STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

PETER GUNTER & ANU THAPA
EVERGREEN GARDENS II
1901 SHATTUCK AVE S
RENTON, WA 98055

RE: EVERGREEN GARDENS II License # 752320

Dear Provider:

This letter addresses Compliance Determination(s) 49711 (Completion Date 11/01/2024) and 47412 (Completion Date 09/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2024 and found that you have corrected the violations listed in the Full report dated 09/24/2024. Your home is back in compliance as of 09/23/2024 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 388-76-10380-2, WAC 388-76-10430-2-d, WAC 388-76-10165-2, WAC 388-76-10355-7-a

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, 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

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 09/18/2024 and 09/18/2024 of:

EVERGREEN GARDENS II
1901 SHATTUCK AVE S
RENTON, WA 98055

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Residential Care Services

09/24/2024
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.

Statement of Deficiencies	License #: 752320	Compliance Determination # 47412
Plan of Correction	EVERGREEN GARDENS II	Completion Date
Page 2 of 6	Licensee: PETER GUNTER & ANU THAPA	09/24/2024

Provider (or Representative) — Date: 09/25/2024

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) was updated when the resident no longer used a gastrostomy tube (G-tube [a tube inserted through the belly that brings nutrition directly through the stomach]) for feeding and hydration. This failure placed the resident at risk of unmet care needs.

Findings included...

During the unannounced visit to the AFH on 09/18/2024, between 10:31 AM to 4:57 PM, observation showed Staff B, Co-Provider, and Staff C, Caregiver, interacted and provided care to Resident 2.

Record review of Resident 2's NCP, dated 06/09/2024, directed caregivers to "... crush all meds (medications) and give through (Resident 2's) G-tube".

In an interview on 09/18/2024 at 2:24 PM, Staff B stated that caregivers were to put Resident 2's medications on their mouth and no longer through G-tube as it was removed in 2019. Staff B further stated that they missed in updating Resident 2's NCP to reflect that they no longer had a G-tube.

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, EVERGREEN GARDENS II is or will be in compliance with this law and / or regulation on (Date) 09/19/2024 .

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

Provider (or Representative) _____ Date _____

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(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) was updated when the resident no longer used a gastrostomy tube (G-tube [a tube inserted through the belly that brings nutrition directly through the stomach]) for feeding and hydration. This failure placed the resident at risk of unmet care needs.

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Plan of Correction	EVERGREEN GARDENS II	Completion Date
Page 3 of 6	Licensee: PETER GUNTER & ANU THAPA	09/24/2024

Provider (or Representative) 09/25/2024 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a medication system in place for one of two sampled residents (Resident 2). This failure placed the resident at risk for receiving an expired Simethicone (a medication used to treat the symptoms of gas such as uncomfortable or painful pressure, fullness, and bloating) of which the full potency and safety was compromised.

Findings included...

During the unannounced visit to the AFH, on 09/18/2024 between 10:31 AM to 4:57 PM, observation showed Staff B, Co-Provider, and Staff C, Caregiver, interacted and provided care to Resident 2.

In an interview on 09/18/2024 at 12:12 PM, Staff B stated that Resident 2 received medication administration from staff.

During reconciliation of Resident 2's medication, on 09/18/2024 at 2:35 PM, observation showed one of Resident 2's prescribed medication in the bubble pack (a type of medication packaging in individual blisters to allow users to access the required medicine without accidentally opening other sections) labeled "Simethicone 80 milligram (MG) tablet. Chew and swallow 1 tablet by mouth every six hours as needed for flatulence (gas in the intestine)" had an expiration date of 07/18/2024.

In an interview on 09/18/2024 at 2:35 PM, Staff B stated that they would call the pharmacy for a new medication as they just found out that the above medication was expired.

Attestation Statement

Provider (or Representative) Date

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

Provider (or Representative) 09/25/2024 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, interview and record review, the Adult Family Home (AFH) did not ensure 2 of 4 staff (Staff A and B, Co-Providers) completed a national Fingerprint Background Check (FBGC). This failure placed the residents at risk of receiving care from unqualified staff.

Findings included...

During the unannounced visit to the AFH, on 09/18/2024 between 10:31 AM to 4:57 PM, observation showed Staff B, Co-Provider, interacted and provided care to Residents 1, 2, 3, 4, and 5. Staff A, Co-Provider, was not observed at the time of the visit.

Review of the Department records showed Staff A and B were granted an AFH license to operate on 10/15/2012.

Review of personnel records showed Staff A and B had no FBGC on file.

In an interview on 09/18/2024 at 4:00 PM, Staff B stated that they thought they were grandfathered with the FBGC requirement. Staff B further stated that they never had a FBGC 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, EVERGREEN GARDENS II is or will be in compliance with this law and / or regulation on (Date)_____ .

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Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure 2 of 4 staff (Staff A and B, Co-Providers) completed a national Fingerprint Background Check (FBGC). This failure placed the residents at risk of receiving care from unqualified staff.

Findings included...

During the unannounced visit to the AFH, on 09/18/2024 between 10:31 AM to 4:57 PM, observation showed Staff B, Co-Provider, interacted and provided care to Residents 1, 2, 3, 4, and 5. Staff A, Co-Provider, was not observed at the time of the visit.

Review of the Department records showed Staff A and B were granted an AFH license to operate on 10/15/2012.

Review of personnel records showed Staff A and B had no FBGC on file.

In an interview on 09/18/2024 at 4:00 PM, Staff B stated that they thought they were grandfathered with the FBGC requirement. Staff B further stated that they never had a FBGC done.

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

Provider (or Representative) 09/25/2024 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) included care directives about Resident 1's seizure (a burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements, behaviors, sensations or state of awareness). This failure placed the resident at risk of not receiving proper care and services if the resident experienced seizure attack.

Findings included...

During the unannounced visit to the AFH, on 09/18/2024 between 10:31 AM to 4:57 PM, observation showed Staff B, Co-Provider, and Staff C, Caregiver, interacted and provided care to Resident 1.

Record review of Resident 1's assessment, dated 01/11/2024, included but not limited to a diagnosis of [redacted].

Record review of Resident 1's NCP dated 06/16/2024 did not include staff directives on what to do if Resident 1 had a Seizure attack.

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, EVERGREEN GARDENS II 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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Findings included...

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Record review of Resident 1's assessment, dated 01/11/2024, included but not limited to a diagnosis of [redacted].

Record review of Resident 1's NCP dated 06/16/2024 did not include staff directives on what to do if Resident 1 had a Seizure attack.

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In an interview on 09/18/2024 at 1:42 PM, Staff B stated that they were aware of Resident 1's history of seizure but it was not included in the NCP because Resident 1 did not have a seizure since admitted to the AFH.

Attestation Statement

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Provider (or Representative) 09/25/2024 Date

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_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/25/2024

PETER GUNTER & ANU THAPA
EVERGREEN GARDENS II
1901 SHATTUCK AVE S
RENTON, WA 98055

RE: EVERGREEN GARDENS II # 752320

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/24/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

During the tour of the Adult Family Home (AFH) on 09/18/2024 at 1:21 PM, observation showed the emergency evacuation floor plan was not posted on the lower level of the home. The AFH immediately posted the emergency evacuation floor plan before the visit ended.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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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 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