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

07/31/2025

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) 60685 (Completion Date 07/31/2025) and 54415 (Completion Date 04/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/31/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the On Site verification:
Jason Rose

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

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse 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 #: 54415
Intake ID: 162919
Investigator: Jason Rose
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 02/06/2025 through 04/18/2025
Complainant Contact Date(s):

Allegation(s):

1. Other. Life Safety Code: facility failed a second fire inspection.

Investigation Methods:

Sample:
Total residents: 80
Resident sample size: 3
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration
Facility repairs

Interviews:
Identified resident
Nursing staff
Residents
Fire Marshal
Care staff/ Med techs

Record Reviews:
Care plans
alert charting
MARs/TARs
Incident reports
change of condition reports
Fire Marshal Reports

Investigation Summary:

1. Other. Life Safety Code: facility failed a second fire inspection. Repairs to be in compliance have not been completed in over a year.

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 INN, THE
Provider Type: Assisted Living Facility
License/Cert.#: 1169
Compliance Determination #: 54415
Intake ID: 167033
Investigator: Jason Rose
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 02/06/2025 through 04/18/2025
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care / Treatment. Facilities distribution of medications is unreliable and inconsistent.

Investigation Methods:

Sample:
Total residents: 80
Resident sample size: 3
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

Interviews:
Identified resident
Nursing staff
Residents
Care staff/ Med techs

Record Reviews:
Care plans
alert charting
MARs/TARs
Incident reports
change of condition reports

Investigation Summary:

1. Quality of Care / Treatment. Facilities distribution of medications is unreliable and inconsistent. Errors with medication and documentation were identified and addressed by facility prior to investigation competition.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 1169	Compliance Determination # 54415
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 1 of 3	Licensee: VAN-INN II, INC	04/18/2025

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 an unannounced on-site complaint investigation on 02/06/2025, 04/16/2025 and 04/18/2025 of:

EVERGREEN INN, THE
500 MAIN ST
VANCOUVER, WA 98660

This document references the following complaint number(s): 164294, 157981, 162919, 167033

The following sample was selected for review during the unannounced on-site visit: 3 of 80 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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 # 54415
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 2 of 3	Licensee: VAN-INN II, INC	04/18/2025

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

04/18/2025
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.

Administrator (or Representative)

4/28/2025
Date

IDRing

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on record review, interview and observation, the facility failed to stay in compliance with the Washington State Patrol Fire Protection Bureau for two consecutive inspections. This failure placed all residents, visitors, and staff life and safety at risk in the event of a fire.

Findings included...

Record review on 03/04/2025, of inspection reports from Washington State Patrol Fire Protection Bureau, dated 03/14/2024 and 10/29/2024, revealed the following:

- Fire inspection of facility conducted on 03/14/2024 revealed six statements of violation.
- Fire inspection of facility on 10/29/2024 revealed two statements of violation, one was uncorrected from the 03/14/2024 inspection. These were: Facility failed to provide an annual fire door inspection; When conducting a reinspection multiple doors were measured and found to be out of compliance. A new fire door inspection shall be completed.
- The code requirement for Annual fire door inspection includes "...barriers shall be inspected and maintained in accordance with NFPA 80..." (NFPA is the National Fire Protection Agency. NFPA 80 is the standard for fire doors, and other opening protectives. NFPA.org.)

Statement of Deficiencies	License #: 1169	Compliance Determination # 54415
Plan of Correction	EVERGREEN INN, THE	Completion Date
Page 3 of 3	Licensee: VAN-INN II, INC	04/18/2025

On 03/24/2025 a record review of the facility provided documents of their repair proposals and repair reports from the company Life Safety Services (LLS).
Smoke & Fire Door Labeling Proposal dated June 14, 2024, for $4,877.97.

Record review of document titled "Swinging fire door repair report", for dates 12/05/2024-12/16/2024, revealed that 92 doors [repairs] were complete, and 17 doors were partially repaired.

On 02/06/2025 at 12:08 pm, Staff A, wellness assistant, stated the repairs were ongoing.

During an observation on 02/06/2025 at 12:35 pm, Staff A showed an example of a resident door that still needed repair.

On 03/24/2025 at 03:22 pm, Staff B, Maintenance Director, stated repairs were about 80% complete and that some resident doors still need to be replaced, some door molding still needs to be repaired.

On 03/27/2025 at 12:49 pm, Collateral Contact 1, Deputy Fire Marshal, stated the Assisted Living Facility has had over a year to complete the identified repairs.

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) 6 1 2 2025 .

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

Kerry Lusk RN — 4/28/2025

Administrator (or Representative) — Date

Currently IDR ing

STATE OF WASHINGTON
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800 NE 136th Ave Ste 200, Vancouver, WA 98684

04/18/2025

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

RE: EVERGREEN INN, THE # 1169

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 04/18/2025 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services

Region 3, Unit I
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
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-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.

Assisted Living Facility (ALF) had identified inconstancies with charting medication records. Multiple staff re-training in-services were held and employee disciplinary actions were initiated. The ALF instituted new medication charting audits with upgraded electronic medication records. Correction of issues was completed prior to completion of investigation and on current concerns remain related to complaint, consultation provided.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services

Enclosure