STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Belen Ortiz and Steven Ortiz
EVERGREEN SPRINGS
14808 SE RIVERCREST DR
VANCOUVER, WA 98683

RE: EVERGREEN SPRINGS # 691601

Dear Provider:

This document references Compliance Determination 30240 (11/21/2023), which included complaint number(s) 98846.

The Department completed a complaint investigation of your Adult Family Home on 11/21/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Priscilla Changa, Nursing Home Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

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

(3) Has basic communication skills to:

(b) Understand and speak English well enough to:

(i) Respond appropriately to emergency situations; and

(ii) Read, understand, and implement resident negotiated care plans;

The home failed to ensure a qualified caregiver had basic communication skills when Staff B Caregiver was unable to read and understand Resident 1's negotiated care plan. The home developed a plan to correct the issue.

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 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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

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 find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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 IDRs** 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 request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Residential Care Services
Investigation Summary Report

Provider/Facility: EVERGREEN SPRINGS **Provider Type:** Adult Family Home
License/Cert.#: 691601
Compliance Determination #: 30240 **Intake ID:** 98846
Investigator: Priscilla Changa **Region/Unit #:** RCS Region 3 / Unit F
Investigation Date(s): 09/28/2023 through 11/21/2023
Complainant Contact Date(s):

Allegation(s):

1) Staff were unable to effectively communicate regarding named residents medications and condition with residents prescriber.
2) Inadequate staffing levels for specialized behavioral support resident.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Residents Caregivers Facility designee Power of Attorney
Record Reviews:	Medical records

Investigation Summary:

1) Observation and interview showed identified staff did not met the basic communication skills requirements. The home developed a plan to address the issue. Failed practice was identified and a consultation was written under WAC-388-76-10135(3).
2) Named resident no longer in the home. Record review and interviews showed the home a plan in place for staffing levels to included 1:1 caregivers for specialized behavioral support residents. Staff reported that 1:1 caregivers times varied based on residents needs. Unable to substantiate failed practice.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A