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 # 1169

Dear Administrator:

This document references Compliance Determination 47607 (11/01/2024), which included complaint number(s) 146505, 147704, 150457.

The Department completed a complaint investigation of your Assisted Living Facility on 11/01/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Jason Rose

Consultation:

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.

Facility failed to restart a resident's medication for five days when when ordered to hold it for only one day. New processes were implemented and staff was retrained with medication changes and reconciliation. One employee was terminated for poor performance.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: EVERGREEN INN, THE **Provider Type:** Assisted Living Facility
License/Cert.#: 1169
Compliance Determination #: 47607 **Intake ID:** 150457
Investigator: Jason Rose **Region/Unit #:** RCS Region 3 / Unit I
Investigation Date(s): 09/23/2024 through 11/01/2024
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment. Resident's medications not given according to physician instructions. Facility withheld medication for four days and not the ordered one day.
2. Pharmaceutical services. Facility gave a resident an incorrect medication.

Investigation Methods:

Sample:
Total residents: 81
Resident sample size: 7
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration/ Med cart/ Electronic charting

Interviews:
Identified residents
Nursing staff
Residents
caregivers/ staff
Resident representatives.

Record Reviews:
Incident reports
care plan
alert charting

Investigation Summary:

1. Quality of Care/Treatment. Resident's medications not given according to physician instructions. Facility withheld medication for four days and not the ordered one day. Facility failed to restart a resident's medication for five days when when ordered to hold it for only one day. Failed practice identified.

2. Pharmaceutical services. Facility gave a resident an incorrect medication.

Insufficient evidence to support failed practice.

Conclusion / Action:

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