



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

August 25, 2021

CERTIFIED MAIL

7020 3160 0000 7555 1457

Connys Adult Family Home LLC
Connys Adult Family Home
2821 N Park Rd
Spokane Valley, WA 99212

RE: Connys Adult Family Home License #754616

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on August 20, 2021 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:
Paula Wyatt, NCI/Community Complaint Investigator

Consultation:

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident.

The home failed to ensure a resident's skin breakdown was documented in the incident log. The provider stated she knew she should have recorded the skin breakdown. No negative outcome was identified related to the lack of documentation.

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

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- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (509) 323-7321.

Sincerely,



Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Connys Adult Family Home (1194648) **Intake ID(s):** 3784846

License/Cert. #: AF754616

Investigator: Wyatt, Paula

Region/Unit: RCS Region 1/Unit E

Investigation Date(s): 08/05/2021 through 08/20/2021

Complainant Contact Date(s): 08/04/2021, 08/20/2021

Allegations:

1. Quality of care
2. Chemical restraint

Investigation Methods:

Sample: 2 Residents

Observations: Home environment
resident activity
Resident positioning
Resident mobility

Interviews: Provider
2 people not affiliated
with the home

Record Reviews: Incident log
Assessment
Care plan
Department
documentation
Hospital records

Allegation Summary:

1. The home had 2 residents receiving care and services. The home was a comfortable environment and both residents were in their rooms in no distress. Care observations were made and appropriate to assessments and care plans. Resident representatives were interviewed regarding the issues and had concerns related to positioning and skin issues. The named resident was positioned appropriately and was not in any distress. Transferring of the named resident was observed and completed per the assessment and care plan. Records from an outside agency was obtained and was consistent with resident care and services. No deficient practice was identified.

2. Concerns related to a residents medication was over sedating them was reported. Medications were reviewed and records provided from previous facility. No modifications had been done by the home and no concerns raised related to resident outcome. The named resident was observed for mobility and cognition and did not raise concern. N deficient practice was identified related to this issue.



Residential Care Services
Investigation Summary Report

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

A consultation was written related to another issue.

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

A consultation was written related to WAC 388-76-10220 and can be found on the statement of deficiencies dated 08/20/2021.