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

GOLDEN POND HEALTH INC
EVANS HOME
17629 8TH LANE NE
SHORELINE, WA 98155

RE: EVANS HOME License # 495301

Dear Provider:

This letter addresses Compliance Determination(s) 69485 (Completion Date 12/02/2025) and 68451 (Completion Date 11/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/02/2025 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 11/14/2025 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 388-76-10165-2, WAC 388-76-10420-4, WAC 388-76-10485-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/07/2025 of:
EVANS HOME
17629 8TH LANE NE
SHORELINE, WA 98155

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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

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

11/13/2025
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.

Evan Yan
Provider (or Representative)

11/14/2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff C, Caregiver) had a national Fingerprint Background Check (FP BGC). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of receiving care from a caregiver with an unknown background.

Findings included...

Observation, on 10/07/2025 at 9:40 AM, showed Staff C was working in the AFH and providing care for Residents 1, 2, 3, 4 and 5.

Review of personnel records showed the AFH hired Staff C on 05/30/2017. Review of Staff C's record showed Staff C did not have an FP BGC on file.

In an interview on 11/07/2025 at 2:00 PM, Staff B, Resident Manager, stated that they would make an appointment for Staff C to get their fingerprint done

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' Bourgue
Residential Care Services

11/13/2025
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.

Provider (or Representative)

Date

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Findings included...

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In an interview, on 11/07/2025 at 2:00 PM, Staff B, Resident Manager, stated that they would make an appointment for Staff C to get their fingerprint done.

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, EVANS HOME is or will be in compliance with this law and / or regulation on (Date) 11/13/2025.

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

Provider (or Representative) — Date: 11/14/2025

* Attached Wang's fingerprint report with the plan.

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Orgain Organic Protein Powder) to 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk for dietary problems and possible health complications.

Findings included...

Observation, on 11/07/2025 at 9:40 AM, showed Resident 2 lived in and received care from the AFH. Observation further showed two containers of Orgain protein powder on the open storage shelf in Resident 2's room (bedroom [redacted]).

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2021 with multiple medical diagnoses. Review of Resident 2's record showed there was no written approval or documentation from Resident 2's physician for the use of the protein supplement.

In an interview, on 11/07/2025 at 12:30 PM, Staff B, Resident Manager, stated that Resident 2 was an independent resident and they bought the protein powder to use. Staff B stated that they were unaware of doctor's order for the protein supplement. Staff B stated that they would call the doctor to obtain a written approval for Resident 2 to take the protein supplement.

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, EVANS HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Orgain Organic Protein Powder) to 1 of 5 residents (Resident 2). This failure placed Resident 2 at risk for dietary problems and possible health complications.

Findings included...

Observation, on 11/07/2025 at 9:40 AM, showed Resident 2 lived in and received care from the AFH. Observation further showed two containers of Orgain protein powder on the open storage shelf in Resident 2's room (bedroom [redacted]).

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted] 2021 with multiple medical diagnoses. Review of Resident 2's record showed there was no written approval or documentation from Resident 2's physician for the use of the protein supplement.

In an interview, on 11/07/2025 at 12:30 PM, Staff B, Resident Manager, stated that Resident 2 was an independent resident and they bought the protein powder to use. Staff B stated that they were unaware of doctor's order for the protein supplement. Staff B stated that they would call the doctor to obtain a written approval for Resident 2 to take the protein supplement.

* Already moved protein supplement from the client's room. See attached photos with the plan.

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, EVANS HOME is or will be in compliance with this law and / or regulation on (Date) 11/14/2025 .

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

Wan Yan
Provider (or Representative)

11/14/25
Date

* The manager consulted the client's PCP, Dr. Kim, from 11/07/25-11/14/25. Dr. Kim stated that the client's protein levels were within the normal range and that supplement was not medically indicated. After a thorough discussion, the client agreed to discontinue protein supplements.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and inappropriately took unlocked/unsecured medications.

Findings included...

Observation, on 11/07/2025 at 9:40 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with cane, Resident 2 ambulated independently and Residents 3, 4 and 5 ambulated with the medical devices independently in the AFH.

Observation, on 11/07/2025 at 11:50 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2's room had no locks. Observation showed a wooden desk with three drawers in Resident 2's room. Observation further showed Resident 2's medications were kept unsecured in the second desk drawers in Resident 2's room.

Review of Resident 2's assessment dated 09/12/2025 showed medication assistant required. Further review indicated Resident 2's medication limitation listed "Ability fluctuates, could not open containers, did not follow frequency or dosage, poor coordination and forgot to take medications." There was no documentation in Resident

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Provider (or Representative) Date

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2's assessment to show Resident 2's ability to manage their medications independently and to keep their medications in their room. Review of Resident 2's Negotiated Care Plan (NCP) showed "kept medications in locked box for client."

In an interview, on 11/07/2025 at 1:38 PM, Staff B, Resident manager, stated that Resident 2 was able to self-administer their medications. Staff B stated that they had a doctor's order to keep Resident 2's medication in their room. Staff B stated that they supervised Resident 2 taking their medications daily. Staff B stated that they would put Resident 2's medications in the lock box. Staff B were observed to transfer Resident 2's medications from the drawer to the locked box.

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, EVANS HOME is or will be in compliance with this law and / or regulation on (Date) 11/07/2025

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

Provider (or Representative) — Date: 11/14/2025

*. The client's meds have been placed in the locked box. See attached photos with the plan.

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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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 1 of 5 residents (Resident 5) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. This failure placed Resident 5 at risk of injury from improper use of the [redacted].

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Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 5) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. This failure placed Resident 5 at risk of injury from improper use of the [redacted].

Findings included...

Observation, on 11/07/2025 at 9:40 AM, showed Resident 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated with the walker in the AFH

Observation of Resident 5's bedroom (bedroom [redacted], on 11/07/2025 at 11:10 AM, showed the bed [redacted]. The [redacted] was securely attached to the ceiling.

Review of records showed the AFH admitted Resident on [redacted]/2022 with multiple medical diagnoses. Review of Resident 5's assessment, dated 06/18/2025, did not include the reasons Resident 5 needed the [redacted] and did not identify Resident 5's ability to safely use the [redacted]. Review of Resident 5's NCP, dated 08/01/2025, did not address Resident 5's the [redacted] uses information. Review of records showed there was no document of a consent form for safety and risks of the [redacted] use in Resident 5's records.

In an interview, on 11/07/2025 at 12:45 PM, Staff B, Resident Manager, stated that Resident 5 used the [redacted] at home before moving into the AFH. Staff B stated that Resident 5's family provided the [redacted] and wanted resident 5 to continue to use it to transfer.

Review of document, received by the Department on 11/09/2025, showed Staff B had removed the [redacted]

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, EVANS HOME is or will be in compliance with this law and / or regulation on (Date) 11/07/2025

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

Provider (or Representative) — Date 11/14/2025

*. Removed the bed [redacted] from the client bed on 11/07/2025. See attached photos with the plan.

Findings included...

Observation, on 11/07/2025 at 9:40 AM, showed Resident 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated with the walker in the AFH.

Observation of Resident 5's bedroom (bedroom [redacted]), on 11/07/2025 at 11:10 AM, showed the bed [redacted]. The [redacted] was securely attached to the ceiling.

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

_____ _____
Provider (or Representative) Date

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

11/13/2025

GOLDEN POND HEALTH INC
EVANS HOME
17629 8TH LANE NE
SHORELINE, WA 98155

RE: EVANS HOME # 495301

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/12/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of expired medications for 1 of 2 sampled residents (Resident 2). This deficiency was corrected during the visit by Staff B, Resident Manager. Staff B moved the expired medication to the locked disposal bin.

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all chemicals and cleaners were locked in storage. This deficiency corrected during the visit by Staff B, Resident Manager.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a 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 deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days

after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225