within thirty days of the resident's admission. This failure placed the resident at risk for not having her needs identified and met. Findings included:

Observation, interview and record review were conducted on 03/08/2016 unless otherwise noted.

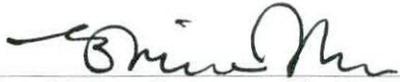
Record review revealed the home admitted Resident #6 on [REDACTED] with multiple medical issues including [REDACTED]. Review of the resident's assessment dated 07/25/2015 found the resident used a side rail, had blood sugar testing twice daily, required extensive to total assistance with activities of daily living, and had poor decision making skills.

When the resident's negotiated care plan was not found in her file, Staff B was asked for it. Staff B said she had taken it to her home to do some work on it and could not find it. The resident had no negotiated care plan to address her care.

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3/31/2016  
Date

**WAC 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

**This requirement was not met as evidenced by:**

Based on record reviews and interview, the adult family home (AFH) failed to ensure all prescribed medications on 2 of 2 sampled residents (#1 and #6) medication administration records (MARs) were available, medication logs was kept up-to-date and hospice medications were included on Resident #1's medication log. These failures placed residents (#1 and #6) at risk for not receiving medications as ordered. Findings included:

Record reviews and interview were conducted on 03/08/2016 unless otherwise noted.

Record review and interview with Staff B found Resident #6 had eye surgery in [REDACTED]. Resident #6 was prescribed [REDACTED] % (anti-inflammatory eye drop), [REDACTED] and [REDACTED] % (antibiotics eye drops) to her [REDACTED] eye. The [REDACTED] was scheduled for 7:00 a.m, 11:00 a.m., 5:00 p.m and 9:00 p.m. The other two medications were scheduled for 8:00 a.m daily. The medications were not available for review.

A line was drawn through the medications and they were not initialed. Staff B said the medications were only prescribed for a short time. When asked when did the resident stop using the medications, Staff C said it was in early February 2016.

Staff B was asked why the medications were still listed in the medication log. Staff B said she would notify the pharmacy to remove them. The Department staff reminded Staff B the physician needed to notify the pharmacy to discontinue the medications.

[REDACTED] (antifungal) was listed on the resident's MAR. It was not initialed and could not be found either. Staff B said, "We don't use. It's expired. We have to order more." [REDACTED] % was recorded on the resident's MAR. When it could not be found, Staff B said, "We don't use. It's not expired. Her butt is healed. If we want, we can ask for more." The resident did

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not have these medications readily available if she needed them.

#### Hospice Medications

Resident #1 had the following hospice medications: [REDACTED] (antipsychotic) [REDACTED] mg, 1/2 tablet twice daily PRN (as needed), [REDACTED] unit/5 milligram (mg), [REDACTED] (antianxiety) [REDACTED] mg, [REDACTED] (anti-nausea) [REDACTED] mg, and [REDACTED] (reduces secretion). The medications were kept in a package and stored separately from the rest of the resident's medications.

The resident's hospice medications were not recorded on his medication log. When interviewed, Staff B said the package was never opened and she did not know what medications were inside.

#### 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, CONIFER VIEW ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) APR. 25 2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3/31/2016

Date

#### WAC 388-76-10475 Medication Log. The adult family home must:

- (2) Include in each medication log the:
  - (b) Name of all prescribed and over-the-counter medications;
  - (c) Dosage of the medication;
  - (d) Frequency which the medications are taken; and
  - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
  - (c) Documentation of any changes or new prescribed medications including:
    - (i) The change;
    - (ii) The date of the change;
    - (iii) A logged call requesting written verification of the change; and
    - (iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

#### This requirement was not met as evidenced by:

Based on record reviews and interview, the Adult Family Home (AFH) failed to keep up-to-date medication logs for 2 of 2 sampled residents (#1 and #6). Hospice medications were not listed on Resident #1's medication log. These failures placed Resident #1 and #6 at risk for not receiving medications as ordered. Findings included:

Record reviews and interview were conducted on 03/08/2016 unless otherwise noted.

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Resident #1 was on hospice care. Interview with Staff B found the resident's hospice intake was 03/05/2016, three days before the full inspection.

Review of the resident's medication log found his hospice medications were not listed. In interview, Staff B said, "He just went on hospice. We do not know what is in the hospice pack." The hospice pack was not locked.

Resident #6 had orders for a topical medication and eye drops for a procedure done in [REDACTED]. The medications were no longer used.

The residents' medications were recorded on the residents' her medication logs with a line drawn through each medication. Staff B said the eye drops were only ordered for a short time. When asked when did the resident stop using the medications, Staff C said it was in early February 2016.

Staff B was asked why the medications were still listed in the medication log. Staff B said she would notify the pharmacy to remove them. The Department staff reminded Staff B the physician needed to notify the pharmacy to discontinue the medications.

#### Attestation Statement

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\_\_\_\_\_  
Provider (or Representative)

3/31/2016  
\_\_\_\_\_  
Date

**WAC 388-76-10532 Resident rights Standardized disclosure of services form. The adult family home is required to complete the department's standardized disclosure of services form.**

- (1) The home must:
- (a) List on the form the scope of care and services available in the home;
  - (b) Send the completed form to the department; and

**This requirement was not met as evidenced by:**

Based on record review and interview, the home failed to ensure a Disclosure of Services form listing the scope of care and services available in the home was completed and mailed to the department. This failure placed prospective residents at risk for not knowing what services the home provided. Findings included:

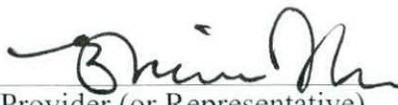
Record reviews and interview were conducted on 03/08/2016 unless otherwise noted.

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A search on the Department web site on 03/07/2016 found the home did not submit a Disclosure of Services form. During the inspection, Staff A and B were asked if the home submitted the form. They said the form was not completed and mailed yet.

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Provider (or Representative)

3/31/2016  
Date

#### WAC 388-76-10725 Electronic monitoring equipment Resident requested use.

(1) The adult family home must not use audio or video monitoring equipment to monitor any resident unless:

(a) The resident has requested the monitoring; and

(6) For the purposes of consenting to audio electronic monitoring, the term "resident includes only:

(b) The resident's court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to audio electronic monitoring of the resident.

#### This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure no audio monitoring device was used in 1 of 2 sampled residents (#1's) bedroom without the resident requesting it. This failure violated the resident's rights to privacy. Findings included:

Observation, interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Record review found the home admitted Resident #1 on [REDACTED] with dementia, history of falls and other medical issues. The resident used side rails. His assessment of 12/04/2015 noted he fell and fractured his [REDACTED] hip on [REDACTED] 2014.

During the environmental tour, observation found a baby audio monitor was on the kitchen counter. When Staff B was asked, what it was, Staff B responded, "A baby monitor. The resident's family requested it." Staff B said the resident's family requested the monitor because of his risk for falls.

Review of the resident's assessment dated 07/16/2015 noted the use of the baby monitor. The resident's negotiated care plan of 08/10/2015 did not state the reason the resident needed the baby monitor or when it was used. There was no stated threat to the resident's health and safety, nor agreed upon duration for the electronic monitoring.

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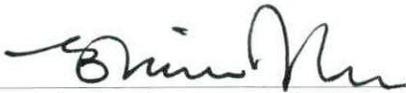
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Review of the record did not have any court order to monitor the resident.

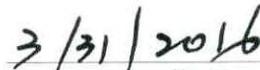
In the exit interview, Staff B stated the home was not aware baby monitor was not to be used. She said she would inform the resident's family.

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Provider (or Representative)



Date

#### WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

#### This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the hot water in 3 of 4 bathrooms (A, B, C and the main bathroom (#D) sinks designated for residents' use did not exceed 120 degrees Fahrenheit (DF). This failure placed all residents (#1, #2, #3, #4, #5 and #6) at risk for burns from scalding hot water. Findings included:

Observation and interview were conducted on 03/08/16 unless otherwise noted.

At 10:10 a.m., the hot water was checked, first at bathroom A's sink. It measured 123.5 degrees Fahrenheit (DF). Staff B measured the hot water at the sink with the home's food thermometer. It measured 115.0 DF.

The hot water at bathroom #B's sink, used by Resident #2, measured 109.9 DF. Staff B said this bathroom was the furthest from the boiler.

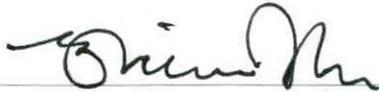
The hot water at bathroom C's sink, used by Resident #4 and #5, measured 120.5 DF. At Bathroom #D's sink, the hot water measured 126.5 DF.

At approximately 2:50 p.m., the hot water was measured at bathroom A's sink. After several attempts to lower the temperature, the hot water measured 119.5. Staff B said the water temperature was OK last year.

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3-31-2016

Date

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation. The adult family home must ensure:**

- (1) Emergency evacuation drills occur at least every two months; and
- (2) All residents take part in at least one emergency evacuation drill each calendar year involving full evacuation from the home to a safe location.

**This requirement was not met as evidenced by:**

Based on interview and record reviews, the adult family home (AFH) failed to conduct a full emergency evacuation fire drill involving all residents once yearly. This failure placed 6 of 6 residents (#1, #2, #3, #4, #5 and #6) at risk for harm during an actual evacuation. Findings included:

Interview and record reviews were conducted on 03/08/2016 unless otherwise noted.

Interview with Staff A found Resident #1, #4 and #5 used wheelchairs. Resident #2 and #3 used walkers and wheelchairs and #6 was mostly in bed.

Review of the fire drill records from 11/15/2014 to 01/08/2016 found the home conducted drills every two months. No full emergency evacuation drill was recorded.

In interview, Staff B was asked if the home conducted a full evacuation drill. Staff B said she did not know what a full drill was. She said she had never heard of a full or annual fire drill.

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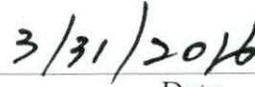
**Attestation Statement**

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, CONIFER VIEW ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on

(Date) Apr. 26. 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date

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