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

EVERGREEN SENIOR CARE LLC
EVERGREEN SENIOR CARE LLC
11605 4TH AVE SW
SEATTLE, WA 98146

RE: EVERGREEN SENIOR CARE LLC License # 752511

Dear Provider:

This letter addresses Compliance Determination(s) 31129 (Completion Date 10/16/2023) and 28464 (Completion Date 09/14/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2023 and found that you have corrected the violations listed in the Complaint report dated 09/14/2023. Your home is back in compliance as of 09/25/2023 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 388-76-10220-1, WAC 388-76-10220-2, WAC 388-76-10220-3, WAC 388-76-10220

The Department staff who did the on-site verification:
Ywen Dah Liou, AFH Complaint Investigator

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** EVERGREEN SENIOR CARE LLC
**License/Cert.#:** 752511
**Compliance Determination #:** 28464
**Investigator:** Ywen Dah Liou
**Provider Type:** Adult Family Home
**Intake ID:** 93274
**Region/Unit #:** RCS Region 2 / Unit K
**Investigation Date(s):** 08/22/2023 through 09/14/2023
**Complainant Contact Date(s):** 08/21/2023

**Allegation(s):**

1. Named Resident (NR) of the Adult Family Home (AFH) had physical injuries.
2. The AFH was not compliant with NR's medical orders.
3. The AFH did not report NR's physical injury and relevant incidents to designated personnel.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 6<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Resident care equipment<br>Resident rooms<br>Staff to resident interactions<br>Medication administration |
| **Interviews:** | Identified resident<br>Identified staff<br>Residents<br>Family members<br>Healthcare providers |
| **Record Reviews:** | Medical records<br>Facility policies<br>Personnel files<br>Staff training records<br>Assessments<br>Negotiated care plan<br>Face sheets<br>Background checks |

**Investigation Summary:**

1. Observations showed that NR had a significant physical injury. Interviews indicated that the AFH failed to implement AFH policy and procedures to address NR's physical

injury. Record reviews exhibited that the AFH failed to document NR's incident as required by the department's codes. A failed practice identified.
2. Observations showed that NR had care and services which were ordered by designated healthcare providers. Interviews indicated that AFH provider/staff were complaint with medical orders of NR's designated healthcare providers. Record reviews exhibited that the AFH had medical orders, revised negotiated care plan, and updated medication administration records. No failed practice identified.
3. Interviews indicated that AFH provider informed major health change of NR to their family representative immediately. Record reviews exhibited that other designated personnel of NR were informed about NR's physical injury. No failed practices identified.

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**Conclusion / Action:**

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** EVERGREEN SENIOR CARE LLC
**License/Cert.#:** 752511
**Compliance Determination #:** 28464
**Investigator:** Ywen Dah Liou
**Provider Type:** Adult Family Home
**Intake ID:** 96620
**Region/Unit #:** RCS Region 2 / Unit K
**Investigation Date(s):** 08/22/2023 through 09/14/2023
**Complainant Contact Date(s):** 09/05/2023, 09/13/2023, 09/14/2023

**Allegation(s):**

1. Named Resident (NR) of the Adult Family Home (AFH) had physical injuries.
2. The AFH was not compliant with NR's medical orders.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 6<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Resident care equipment<br>Resident rooms<br>Staff to resident interactions<br>Medication administration |
| **Interviews:** | Identified resident<br>Identified staff<br>Residents<br>Family members<br>Healthcare providers |
| **Record Reviews:** | Medical records<br>Facility policies<br>Personnel files<br>Staff training records<br>Assessments<br>Negotiated care plan<br>Face sheets<br>Background checks |

**Investigation Summary:**

1. Observations showed that NR had a significant physical injury. Interviews indicated that the AFH failed to implement AFH policy and procedures to address NR's physical injury. Record reviews exhibited that the AFH failed to document NR's incident as required by the department's codes. A failed practice identified.

2. Observations showed that NR had care and services which were ordered by designated healthcare providers. Interviews indicated that AFH provider/staff were complaint with medical orders of NR's designated healthcare providers. Record reviews exhibited that the AFH had medical orders, revised negotiated care plan, and updated medication administration records. No failed practice identified.

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**Conclusion / Action:**

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

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 an unannounced on-site complaint investigation on 08/22/2023 and 08/22/2023 of:

EVERGREEN SENIOR CARE LLC
11605 4TH AVE SW
SEATTLE, WA 98146

This document references the following complaint number(s): 93274, 96620

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Ywen Dah Liou, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

Ann Lee-hunter — Residential Care Services

09/15/2023 — 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: 09/25/2023.

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

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to document significant injury for 1 of 6 residents (Resident 4). This failure placed 1 of 6 residents (Resident 4) at risk for unidentified patterns of unmet care needs.

Findings included...

The review of Resident 4's medical record titled, "After Visit Summary," dated on [redacted]/2023, exhibited that Resident 4 admitted to a medical center. Resident 4 was diagnosed with [redacted].

Review of AFH record titled, "Safety Training and Orientation for all Staff," dated on 09/14/2023, exhibited that if a resident has medical emergency, AFH staff document the incident on the incident binder, provider book, and the daily progress notes.

Review of AFH records exhibited that the AFH did not document Resident 4's incident on the incident binder, provider book and the daily progress notes.

An observation on 08/22/2023 at 12:23 PM, showed Resident 4 had a sling on left arm.

During an interview with Staff A (Provider) on 08/22/2023 at 1:30 PM, stated that they did not document Resident 4's incident on [redacted]/2023. Staff A stated that they were informed from Staff D (Caregiver) about Resident 4's acute pain on left shoulder on [redacted]/2023. Staff A stated that they found a bruise on left shoulder.

During an interview with Staff D (Caregiver) on 08/22/2023 at 2:15 PM stated that Resident 4 reported pain to left shoulder on [redacted]/2023. Staff D stated that they did not document Resident 4's incident.

**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 SENIOR CARE LLC is or will be in compliance with this law and / or regulation on (Date) 09/25/2025 .

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

Provider (or Representative) — Date: 09/25/2023.