STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Conifer View AFH LLC
CONIFER VIEW AFH LLC
8919 NE 192ND PLACE
BOTHELL, WA 98011

RE: CONIFER VIEW AFH LLC License # 753415

Dear Provider:

This letter addresses Compliance Determination(s) 69701 (Completion Date 12/03/2025) and 68411 (Completion Date 11/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/03/2025 and found that you have corrected the violations listed in the Full report dated 11/12/2025. Your home is back in compliance as of 11/06/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License # 753415	Compliance Determination #68411
Plan of Correction	CONIFER VIEW AFH LLC	Completion Date
Page 1 of 3	Licensee: Conifer View AFH LLC	11/12/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/05/2025 of
CONIFER VIEW AFH LLC
8919 NE 192ND PLACE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 753415	Compliance Determination #: 68411
Plan of Correction	CONIFER VIEW AFH LLC	Completion Date
Page 2 of 3	Licensee: Conifer View AFH LLC	11/12/2025

As a result of the on-site visit(s), 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.

Renee' Bourque
Residential Care Services

11/19/2025
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.

Gingh'
Provider (or Representative)

11/20/2025
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had an assessment completed that identified the residents need and use of the [redacted], as well as the required negotiated care planning for the safe use of the [redacted]. These failures placed Resident 1 and Resident 2 at risk of injury.

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted]/2025 with multiple diagnosis including [redacted].

Observation, on 11/06/2025 at 10:25 AM, showed Resident 1 in bed with one-half length [redacted] on both sides of the bed in the up position

Record review showed a consent form for the [redacted] was present in Resident 1's record but there was no required assessment or care planning for the safe use of the [redacted].

RESIDENT 2:
Resident 2 was admitted on [redacted]/2024 with multiple diagnosis including [redacted]

Observation, on 11/06/2025 at 10:40 AM, showed Resident 2's bed with one-half length [redacted] on both sides of the bed in the down position. Staff C (Caregiver) stated the [redacted] were in the up position when Resident 2 was in bed.

Record review showed a consent form for the [redacted] was present in Resident 2's record but there was no required assessment or care planning for the safe use of the [redacted]

In an interview, on 11/06/2025 at 2:45 PM, Staff B (Entity Representative) stated they would ensure the requirements were completed.

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 AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/06/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 11/20/2025