STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

October 24, 2023

ELECTRONIC-FACSIMILE

Administrator
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

Assisted Living Facility License #**1169**
Licensee: VAN-INN II, INC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On October 17, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **EVERGREEN INN, THE,** located at **500 MAIN ST, VANCOUVER,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated October 17, 2023**.**

Civil Fines

WAC 388-78A-2320 (1)(b) Intermittent nursing services systems. $400.00

The licensee failed to ensure a registered nurse (RN) had delegated, supervised, and evaluated at least weekly for the first 4 weeks, nursing tasks to five Medication Aides/Technicians who administered insulin injections to two residents. This failure placed both residents at risk for harm due to untrained and unsupervised care staff.

This is an uncorrected deficiency previously cited on August 22, 2023.

WAC 388-78A-24642 (1)(2)(3) Background checks—National fingerprint background check. **$200.00**

The licensee failed to complete and/or document a national fingerprint background check for two staff. This failure placed all residents at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

This is an uncorrected deficiency previously cited on August 22, 2023.

WAC 388-78A-2230 (1)(c)(i)(ii) Medication refusal. **$200.00**

The licensee failed to evaluate or take action when one resident repeatedly refused prescribed medications. This failure placed the resident at risk of harm from adverse reaction due to medications not being given as prescribed.

This is an uncorrected deficiency previously cited on August 22, 2023.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Michael Burdick, Field Manager
Region 3, Unit I
800 NE 136th Ave Suite 220
Vancouver, WA 98684
Phone: (360) 450-1218/ Fax: (360) 992-7969
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$800.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Michael Burdick, Field Manager, at (360) 450-1218.

Sincerely,

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit I
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
JB