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

11/07/2025

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

RE: EVERGREEN INN, THE # 1169

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68380 (Completion Date 11/07/2025) and 65407 (Completion Date 09/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/07/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400

. Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

(2) The remainder of this chapter describes the training and certification requirements in more detail.

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560 ;

(c) Assisted living facility (ALF) administrator training under WAC 388-78A-2521 .

The Department staff who did the Off Site verification:
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit E
Residential Care Services

360 992-7669

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 off-site follow-up on 09/10/2025 and 09/18/2025 of:

EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

This document references the following SOD dated: 09/18/2025

The following sample was selected for review during the unannounced off-site verification: 5 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

As a result of the off-site verification(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.

Clinton Fridley
Residential Care Services

09/26/2025
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.

Kelly Ramsey RN, COP
Administrator (or Representative)

9/30/2025
Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

(2) The remainder of this chapter describes the training and certification requirements in more detail.

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560 ;

(c) Assisted living facility (ALF) administrator training under WAC 388-78A-2521 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 4 sampled staff (Staff G) had the required training and certification to work in an assisted living facility (ALF) when these Universal Caregivers had been caring for residents outside of the 200-day requirement per regulation. This failure placed all residents at risk for harm due to untrained and unqualified staff.

Findings included...

During an unannounced licensing full inspection follow up on 09/11/2025 at 9:07 AM, the department received requested staff documents.

Staff G

Record review for Staff G, Universal Caregiver, showed that Staff G was hired on 05/09/2022. No documentation was found to show that Staff G had a current Department of Health (DOH) license to work in an ALF.

On 09/11/2025 at 1:01 PM, the department informed Staff A, Executive Director, that the DOH credentials for Staff G had not been received.

On 09/15/2025 at 10:59 AM, the department requested the DOH credentials for Staff G again.

At 11:12 AM, the department received documentation that Staff G had a pending nursing assistant registration (NAR) credential.

At 12:30 PM, Staff A confirmed that Staff G had not yet been enrolled in an HCA program.

On 09/18/2025 at 3:33 PM, Staff A acknowledged that the facility was still out of compliance for Staff G.

This is an uncorrected deficiency previously cited on 07/30/2025 for subsection (1)(a)(i) and (1)(a)(iii)
.

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) ~~11/4/2025~~ 11/2/2025. KR

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

Kelly Ramsey RN, CDP — Administrator (or Representative)

9/30/2025 — 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

Statement of Deficiencies	License #: 1169	Compliance Determination # 63007
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 1 of 12	Licensee: VAN-INN II, INC	07/30/2025

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 07/23/2025 and 07/25/2025 of:
EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

The following sample was selected for review during the unannounced on-site visit: 9 of 82 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

Statement of Deficiencies	License #: 1169	Compliance Determination # 63007
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 2 of 12	Licensee: VAN-INN II, INC	07/30/2025

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.

Clinton Fridley
Residential Care Services

08/01/2025
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.

Kelly Romy AD
Administrator (or Representative)

8/01/25
Date

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.

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 services when 3 of 9 residents (Resident 2, 3, and 8) missed medications due to refusals and/or non-availability, lack of communication with the physicians, and not following up to obtain medications in a timely manner. The facility also failed to ensure staff were documenting doses not given per facility policy. These failures placed Resident 2, Resident 3 and Resident 8 at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

Review of the facility's undated policy titled, "Medication Administration System – WA" under the documentation section, states, "Documenting 'dose not given' on the eMAR [electronic medication administration record] should indicate doses not given. An explanation as to why the medication was not given, observations, and notification to the nurse, primary care provider and/or mental health provider is documented in the notes section of the eMAR."

Resident 2 (R2)

During an unannounced full licensing inspection on 7/24/2025 at 11:00 AM, R2's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Record review of R2's medication administration records (MAR), dated 05/01/2025 through 07/23/2025, showed that R2 refused their insulin 17 times in May, 46 times in June, and 41 times in July.

Record review of the notes section of the MARs, dated 05/01/2025 through 07/23/2025, showed no documentation of observations or notification to R2's physician regarding the missed insulin doses.

Review of R2's records showed two faxes to R2's physician regarding missed, refused, or other medication issues. On 06/30/2025 at 10:30 PM, the form notified the physician that R2 did not receive the 6:00 PM and 10:00 PM doses of insulin stating, "Resident did not remember BG (blood glucose) around dinner time. Resident has been not taking insulin prior to dinner or at night time due to resident saying 'my blood sugar drops too low at night.'" On 07/01/2025 at 10:58 AM, the physician responded with, "Please ask facility to provide blood glucose log and repeat A1C (a blood test to show blood glucose levels over a period of time) please."

On 07/20/2025 at 10:46 PM, the missed, refused, or other medication issue form was sent to R2's physician to notify them that R2 did not receive the 6:00 PM and 10:00 PM doses of insulin stating, "Resident states they do not like to take insulin in the evening due to her sugars dropping low at night." On 07/21/2025 at 2:07 PM, R2's physician responded with, "Would facility be willing to do long acting in the morning instead? It is not typical but it would at least get it in her."

No other documentation was found or provided to show that R2's physician was aware of all the other missed doses of insulin from 05/01/2025 through 07/22/2025.

Resident 3 (R3)

On 07/23/2025 at 12:40 PM, R3's records showed that they were admitted to the facility on [redacted]/2012 with various diagnoses including [redacted] and [redacted].

Record review of R3's MARs, dated 04/01/2025 through 07/22/2025, showed the following medications not given due to the medication being unavailable:
• Jardiance (a medication to treat diabetes) not given on 04/01/2025, 04/04/2025, 04/06/2025, 04/11/2025 and 04/13/2025.

• Finasteride (a medication to treat an enlarged prostate) not given on 04/09/2025 through 04/14/2025, 04/16/2025 and 04/19/2025.
• Furosemide (a diuretic to treat fluid overload) not given on 04/09/2025 through 04/13/2025.
• Potassium chloride (a supplement) not given on 04/10/2025 through 04/14/2025, 04/16/2025 and 04/19/2025.
• Digoxin (a medication for the heart) not given on 04/04/2025 and 04/06/2025.

Review of R3's records showed two faxes to R3's physician regarding missed, refused, or other medication issues. On 04/13/2025 at 3:00 PM, the form notified the physician that finasteride, furosemide, Jardiance, and potassium were missed on 04/13/2025 at 8:00 AM stating, "Waiting on delivery to be filled by pharmacy."

On 04/16/2025 at 3:00 PM, the form notified R3's physician that finasteride and potassium chloride were missed on 04/16/2025 at 8:00 AM stating, "Waiting for pharmacy to deliver."

Review of R3's records showed no additional documentation notifying the physician of all the other missed medications. No documentation was found or provided to show that additional actions were taken to obtain the unavailable medications in a timely manner.

On 07/25/2025 at 2:30 PM, Staff A, Executive Director, acknowledged that the expectation at the facility for unavailable medications for the residents is that they should not be unavailable for more than three days.

Resident 8 (R8)

On 07/23/2025 at 12:00 PM, R8's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R8's MARs, dated 04/01/2025 through 07/23/2025, showed that R8 refused their insulin 23 times in April, 30 times in May, 27 times in June, and nine times in July.

Review of the observation log for R8, dated 04/23/2025 through 07/22/2025, showed communication with R8's physician about insulin refusals on 05/06/2025 and 05/29/2025. No other communication between the facility and R8's physician was documented and/or provided for R8's insulin refusals.

On 07/25/2025 at 3:15 PM, Staff A acknowledged that the facility was not documenting per facility policy, that there was a lack of documentation and/or communication between the facility and R2, R3 and R8's physicians regarding all missed medications, and failure of obtaining medications in a timely manner.

Statement of Deficiencies	License #: 1169	Compliance Determination # 63007
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 5 of 12	Licensee: VAN-INN II, INC	07/30/2025

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) 8/18/25 .

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

Administrator (or Representative) Kerry Ramey RS Date 8/6/25

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background check per regulations for 2 of 5 sampled staff (Staff D and G). 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...

Staff D

Record review for Staff D, Universal Caregiver, showed that Staff D was hired on 01/31/2024. No documentation was found to show that Staff D had a current Washington State name and date of birth background check.

Staff G

Record review for Staff G, Universal Caregiver, showed that Staff G was hired on 05/09/2022. No documentation was found to show that Staff G had a current Washington State name and date of birth background check.

Statement of Deficiencies	License #: 1169	Compliance Determination # 63007
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 6 of 12	Licensee: VAN-INN II, INC	07/30/2025

On 07/25/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that a current Washington State name and date of birth background check was not found for Staff D and G.

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) 8/18/25

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

Kerry Knight PhD — 8/6/25

Administrator (or Representative) — 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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 sampled staff (Staff D and E) had completed and/or had documentation of them completing their required training per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection on 07/23/2025 at 12:40 PM, the department received the requested staff documents.

Staff D

Record review for Staff D, Universal Caregiver, showed that Staff D was hired on 01/31/2024. No documentation was found to show that specialty training was completed for Staff D.

Staff E

Record review for Staff E, Medication Aide, showed that Staff E was hired on 01/10/2024. No documentation was found to show that specialty training was completed for Staff E.

On 07/25/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that Staff D and E did not have documented specialty training on file.

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) 9/1/25 .

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

Kerry Ramsey AJ — Administrator (or Representative)

8/6/25 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 1 of 9 sampled residents (Resident 2). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 2 (R2)

During an unannounced full licensing inspection on 7/24/2025 at 11:00 AM, R2's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Review of the facilities resident characteristics roster showed that R2 utilizes a medical device.

Record review of R2's assessments showed a side rail assessment completed 06/26/2025.

Record review of R2's NSA, dated 05/16/2024, showed no documentation that R2 utilizes side rails.

On 07/25/2025 at 12:45 PM, Staff A, Executive Director, confirmed that R2 utilizes side rails.

On 07/25/2025 at 3:15 PM, Staff A acknowledged that side rails were not documented in R2's NSA.

Statement of Deficiencies	License #: 1169	Compliance Determination # 63007
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 9 of 12	Licensee: VAN-INN II, INC	07/30/2025

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) 8/8/25.

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

Administrator (or Representative) Kelly Ramirez Date 8/4/25

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in

subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

(2) The remainder of this chapter describes the training and certification requirements in more detail.

(3) The following training requirements are not listed in the charts in subsection (1) of this section but are required under this chapter:

(a) First aid and CPR under WAC 388-112A-0720 ;

(b) Nurse delegation under WAC 388-112A-0500 and 388-112A-0560 ;

(c) Assisted living facility (ALF) administrator training under WAC 388-78A-2521 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 3 of 5 sampled staff (Staff D, F, and G) had the required training and certification to work in an assisted living facility (ALF) when these Universal Caregivers had been caring for residents outside of the 200-day requirement per regulation. This failure placed all residents at risk for harm due to untrained and unqualified staff.

Findings included...

Staff D

Record review for Staff D, Universal Caregiver, showed that Staff D was hired on 01/31/2024. No documentation was found to show that Staff D had a current Department of Health (DOH) license to work in an ALF.

Staff F

Record review for Staff F, Universal Caregiver, showed that Staff F was hired on 06/26/2024. No documentation was found to show that Staff F had a current DOH license to work in an ALF.

Staff G

Record review for Staff G, Universal Caregiver, showed that Staff G was hired on

05/09/2022. No documentation was found to show that Staff G had a current DOH license to work in an ALF.

On 07/25/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that credentials were not found for Staff D, F, and G.

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) 9/1/25 .

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

Kelly Ramsey RN — Administrator (or Representative)

8/6/25 — Date

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:

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing per regulation for 1 of 3 sampled staff (Staff F).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 07/23/2025 at 12:40 PM, the department received the requested staff documents.

Staff F

Record review for Staff F, Universal Caregiver showed that Staff F was hired on 06/26/2024. Review of Staff F's TB testing records showed that their first step TB skin test was completed on 06/18/2024. Documentation showed another TB skin test completed on 09/13/2024. No documentation was found to show that a second step TB

skin test was completed within one to three weeks from the first step per regulation.

On 07/25/2025 at 3:15 PM, Staff A, Executive Director, acknowledged that the TB test for Staff F was not completed per regulation.

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) 8/19/25 .

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

Kerry Ramey RN — Administrator (or Representative)

8/6/25 — Date