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

VAN-INN II, INC
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

RE: EVERGREEN INN, THE License # 1169

Dear Administrator:

This letter addresses Compliance Determination(s) 33224 (Completion Date 11/30/2023) and 30748 (Completion Date 10/17/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/30/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320-1-b, WAC 388-78A-24642-1, WAC 388-78A-24642-2, WAC 388-78A-24642-3, WAC 388-78A-24642, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-1-c

The Department staff who did the on-site verification:
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

If you have any questions, please contact me at (360)450-1218.

Sincerely,

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

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

Statement of Deficiencies	License #: 1169	Compliance Determination #:30748
Plan of Correction	EVERGREEN INN, THE	Completion Date
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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 10/09/2023 and 10/17/2023 of:
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

This document references the following SOD dated: 10/17/2023

The following sample was selected for review during the unannounced on-site visit: 6 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Nikki Orire
Residential Care Services

10/24/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) Date 10/26/2023

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had delegated, supervised, and evaluated at least weekly for the first 4 weeks nursing tasks to 5 Medication Aides/Technicians (Staff B, G, I, J and Former Staff 3) who administered insulin injections to 2 of 3 residents (Resident 1 [R1] and Resident 5 [R5]). This failure placed R1 and R5 at risk for harm due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930 Criteria for delegation:
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

During an unannounced follow up revisit on 10/10/2023 at 6:57 AM, the department requested nurse delegation records for R1 and R5 from Staff A, Executive Director.

During an interview on 10/16/2023 at 11:00 AM, Staff A stated that R1 and R5 are independent with insulin injections but there are days where staff will administer insulin to R1 and R5.

Review of R1 and R5's MAR's dated, 09/01/2023 – 09/30/2023, showed that Staff B, G, I, J and Former Staff 3 had signed for administering insulin injections for the month.

Review of R1's nurse delegation nursing visit dated 08/03/2023, showed medication aides, Staff B, C, G, I, and K were evaluated to administer insulin injections to R1. No documentation was found that showed Staff J and Former Staff 3 had been evaluated to administer insulin injections to R1 or that any staff had been supervised and evaluated weekly as required for the first four weeks to administer insulin injections to R1.

Review of R5's nurse delegation nursing visit dated 08/03/2023, showed Staff B, C, I, G and K were evaluated to administer insulin injections to R5. No documentation was found that showed Staff J and Former Staff 3 had been evaluated to administer insulin injections to R5 or that any staff had been supervised and evaluated weekly for the first four weeks to administer insulin injections to R5.

On 10/17/2023 at 12:45 PM, no additional documentation was provided by Staff A to show that Staff B, G, I, J and former Staff 3 were delegated weekly for the first four weeks to administer insulin injections to R1 and R5.

This is an uncorrected deficiency previously cited on 08/22/2023.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 11/10/23.

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

Vany Luhoo AD Director
Administrator (or Representative)

10/24/2023
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a national fingerprint background check for 2 of 3 sampled staff (Staff E, and F). 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).

Findings included...

During an unannounced follow up visit on 10/10/2023 at 6:57 AM, the department requested staff records from Staff A, Executive Director.

Record review for Staff E, Housekeeper, showed that Staff E was hired on 02/27/2023. Documentation of a national fingerprint background check was not available for Staff E.

Record review for Staff F, Certified Nursing Assistant, showed that Staff F was hired on 12/02/2022. Documentation of a national fingerprint background check was not available for Staff F.

On 10/16/2023, at 11:00 AM, no additional documentation of a national fingerprint background check had been received by the department for Staff E or F.

In an exit interview on 10/16/2023 at 11:00 AM, Staff A acknowledged that the national fingerprint background checks were not documented in the staff personnel files for Staff E and F.

This is an uncorrected deficiency previously cited on 08/22/2023

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 11/10/23.

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

Kelly Lufkin Director — Administrator (or Representative)

10/26/23 — Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

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(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to evaluate or take action when 1 of 4 sampled residents (Resident 5) repeatedly refused prescribed medications. This failure placed this resident at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

During an unannounced licensing follow up revisit on 10/10/2023 at 1:32 PM, R5's records showed that R5 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted]

Review of R5's medication administration record (MAR) dated 09/01/2023 – 09/30/2023 showed that R5 refused capillary blood glucose (CBG) checks and insulin injections 20 times that month. It also showed that R5 refused their Torsemide, a medication used to remove excess water from the body, four days in a row and then again, a day later.

Review of faxed medication refusal forms for R5 from September showed that the facility faxed the refusal forms to R5's doctor. No documentation was found confirming R5's doctor had received the faxes or responded to the faxes. No other documentation was provided to the department to show that evaluation or any other action was taken.

In an email communication on 10/16/2023 at 6:09 PM, Staff A, Executive Director, stated that they had a follow up call with R5's physician's office and were informed by Collateral Contact 1, Medical Assistant, that their office had not received any of the faxes of R5's medication refusals. Staff A also stated that Collateral Contact 2, Nurse Practitioner, would like to be notified of R5's medicaton refusals and would need to see R5 to discuss medication compliance.

This is an uncorrected deficiency previously cited on 08/22/2023.

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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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 11/10/23.

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

Administrator (or Representative) — Date: 10/26/2023

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/31/2023 and 08/08/2023 of:
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

The following sample was selected for review during the unannounced on-site visit: 11 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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 — 08.22.2023 Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 1169	Compliance Determination # 28386
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Kerry [illegible] Executive Director — Administrator (or Representative)

8/24/23 — Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had delegated nursing tasks as required when 8 Medication Aides/Technicians (Staff B, C, D, G, H, I and Former Staff 1 and 2) administered insulin injections to 3 of 3 residents (Resident 1, Resident 3 and Resident 5) and were not supervised and evaluated at least weekly for the first four weeks and/or every 90 days. This failure placed these three residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation:
IMPLEMENT
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).
EVALUATE
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Resident 1 (R1)
During an unannounced licensing full inspection on 07/31/2023 at 1:10 PM, R1's records showed that R1 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]

Review of R1's medication administration record's (MAR), dated 05/01/2023 – 07/31/2023, showed that Staff B, C, D, G, H, I and Former Staff 1 and 2 had administered insulin injections to R1.

During an interview on 08/01/2023, at 10:05 AM, R1 stated that staff must administer their insulin injections due to R1's hands shaking too much.

Review of R1's nurse delegation documentation showed a nurse delegation nursing visit, dated 05/20/2023, with delegated tasks for capillary blood glucose (CBG) checks and insulin injections for Staff B, C, D, and G. No other nursing visits were found to show that these four staff were evaluated and supervised to administer insulin injections weekly for the first four weeks of delegation.

Review of R1's nurse delegation documentation showed no nursing visits where Staff H and I as well as former Staff 1 and 2 were delegated to administer CBG checks and insulin injections to R1.

Resident 3 (R3)
On 07/31/2023 at 2:30 PM, R3's records showed that R3 admitted to the facility on [redacted]/2012 with various diagnoses including [redacted]

Review of R3's MAR's, dated 05/01/2023 – 07/31/2023, showed that Staff B, C, D, G, H, I and Former Staff 1 and 2 had administered insulin injections to R3.

During an interview on 07/31/2023, at 10:40 AM, Staff D stated that staff administer R3's insulin injections for them.

Review of R3's nurse delegation documentation showed no current nurse delegation nursing visit within the last 90 days. Nurse delegation nursing visit, dated 02/23/2023, showed delegated tasks for CBGs and insulin injections for Staff B, C, and D. No other nursing visits were found to show that these three staff were evaluated and supervised to administer insulin injections weekly for the first four weeks of delegation.

Review of R3's nurse delegation documentation showed no nursing visits where Staff G, H, and I as well as former Staff 1 and 2 were delegated to administer CBG checks and insulin

injections to R3.

Resident 5 (R5)
On 08/01/2023 at 11:00 AM, R5's records showed that R5 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted]

Review of R5's MAR's, dated 05/01/2023 – 07/31/2023, showed that Staff B, C, D, G, H, I and Former Staff 1 and 2 had administered insulin injections to R5.

During an interview on 07/31/2023, at 10:40 AM, Staff D stated that staff administer R5's insulin injections for them.

During an interview on 07/31/2023, at 1:00 PM, R5 stated that due to their eyesight, staff must administer their insulin injections for them.

Review of R5's nurse delegation documentation showed a nurse delegation nursing visit, dated 05/03/2023, with delegated tasks for CBG checks and insulin injections for Staff B, C, D, and G. No other nursing visits were found to show that these four staff were evaluated and supervised to administer insulin injections weekly for the first four weeks of delegation.

Review of R5's nurse delegation documentation showed no nursing visits where Staff H and I as well as former Staff 1 and 2 were delegated to administer CBG checks and insulin injections to R5.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A, Executive Director, acknowledged that nurse delegation documentation for R1, R3, and R5 lacked the requirements to meet WAC 246-840-930.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/31/23.

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

Administrator (or Representative) [signature] Date 8/24/23

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WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a national fingerprint background check for 3 of 6 sampled staff (Staff A, E, and F). This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 08/02/2023 at 10:00 AM, the department received the requested staff records from Staff A, Executive Director.

Record review for Staff A showed that Staff A was hired on 06/05/1996. Documentation of a national fingerprint background check was not found for Staff A.

Record review for Staff E, Housekeeper, showed that Staff E was hired on 02/27/2023. Documentation of a national fingerprint background check was not found for Staff E.

Record review for Staff F, Certified Nursing Assistant, showed that Staff F was hired on 12/02/2022. Documentation of a national fingerprint background check was not found for Staff F.

On 08/08/2023, at 10:00 AM, no additional documentation of a national fingerprint background check had been received by the department for Staff A, E, or F.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A acknowledged that the national fingerprint background checks were not documented in the staff personnel files for Staff A, E, and F.

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Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/31/23 .

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

Administrator (or Representative) — Date: 8/24/23

WAC 388-78A-24641 Background checks Washington state name and date of birth background check. Unless the individual is eligible for an exception under WAC 388-113-0040 , if the results of the Washington state name and date of birth background check indicate the person has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action under WAC 388-78A-2470 , then the assisted living facility must:

(1) Not employ, directly or by contract, a caregiver, administrator, or staff person; and

(2) Not allow a volunteer or student to have unsupervised access to residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a Washington state name and date of birth background check for 1 of 6 sampled staff (Staff E). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 08/02/2023 at 10:00 AM, the department received the requested staff records from Staff A, Executive Director.

Record review for Staff E, Housekeeper, showed that Staff E was hired on 02/27/2023. Documentation of a Washington State name and date of birth background check was not found for Staff E.

On 08/08/2023 at 10:00 AM, no additional documentation of a Washington State name and date of birth background check had been received by the department for Staff E.

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In an exit interview on 08/08/2023 at 10:00 AM, Staff A acknowledged that the Washington State name and date of birth background check was not documented in the staff personnel file for Staff E.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) ~~8/24/23~~ 8/24/23.

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

Administrator (or Representative) — Date: 8/24/23

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 2 of 11 sampled residents (Resident 2 and 6). This failure placed this resident at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

Resident 2 (R2)
During an unannounced licensing full inspection on 07/31/2023 at 2:08 PM, R2's records showed that R2 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]

Review of R2's medication administration record's (MAR) dated showed that Benztropine 1 milligram (mg) (a medication to improve muscle control and reduce stiffness) was not given from 05/15/2023 – 05/20/2023 and then again on 05/22/2023. It was documented not given due to the medication being unavailable. The MAR's also showed that Metoprolol 25 mg (a medication to treat high blood pressure) was not given on 06/02/2023, 06/04/2023, 06/06/2023 – 06/09/2023, 06/11/2023, and 06/15/2023 – 06/21/2023. It was documented not given due to the medication being unavailable.

Review of R2's observation log showed no documentation regarding the medications being unavailable or that actions were taken to obtain the medications in a correct and timely manner.

Resident 6 (R6)
During an unannounced licensing full inspection on 08/01/2023 at 10:30 AM, R6's records showed that R6 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted]

Review of R6's MAR's, dated 05/01/2023 – 07/31/2023, showed that Hydroxyzine 25 mg (a sleep aid) was not given from 06/03/2023 – 06/21/2023 due to the medication not being available. The MAR's also showed that Venlafaxine 150 mg (a mood stabilizer) was not given from 06/12/2023 – 06/17/2023, and again from 06/19/2023 – 06/20/2023. It was documented that the medication was not given due to the medication being unavailable.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A, Executive Director, acknowledged that these medications for R2 and R6 were not obtained in a correct and timely manner.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/31/2023 .

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

Kenny Hughes
Administrator (or Representative)

8/24/23
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 3 sampled staff (Staff F) had updated first aid and cardiac pulmonary resuscitation (CPR) training certifications. This failure placed all residents at risk for emergency care being provided by untrained staff.

Findings included...

During an unannounced licensing inspection on 08/02/2023 at 10:00 AM, the department received the requested staff records from Staff A, Executive Director.

Record review for Staff F, Caregiver, showed that Staff F was hired on 05/24/2023. No first aid/CPR certification was found in the staff personnel file for Staff F.

On 08/08/2023 at 10:00 AM, no additional documentation for first aid/CPR was provided to the department for Staff F.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A acknowledged that the first aid/CPR certification was not documented in the employee file for Staff F.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8a 9/2/23 KM 8/24/2023

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

Kenny Lyhan — Administrator (or Representative)

8/24/23 — Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a change of

condition assessment was completed for 1 of 9 sampled residents (Resident 5 [R5]) when they no longer could self-administer insulin injections. This failure placed this resident at risk of harm due to proper care needs not being met.

Findings included...

During an unannounced licensing full inspection on 08/01/2023 at 11:00 AM, R5's records showed that R5 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted]

During an interview on 07/31/2023 at 1:00 PM, R5 stated that due to their eyesight, staff must administer the insulin for them.

Review of R5's records showed an assessment, dated 08/09/2022, documenting R5's ability to self-administer insulin injections.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A, Executive Director, confirmed that staff administer insulin injections to R5 and acknowledged that the assessment dated 08/09/2022 was the most current assessment for R5 and did not document R5 requiring staff to administer insulin injections.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/24/2023 .

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

Administrator (or Representative) — Date: 8/24/2023

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication service when 3 of 4 residents (Resident 12, 13, and 14) had expired medications not removed from the medication cart. Also, 1 of 3 residents (Resident 12) was administered an expired medication. This failure placed these residents at risk of harm from adverse reactions due to medications being expired.

Findings included...

During an unannounced licensing inspection on 08/02/2023 at 12:30 PM, the department conducted a medication cart review. Review of the locked narcotics drawer showed 3 expired medication packs.

Resident 12 (R12)
Review of a medication pack named Tylenol Codeine #3 (a narcotic pain medication) for R12 showed an expiration date of 07/05/2023.

Review of the narcotics count book showed that R12 was given Tylenol Codeine #3 on 07/16/2023.

Resident 13 (R13)
Review of a medication pack named Tramadol HCL 50 milligrams (mg) (pain medication) for R13 showed an expiration date of 06/22/2023.

Resident 14 (R14)
Review of medication pack named Lorazepam 1 mg (medication to treat anxiety) for R14 showed an expiration date of 07/18/2023.

During an interview on 08/02/2023, at 12:30 PM, with Staff C. Medication Aide/Tech, they acknowledged that the named medications were expired and that they would notify Staff A, Executive Director.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A, Executive Director, acknowledged that medications were expired and that R12 was given an expired medication.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1169	Compliance Determination # 28386
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page of 13	Licensee: VAN-INN II, INC	08/17/2023

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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/24/23 .

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

Administrator (or Representative) 8/24/23 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that appropriate actions were taken when 1 of 11 sampled residents (Resident 5) repeatedly refused prescribed medications. This failure placed this resident at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

During an unannounced licensing full inspection on 08/01/2023 at 11:00 AM, R5's records showed that R5 admitted to the facility on [redacted]/2014 with various diagnoses including [redacted]

Review of R5's medication administration record (MAR) dated 05/01/2023 – 07/31/2023 showed that R5 refused capillary blood glucose (CBG) checks 13 times in May, 19 times in June, and 18 times in July. It also showed that R5 refused their insulin injections 14 times in May, 19 times in June, and 18 times in July.

Statement of Deficiencies	License #: 1169	Compliance Determination # 28386
Plan of Correction	EVERGREEN INN, THE	Completion Date
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Review of R5's observation log date 05/01/2023 – 07/31/2023 showed no documentation of R5's refusal or actions taken by the facility.

Per the facility policy title 10: "Medication Refusal, dated 02/17/2021, stated "when a resident refused his/her medication the Medication Aid on duty will notify prescribing physician via fax."

Review of R5's doctor's orders/communications, showed no documentation of communication regarding the repeated refusals of CBG checks or insulin administration to R5.

In an exit interview on 08/08/2023 at 10:00 AM, Staff A, Executive Director, acknowledged that the resident records lacked documentation and communication of R5's medication refusals.

Plan/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 INN, THE is or will be in compliance with this law and / or regulation on (Date) 8/24/2023 .

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

Kerry [illegible] 8/24/2023

Administrator (or Representative) Date

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

08/22/2023

VAN-INN II, INC
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

RE: EVERGREEN INN, THE # 1169

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/17/2023 and found that your facility does not meet the Assisted Living Facility 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 your program 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:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• 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 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

Facility failed to ensure all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents always had hot water between 105 – 120 degrees Fahrenheit. The facility adjusted the hot water temperature to be between 105 – 120 degrees Fahrenheit during the licensing full inspection.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

Facility failed to ensure that all pets had been certified by a veterinarian to be free of diseases transmittable to humans. During the licensing full inspection, the facility had obtained current vaccinations records for the pets that were not up to date on vaccinations.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

Facility failed to have documentation of 3 of 3 sampled staff's (Staff D, E, and F) two step tuberculosis (TB) testing in their staff personnel files. Prior to the exit, the facility had provided documentation that these three sampled staff had completed their two step TB testing within the required timeframe

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:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

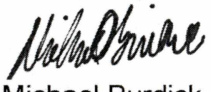
- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,



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

Enclosure