



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

08/11/2025

DOWNTOWN ACTION TO SAVE HOUSING
EVERGREEN COURT
900 124TH AVENUE NE
BELLEVUE, WA 98005

RE: EVERGREEN COURT # 1502

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 63841 (Completion Date 08/11/2025) and 58105 (Completion Date 04/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/11/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

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

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

WAC 388-78A-3090 Maintenance and housekeeping.

- (1) The assisted living facility must:
 - (a) Provide a safe, sanitary and well-maintained environment for residents;
- (2) The assisted living facility must provide housekeeping supply room(s):
- (c) Equipped with:
- (iv) Mechanical ventilation to the outside of the assisted living facility.

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
 - (b) Identifies the resident's immediate needs; and
 - (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.
- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.
- (4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

The Department staff who did the On Site verification:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License # 1552	Compliance Determination # 58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 1 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

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 follow-up on 04/18/2025 of:

EVERGREEN COURT
 900 124TH AVENUE NE
 BELLEVUE, WA 98005

This document references the following SOD dated: 04/23/2025

The following sample was selected for review during the unannounced on-site visit: 11 of 37 current residents and 3 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
 Steven Garrett, LTC Licenser

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit D
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1502	Compliance Determination # 58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 1 of 10	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

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 follow-up on 04/18/2025 of:

EVERGREEN COURT
900 124TH AVENUE NE
BELLEVUE, WA 98005

This document references the following SOD dated: 04/23/2025

The following sample was selected for review during the unannounced on-site visit: 11 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1502	Compliance Determination # 58105
Plan of Correction:	EVERGREEN COURT	Completion Date
Page 2 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

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.

Laurie Anderson

Residential Care Services

05/06/2025

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.

James Korman

Administrator (or Representative)

[Signature]

May 9th 2025

Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues;
- (c) Consistent with the resident's change of condition as specified in WAC 388-78A-2120;
- (ii) 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 complete 1 of 7 sampled resident (Resident 7) assessments that included the required full assessment components. This failure placed Resident 7 at risk of harm from unidentified care needs.

Findings included...

A record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/25/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

RESIDENT 7

Review of Resident 7's Resident Information document, undated, showed that the

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	Date
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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
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WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
 - (ii) 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 complete 1 of 7 sampled resident (Resident 7) assessments that included the required full assessment components. This failure placed Resident 7 at risk of harm from unidentified care needs.

Findings included...

A record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

RESIDENT 7

Review of Resident 7's Resident information document, undated , showed that the

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 1502	Compliance Determination # 58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 3 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

facility admitted Resident 7 on [REDACTED] 2023. The records showed Resident 7 was admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 7's December 2024, January 2025, and February 2025 progress notes showed documentation of Resident 7's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused the staff's verbal attempts to re-direct when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's assessment, dated 09/25/2024, showed no documentation of Resident 7's cognitive impairment. There was no documentation of an established baseline for Resident 7's cognitive impairment. The assessment showed no documentation of Resident 7's paranoid ideations and verbally aggressive outbursts. There were no instructions for staff to follow if Resident 7 was observed or experienced paranoid ideations. There were no instructions for staff to follow if Resident 7 became verbally aggressive. The assessment showed no documentation of the signs, symptoms and potential side effects for medications controlled and administered by Resident 7's power-of-attorney.

During an interview on 02/13/2025 at 1:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident assessments. Staff A stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required assessment comprehensive components.

This is an uncorrected deficiency previously cited for subsection (2)(a) and (2)(b)(i)(ii) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date) May 19th 2025.

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

James Kanau

Administrator (or Representative)

May 19th 2025

Date

facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 was admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 7's December 2024, January 2025, and February 2025 progress notes showed documentation of Resident 7's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused the staff's verbal attempts to re-direct when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's assessment, dated 09/25/2024, showed no documentation of Resident 7's cognitive impairment. There was no documentation of an established baseline for Resident 7's cognitive impairment. The assessment showed no documentation of Resident 7's paranoid ideations and verbally aggressive outbursts. There were no instructions for staff to follow if Resident 7 was observed or experienced paranoid ideations. There were no instructions for staff to follow if Resident 7 became verbally aggressive. The assessment showed no documentation of the signs, symptoms and potential side effects for medications controlled and administered by Resident 7's power-of-attorney.

During an interview on 02/13/2025 at 1:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident assessments. Staff A stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required assessment comprehensive components.

This is an uncorrected deficiency previously cited for subsection (2)(a) and (2)(b)(i)(ii) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 1502	Compliance Determination #58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 4 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 7 sampled residents (Resident 7) or their representative, and a facility representative signed their Service Plan Report (equivalent to the negotiated service agreement), at least annually. This failure placed Resident 7 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

Record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/18/2025.

RESIDENT 7

Review of Resident 7's information document, undated, showed that the facility admitted Resident 7 on [REDACTED] 2023.

Review of Resident 7's Service Plan Report, dated 09/25/2024, showed no signature from the facility representative, the resident, or the resident's representative.

During an interview on 04/18/2025 at 1:45 PM, Staff A, Executive Director, stated that they were aware the Service Plan Reports required signatures from the facility staff, residents, or the resident's representative annually and when a resident experienced a change of condition. Staff A stated that they were aware that Resident 7's Service Plan Report was not signed and dated by facility staff, residents, or their representatives, as required.

This is an uncorrected deficiency previously cited for subsections (1) and (2) on 02/26/2025.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 7 sampled residents (Resident 7) or their representative, and a facility representative signed their Service Plan Report (equivalent to the negotiated service agreement), at least annually. This failure placed Resident 7 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

Record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

RESIDENT 7

Review of Resident 7's information document, undated, showed that the facility admitted Resident 7 on [REDACTED]/2023.

Review of Resident 7's Service Plan Report, dated 09/25/2024, showed no signature from the facility representative, the resident, or the resident's representative.

During an interview on 04/18/2025 at 1:45 PM, Staff A, Executive Director, stated that they were aware the Service Plan Reports required signatures from the facility staff, residents, or the resident's representative annually and when a resident experienced a change of condition. Staff A stated that they were aware that Resident 7's Service Plan Report was not signed and dated by facility staff, residents, or their representatives, as required.

This is an uncorrected deficiency previously cited for subsections (1) and (2) on 02/26/2025.

Statement of Deficiencies	License # 1502	Compliance Determination #58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 5 of 10	Licensed: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

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 COURT is or will be in compliance with this law and / or regulation on (Date) May 9th 2025

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

James Korman

Administrator (or Representative)

May 9th 2025

Date

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to notify and receive approval from the Department of Social and Health Services Construction Review Services (CRS) for the addition of 3 of 3 rooms (Apartment [REDACTED] Apartment [REDACTED] and Apartment [REDACTED] and approval for occupancy to their licensed bed count. These failures placed 3 of 3 residents (Resident 6, Resident 9, and Resident 10) at risk of potential injury from residing in an apartment not approved for occupancy or for [REDACTED] contract services.

Findings included:

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

Observation on 04/18/2025 at 12:45 PM, showed that Resident 8, Resident 9, and Resident 10 resided in Apartment [REDACTED] Apartment [REDACTED] and Apartment [REDACTED] not approved.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to notify and receive approval from the Department of Social and Health Services Construction Review Services (CRS) for the addition of 3 of 3 rooms (Apartment ■■■, Apartment ■■■, and Apartment ■■■) and approval for occupancy to their licensed bed count. These failures placed 3 of 3 residents (Resident 8, Resident 9, and Resident 10) at risk of potential injury from residing in an apartment not approved for occupancy or for ■■■ contract services.

Findings included...

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

Observation on 04/18/2025 at 12:45 PM, showed that Resident 8, Resident 9, and Resident 10 resided in Apartment ■■■, Apartment ■■■, and Apartment ■■■ not approved

Statement of Deficiencies	License #: 1502	Compliance Determination #58105
Plan of Correction:	EVERGREEN COURT	Completion Date
Page 8 of 10	Licensed: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

for occupancy.

Review of the facility's undated Characteristics Roster showed that Resident 8, Resident 9, and Resident 10 received assisted living services. The roster showed that Resident 8 and Resident 9 received assisted living services under state [REDACTED] contracts.

Review of STARS showed the facility maintained a current Assisted Living [REDACTED] Contract. STARS showed the room list with identifiers for each of the facility's approved rooms and those rooms approved for [REDACTED] contracts. There was no documentation that showed Apartment [REDACTED] or Apartment [REDACTED] were approved for [REDACTED].

Review of the facility document titled, "Plan of Correction For Complaint Number 167277", dated and signed by Staff A, Executive Director/Administrator, on 03/25/2025, showed the facility would obtain approval from CRS for three apartments ([REDACTED], [REDACTED], and [REDACTED]) by 04/10/2025. The document showed the facility planned to apply and receive approval for residents to receive [REDACTED] Contracted Services in these apartments by 04/10/2025.

Review of the facility's Construction Review Application showed the ALF submitted the request for authorization to increase facility licensed beds on 04/14/2025, four days after their stated attestation correction date. There was no documentation of any approval for the facility identified rooms labeled as Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED]. There was no documentation that showed Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED] were approved for [REDACTED] residents to occupy.

During an interview on 04/19/2025 at 1:28 PM, Staff A stated that they were aware the CRS application was submitted after the ALF plan of correction date. Staff A stated that they were aware the ALF did not received CRS approval for occupancy for Apartment [REDACTED], Apartment [REDACTED], and Apartment [REDACTED] to receive assisted living services. Staff A stated that they were aware the ALF did not receive approval for residents to reside in Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED] on [REDACTED].

This is an uncorrected deficiency previously cited for subsections (1), (2), and (3) on 02/26/2025.

for occupancy.

Review of the facility's undated Characteristics Roster showed that Resident 8, Resident 9, and Resident 10 received assisted living services. The roster showed that Resident 8 and Resident 9 received assisted living services under state [REDACTED] contracts.

Review of STARS showed the facility maintained a current Assisted Living [REDACTED] Contract. STARS showed the room list with identifiers for each of the facility's approved rooms and those rooms approved for [REDACTED] contracts. There was no documentation that showed Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED] were approved for [REDACTED].

Review of the facility document titled, "Plan of Correction For Complaint Number 167277", dated and signed by Staff A, Executive Director/Administrator, on 03/25/2025, showed the facility would obtain approval from CRS for three apartments ([REDACTED], [REDACTED], and [REDACTED]) by 04/10/2025. The document showed the facility planned to apply and receive approval for residents to receive [REDACTED] Contracted Services in these apartments by 04/10/2025.

Review of the facility's Construction Review Application showed the ALF submitted the request for authorization to increase facility licensed beds on 04/14/2025, four days after their stated attestation correction date. There was no documentation of any approval for the facility identified rooms labeled as Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED]. There was no documentation that showed Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED] were approved for [REDACTED] residents to occupy.

During an interview on 04/18/2025 at 1:28 PM, Staff A stated that they were aware the CRS application was submitted after the ALF plan of correction date. Staff A stated that they were aware the ALF did not received CRS approval for occupancy for Apartment [REDACTED], Apartment [REDACTED], and Apartment [REDACTED] to receive assisted living services. Staff A stated that they were aware the ALF did not receive approval for residents to reside in Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED] on [REDACTED].

This is an uncorrected deficiency previously cited for subsections (1), (2), and (3) on 02/26/2025.

Statement of Deficiencies	License # 1502	Compliance Determination # 58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 7 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

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 COURT is or will be in compliance with this law and / or regulation on (Date) May 13th 2025

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

James Kaman

Administrator (or Representative)

May 9th 2025

Date

WAC 388-78A-3090 Maintenance and housekeeping.

- (1) The assisted living facility must:
 - (a) Provide a safe, sanitary and well-maintained environment for residents;
- (2) The assisted living facility must provide housekeeping supply room(s):
 - (c) Equipped with:
 - (iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide ventilation fans in 4 of 5 rooms (second floor common men's bathroom, third floor housekeeping/mop storage room, third floor common bathroom, and first floor resident laundry room) that operated to provide proper air flow and ventilation to the outside of the facility. This failure placed all 37 residents at risk of diminished quality of life from improper air circulation in the building.

Findings included...

Note: Per WAC 388-78A-3030 Toilet rooms and bathrooms showed (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside. WAC 388-78A-3040 Laundry showed (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents may do their personal laundry that is: (a) Equipped with: (iv) mechanical ventilation to the outside of the assisted living facility.

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide ventilation fans in 4 of 5 rooms (second floor common men's bathroom, third floor housekeeping/mop storage room, third floor common bathroom, and first floor resident laundry room) that operated to provide proper air flow and ventilation to the outside of the facility. This failure placed all 37 residents at risk of diminished quality of life from improper air circulation in the building.

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Note: Per WAC 388-78A-3030 Toilet rooms and bathrooms showed (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside. WAC 388-78A-3040 Laundry showed (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is: (a) Equipped with: (iv) mechanical ventilation to the outside of the assisted living facility.

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on

Statement of Deficiencies	License # 1502	Compliance Determination # 58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 8 of 10	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

Review of the facility document titled, "Plan of Correction For Complaint Number 167277", dated and signed by Staff A, Executive Director/Administrator on 03/25/2025, showed the facility would have the deficiency corrected the by 04/10/2025.

Observation on 04/18/2025, at 10:17 AM, showed four rooms with non-operable or absent mechanical ventilation fans: one in the men's bathroom on the second floor, one in the third-floor housekeeping/mop storage room, one in the third-floor common bathroom, and one in the first-floor resident laundry room. Observation showed three vents present were covered in visible dirt and dust.

During an interview on 04/18/2025 at 10:29 AM, Staff A stated that they were aware of the ventilation requirements. Staff A stated that they were unaware that the ventilation fans were non-functioning or absent.

This is an uncorrected deficiency previously cited for subsection (1)(a) and subsection (2)(c)(iv) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date) May 10th 2025 JK.

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

James Kanan

Administrator (or Representative)

May 19th 2025

Date: .

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
- (b) Identifies the resident's immediate needs and
- (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

Review of the facility document titled, "Plan of Correction For Complaint Number 167277", dated and signed by Staff A, Executive Director/Administrator on 03/25/2025, showed the facility would have the deficiency corrected the by 04/10/2025.

Observation on 04/18/2025, at 10:17 AM, showed four rooms with non-operable or absent mechanical ventilation fans: one in the men's bathroom on the second floor, one in the third-floor housekeeping/mop storage room, one in the third-floor common bathroom, and one in the first-floor resident laundry room. Observation showed three vents present were covered in visible dirt and dust.

During an interview on 04/18/2025 at 10:29 AM, Staff A stated that they were aware of the ventilation requirements. Staff A stated that they were unaware that the ventilation fans were non-functioning or absent.

This is an uncorrected deficiency previously cited for subsection (1)(a) and subsection (2)(c)(iv) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____ Administrator (or Representative)	_____ Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
- (b) Identifies the resident's immediate needs; and
- (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

Statement of Deficiencies	License # 1502	Compliance Determination #58105
Plan of Correction	EVERGREEN COURT	Completion Date
Page 9 of 10	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

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

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 1 of 7 residents (Resident 7) service agreements a plan to monitor and address interventions required to meet the current needs. This failure placed Resident 7 at risk for unmet care needs and potential harm.

Findings included...

Record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/19/2025.

RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED] 2023:

Review of Resident 7's December 2024, January 2025, and February 2025 progress notes showed documentation of Resident 7's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused the staff's verbal attempts to re-direct when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's service plan, dated 09/25/2024, showed no instructions for staff of possible interventions used to manage Resident 7's verbally aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors.

During an interview at 11:55 AM on 04/19/2025, Staff A, Executive Director, stated that the facility staff monitored Resident 7 on all shifts and that staff verbally reported incidents to Staff A and Staff G, Wellness Nurse. Staff G stated that care staff did not document behaviors in the electronic record system. Staff A stated that Resident 7's service plan did not address Resident 7's aggressive behaviors, resistance to care, and medication refusals.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 1 of 7 residents (Resident 7) service agreements a plan to monitor and address interventions required to meet the current needs. This failure placed Resident 7 at risk for unmet care needs and potential harm.

Findings included...

Record review of the Department's Secure Tracking and Reporting Systems (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 02/26/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/10/2025.

RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023

Review of Resident 7's December 2024, January 2025, and February 2025 progress notes showed documentation of Resident 7's verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused the staff's verbal attempts to re-direct when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's service plan, dated 09/25/2024, showed no instructions for staff of possible interventions used to manage Resident 7's verbally aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors.

During an interview at 11:55 AM on 04/18/2025, Staff A, Executive Director, stated that the facility staff monitored Resident 7 on all shifts and that staff verbally reported incidents to Staff A and Staff G, Wellness Nurse. Staff G stated that care staff did not document behaviors in the electronic record system. Staff A stated that Resident 7's service plan did not address Resident 7's aggressive behaviors, resistance to care, and medication refusals.

Statement of Deficiencies	License #: 1502	Compliance Determination #58165
Plan of Correction	EVERGREEN COURT	Completion Date
Page 10 of 10	Licensed: DOWNTOWN ACTION TO SAVE HOUSING	04/23/2025

During an interview on 04/18/2025 at 1:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident service plans. Staff A stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required service plan comprehensive components.

This is an uncorrected deficiency previously cited for subsection (1)(b)(c), (3)(a)(b) and (4) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date) May 9th 2025.

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

James Kama

Administrator (or Representative)

May 9th 2025

Date

During an interview on 04/18/2025 at 1:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required in resident service plans. Staff A stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required service plan comprehensive components.

This is an uncorrected deficiency previously cited for subsection (1)(b)(c), (3)(a)(b) and (4) on 02/26/2025.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date



Residential Care Services Investigation Summary Report

Provider/Facility: EVERGREEN COURT **Provider Type:** Assisted Living Facility
License/Cert.#: 1502
Compliance Determination #: 54446 **Intake ID:** 167277
Investigator: Claudia Allis **Region/Unit #:** RCS Region 2 / Unit D
Investigation Date(s): 02/11/2025 through 02/26/2025
Complainant Contact Date(s):

Allegation(s):

Respiratory illness found in 22 residents and five staff

Investigation Methods:

Sample: Total residents: 36
Resident sample size: 7
Closed records sample size: 0

Observations: Stock of personal protective equipment (PPE) , staff use of PPE, handwashing and glove use by staff, isolation carts

Interviews: Executive Director and Wellness Nurse

Record Reviews: Incident investigation report , line list of affected residents and staff, facility infection control policies

Investigation Summary:

Infection Prevention Control process conducted during the facility annual inspection and failed practice identified. 388-78A-2610 cited in Statement of Deficiencies for full inspection.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License # 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 1 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

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 and complaint investigation on 02/11/2025 and 02/13/2025 of:
EVERGREEN COURT
800 124TH AVENUE NE
BELLEVUE, WA 98005

This document references the following complaint numbers: 167277.

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 1 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

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 and complaint investigation on 02/11/2025 and 02/13/2025 of:

EVERGREEN COURT
900 124TH AVENUE NE
BELLEVUE, WA 98005

This document references the following complaint numbers: 167277.

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensors
Steven Garrett, LTC Licensors

From:
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Residential Care Services, Region 2 , Unit D
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Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 2 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

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.

Laurie Anderson

Residential Care Services

03/04/2025

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.

James Korman

Administrator (or Representative)

3/15/2025

Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues;
- (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120;
- (ii) 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 observation, interview, and record review, the facility failed to complete 7 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7 at risk of harm from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident 1 on [REDACTED] 2021. The records showed Resident 1 admitted with a diagnoses of [REDACTED]

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

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

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) 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 observation, interview, and record review, the facility failed to complete 7 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7 at risk of harm from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident 1 on [REDACTED] /2021. The records showed Resident 1 admitted with a diagnoses of [REDACTED] ([REDACTED]), [REDACTED] ([REDACTED])

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 3 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2026

[REDACTED], and [REDACTED]

Review of Resident 1's assessment, dated 12/04/2024, showed no documentation of the Resident 1's signs and symptoms related to hypertension, depressive disorder, and generalized anxiety disorder. The records showed no documentation of Resident 1's current prescribed medications and any potential side effects of the medications.

RESIDENT 2

Review of Resident 2's Resident information document showed that the facility admitted Resident 2 on [REDACTED] 2024. The records showed Resident 2 was admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 2's assessment, dated 12/03/2024, showed no documentation of the Resident 2's signs and symptoms related to obsessive compulsive disorder and depressive disorder. The records showed no documentation of Resident 2's current prescribed medications and any potential side effects of the medications.

RESIDENT 3

Review of Resident 3's records showed the facility admitted Resident 3 on [REDACTED] 2022. The records showed Resident 3 admitted with a diagnoses of [REDACTED] and [REDACTED].

[REDACTED]. Review of Resident 3's Service Plan Report (equivalent to the Negotiated Service Agreement), dated 09/02/2024, showed documentation that facility staff assisted Resident 3 to monitor and report their pacemaker (medical device that helps regulate the heart's rhythm by sending electrical impulses) activity to Resident 3's physician. The plan showed staff assisted Resident 3 to monitor and report their use of oxygen within the guidelines.

Review of Resident 3's assessment, dated 01/06/2025, showed no documentation Resident 3 used a cardiac pacemaker device. There was no documentation that showed Resident 3 used oxygen. The records showed no documentation of possible signs and symptoms Resident 3 may experience related to atrial fibrillation/flutter, congestive heart failure, and chronic obstructive pulmonary disease. The records showed no documentation of Resident 3's current prescribed medications and any potential side effects of the medications.

RESIDENT 4

Review of Resident 4's records showed the facility admitted Resident 4 on [REDACTED] 2024. The records showed Resident 4 admitted with diagnoses of [REDACTED] and [REDACTED].

), and ().

Review of Resident 1's assessment, dated 12/04/2024, showed no documentation of the Resident 1's signs and symptoms related to hypertension, depressive disorder, and generalized anxiety disorder. The records showed no documentation of Resident 1's current prescribed medications and any potential side effects of the medications.

RESIDENT 2

Review of Resident 2's Resident information document showed that the facility admitted Resident 2 on /2024. The records showed Resident 2 was admitted with diagnoses of: , and .

Review of Resident 2's assessment, dated 12/03/2024, showed no documentation of the Resident 2's signs and symptoms related to obsessive compulsive disorder and depressive disorder. The records showed no documentation of Resident 2's current prescribed medications and any potential side effects of the medications.

RESIDENT 3

Review of Resident 3's records showed the facility admitted Resident 3 on /2022. The records showed Resident 3 admitted with a diagnoses of , , and . Review of Resident 3's Service Plan Report (equivalent to the Negotiated Service Agreement), dated 09/02/2024, showed documentation that facility staff assisted Resident 3 to monitor and report their pacemaker (medical device that helps regulate the heart's rhythm by sending electrical impulses) activity to Resident 3's physician. The plan showed staff assisted Resident 3 to monitor and report their use of oxygen within the guidelines.

Review of Resident 3's assessment, dated 01/06/2025, showed no documentation Resident 3 used a cardiac pacemaker device. There was no documentation that showed Resident 3 used oxygen. The records showed no documentation of possible signs and symptoms Resident 3 may experience related to atrial fibrillation/flutter, congestive heart failure, and chronic obstructive pulmonary disease. The records showed no documentation of Resident 3's current prescribed medications and any potential side effects of the medications.

RESIDENT 4

Review of Resident 4's records showed the facility admitted Resident 4 on /2024. The records showed Resident 4 admitted with diagnoses of , , and .

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 4 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2026

Review of Resident 4's assessment, dated 09/12/2024, showed no documentation Resident 4 used a pacemaker. There was no documentation of Resident 4's current prescribed medications and any potential side effects of the medications.

RESIDENT 5

Review of Resident 5's Resident information document showed that the facility admitted Resident 5 on [REDACTED] 2024.

Review of Resident 5's assessment, dated 10/16/2024, showed Resident 5 admitted with diagnoses of [REDACTED] and [REDACTED]. The assessment showed no documentation of the possible signs and symptoms Resident 5 may experience related to respiratory distress, use of oxygen, history of gangrene, and history of protein malnutrition. There was no guidance for care staff to observe and document signs and symptoms related to respiratory distress. There was no guidance for care staff to observe and document signs and symptoms related to chronic skin tears and wounds related to Resident 5's diagnosis [REDACTED]. There was no documentation of Resident 5's current prescribed medications and any potential side effects of the medications.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED] 2022. The records showed Resident 6 admitted with a diagnosis of [REDACTED].

Review of Resident 6's assessment, dated 12/16/2024, showed no documentation of the possible signs and symptoms Resident 6 may experience related to pulmonary embolism, such as shortness of breath or chest pain. The records showed no documentation of Resident 6's current prescribed medications and any potential side effects of the medications.

RESIDENT 7

Review of Resident 7's Resident information document showed that the facility admitted Resident 7 on [REDACTED] 2023. The records showed Resident 7 was admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 7's assessment, dated 09/25/2024, showed no documentation of Resident 7's current prescribed medications. The assessment showed no documentation of Resident 7's cognitive impairment. There was no documentation of Resident 7's paranoid ideations, verbally aggressive outbursts, and no guidance for staff to follow if Resident 7 was observed and/or experienced paranoia. There was no guidance to notify nursing staff, and no directions related to documenting Resident 7's behavioral incidents. There was no baseline documentation of Resident 7's cognitive impairment. There was no re-assessment of Resident 7's declining cognitive status documented in the most recent assessment, dated 09/25/2024. There was no documentation that showed Resident 7's power-of-attorney administered psychotropic

Review of Resident 4's assessment, dated 09/12/2024, showed no documentation Resident 4 used a pacemaker. There was no documentation of Resident 4's current prescribed medications and any potential side effects of the medications.

RESIDENT 5

Review of Resident 5's Resident information document showed that the facility admitted Resident 5 on [REDACTED]/2024.

Review of Resident 5's assessment, dated 10/18/2024, showed Resident 5 admitted with diagnoses of [REDACTED] ([REDACTED]), [REDACTED], and [REDACTED]. The assessment showed no documentation of the possible signs and symptoms Resident 5 may experience related to respiratory distress, use of oxygen, history of gangrene, and history of protein malnutrition. There was no guidance for care staff to observe and document signs and symptoms related to respiratory distress. There was no guidance for care staff to observe and document signs and symptoms related to chronic skin tears and wounds related to Resident 5's diagnosis [REDACTED]. There was no documentation of Resident 5's current prescribed medications and any potential side effects of the medications.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2022. The records showed Resident 6 admitted with a diagnosis of [REDACTED] ([REDACTED]).

Review of Resident 6's assessment, dated 12/18/2024, showed no documentation of the possible signs and symptoms Resident 6 may experience related to pulmonary embolism, such as shortness of breath or chest pain. The records showed no documentation of Resident 6's current prescribed medications and any potential side effects of the medications.

RESIDENT 7

Review of Resident 7's Resident information document showed that the facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 was admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 7's assessment, dated 09/25/2024, showed no documentation of Resident 7's current prescribed medications. The assessment showed no documentation of Resident 7's cognitive impairment. There was no documentation of Resident 7's paranoid ideations, verbally aggressive outbursts, and no guidance for staff to follow if Resident 7 was observed and/or experienced paranoia. There was no guidance to notify nursing staff, and no directions related to documenting Resident 7's behavioral incidents. There was no baseline documentation of Resident 7's cognitive impairment. There was no re-assessment of Resident 7's declining cognitive status documented in the most recent assessment, dated 09/25/2024. There was no documentation that showed Resident 7's power-of-attorney administered psychotropic

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 6 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

medications. There was no documentation of the signs, symptoms and potential side effects that care staff should monitor and report to nursing staff for medication controlled and administered by Resident 7's power-of-attorney. There was no documentation of how Resident 7's power-of-attorney would coordinate concerns and issues related to undocumented medications. There was no documentation of a family medication agreement in Resident 7's record.

During an interview on 02/13/2025 at 1:20 PM, Staff A, Executive Director, stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required assessment comprehensive components. Staff A stated that they were unaware of the comprehensive elements required in resident assessments.

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 COURT is or will be in compliance with this law and / or regulation on (Date) APRIL 10/2025
JK

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

James Korman

Administrator (or Representative)

MARCH 25/2025

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 6 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, and Resident 7) or their representatives and a facility representative signed their Service Plan Report (equivalent to the negotiated service agreement) at least annually. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, and Resident 7 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

This document was prepared by Residential Care Services for the Locator website.

medications. There was no documentation of the signs, symptoms and potential side effects that care staff should monitor and report to nursing staff for medication controlled and administered by Resident 7's power-of-attorney. There was no documentation of how Resident 7's power-of-attorney would coordinate concerns and issues related to undocumented medications. There was no documentation of a family medication agreement in Resident 7's record.

During an interview on 02/13/2025 at 1:20 PM, Staff A, Executive Director, stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required assessment comprehensive components. Staff A stated that they were unaware of the comprehensive elements required in resident assessments.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 6 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, and Resident 7) or their representatives and a facility representative signed their Service Plan Report (equivalent to the negotiated service agreement) at least annually. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, and Resident 7 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 6 of 20	Licensed: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

RESIDENT 1

Review of Resident 1's information document showed that the facility admitted Resident 1 on [REDACTED] 2019. Review of Resident 1's Service Plan Reports (equivalent to the negotiated service agreement) showed the last service plan was signed by the resident and facility representative was on 10/05/2020.

During an interview on 02/13/2025 at 1:04 PM, Resident 1 stated that they received care and services which included help with their medications. Resident 1 stated that they have not received a recent Service Plan to review and sign that acknowledged agreement of the plan.

RESIDENT 2

Review of Resident 2's information document showed that the facility admitted Resident 2 on [REDACTED] 2024. Review of Resident 2's Service Plan Report, dated 12/30/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 3

Review of Resident 3's Resident information document showed that the facility admitted Resident 3 on [REDACTED] 2022. Review of Resident 3's Service Plan Report, dated 05/02/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 5

Review of Resident 5's Resident information document showed that the facility admitted Resident 5 on [REDACTED] 2024. Review of Resident 5's Service Plan Report, dated 10/18/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 6

Review of Resident 6's Resident information document showed that the facility admitted Resident 6 on [REDACTED] 2022. Review of Resident 6's Service Plan Report, dated 09/23/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 7

Review of Resident 7's Resident information document showed that the facility admitted Resident 7 on [REDACTED] 2023. Review of Resident 7's Service Plan Report, dated 08/25/2024, showed no signature from the facility representative, the resident, or the resident's representative.

During an interview on 02/12/2025 at 2:45 PM, Staff G, Wellness Nurse, stated that they were unaware the Service Plan Reports required signatures from the facility staff.

RESIDENT 1

Review of Resident 1's information document showed that the facility admitted Resident 1 on [REDACTED]/2019. Review of Resident 2's Service Plan Reports (equivalent to the negotiated service agreement) showed the last service plan was signed by the resident and facility representative was on 10/05/2020.

During an interview on 02/13/2025 at 1:04 PM, Resident 1 stated that they received care and services which included help with their medications. Resident 1 stated that they have not received a recent Service Plan to review and sign that acknowledged agreement of the plan.

RESIDENT 2

Review of Resident 2's information document showed that the facility admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's Service Plan Report, dated 12/30/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 3

Review of Resident 2's Resident information document showed that the facility admitted Resident 3 on [REDACTED]/2022. Review of Resident 3's Service Plan Report, dated 09/02/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 5

Review of Resident 5's Resident information document showed that the facility admitted Resident 5 on [REDACTED]/2024. Review of Resident 5's Service Plan Report, dated 19/18/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 6

Review of Resident 6's Resident information document showed that the facility admitted Resident 6 on [REDACTED]/2022. Review of Resident 6's Service Plan Report, dated 09/23/2024, showed no signature from the facility representative, the resident, or the resident's representative.

RESIDENT 7

Review of Resident 7's Resident information document showed that the facility admitted Resident 7 on [REDACTED]/2023. Review of Resident 7's Service Plan Report, dated 09/25/2024, showed no signature from the facility representative, the resident, or the resident's representative.

During an interview on 02/12/2025 at 2:45 PM, Staff G, Wellness Nurse, stated that they were unaware the Service Plan Reports required signatures from the facility staff,

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 7 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

residents, or the resident's representative at least annually and when a resident experienced a change of their condition. Staff G stated that they were aware that some of the Service Plan Reports were not signed and dated by facility staff, residents, or their representatives, as required.

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 COURT is or will be in compliance with this law and / or regulation on (Date) Apr 10/2025.

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

James Kuman
Administrator (or Representative)

Mar 12/2025
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 6 staff (Staff A, Staff B, and Staff C) were screened for tuberculosis (TB) within three days of employment. This failure placed all 40 residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 04/03/2023; Staff B, Caregiver, on 11/19/2024; and Staff C, Caregiver, on 09/24/2024.

Review of the facility staff records showed from 04/03/2023 through 02/13/2025, Staff A worked at the facility. Staff A supervised staff who provided care and services for residents. There was no documentation in Staff A's records that showed the facility screened Staff A for TB within three days of employment.

Review of the facility staff records showed from 11/18/2024 through 02/13/2025, Staff B worked at the facility. Staff B provided care and services for residents. There was no documentation in Staff B's records that showed the facility screened Staff B for TB.

residents, or the resident's representative at least annually and when a resident experienced a change of their condition. Staff G stated that they were aware that some of the Service Plan Reports were not signed and dated by facility staff, residents, or their representatives, as required.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 6 staff (Staff A, Staff B, and Staff C) were screened for tuberculosis (TB) within three days of employment. This failure placed all 40 residents at risk of contracting a serious and contagious respiratory disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 04/03/2023; Staff B, Caregiver, on 11/18/2024; and Staff C, Caregiver, on 09/24/2024.

Review of the facility staff records showed from 04/03/2023 through 02/13/2025, Staff A worked at the facility. Staff A supervised staff who provided care and services for residents. There was no documentation in Staff A's records that showed the facility screened Staff A for TB within three days of employment.

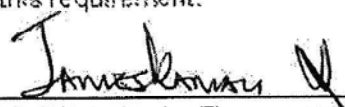
Review of the facility staff records showed from 11/18/2024 through 02/13/2025, Staff B worked at the facility. Staff B provided care and services for residents. There was no documentation in Staff B's records that showed the facility screened Staff B for TB

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 8 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

within three days of employment.

Review of the facility staff records showed from 9/24/2024 through 02/13/2025, Staff C worked at the facility. Staff C provided care and services for residents. There was no documentation in Staff C's records that showed the facility screened Staff C for TB within three days of employment.

During an interview on 02/13/2025 at 2:10 PM, Staff A confirmed that when Staff A, Staff B, and Staff C were hired, they were not screened for tuberculosis. Staff A stated that they were not aware that testing for tuberculosis was required for all facility staff within three days of employment.

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 COURT is or will be in compliance with this law and / or regulation on (Date) <u>APRIL 10/2025</u> 	
J-K	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	<u>MAR 25 / 2025</u>
Administrator (or Representative)	Date

WAC 388-78A-2610 Infection control.

- (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.
- (2) The assisted living facility must:
 - (c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections,
 - (f) Report communicable diseases in accordance with the requirements in chapter 248-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 8 of 8 sampled staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) had personal protection equipment, N95 respirators, available for use during an infectious respiratory illness outbreak requiring transmission-based precautions. This failure placed all 40 residents at risk of contracting a potentially life-threatening infectious disease.

within three days of employment.

Review of the facility staff records showed from 9/24/2024 through 02/13/2025, Staff C worked at the facility. Staff C provided care and services for residents. There was no documentation in Staff C's records that showed the facility screened Staff C for TB within three days of employment.

During an interview on 02/13/2025 at 2:10 PM, Staff A confirmed that when Staff A, Staff B, and Staff C were hired, they were not screened for tuberculosis. Staff A stated that they were not aware that testing for tuberculosis was required for all facility staff within three days of employment.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2610 Infection control.

- (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.
- (2) The assisted living facility must:
 - (c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;
 - (f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 6 of 6 sampled staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) had personal protection equipment, N95 respirators, available for use during an infectious respiratory illness outbreak requiring transmission-based precautions. This failure placed all 40 residents at risk of contracting a potentially life-threatening infectious disease.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 9 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

Findings included...

The Centers for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for infection prevention and control practices in healthcare settings including assisted living facilities. Review of the CDC website "Transmission-Based Precautions" at (<https://www.cdc.gov/infectioncontrol/basic/transmission-based-precautions.html>), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher-level respirator for healthcare personnel.

Review of the facility's policy titled, "Respiratory Protection Program for COVID-19 Prevention at Evergreen Court Senior Living", update April 2023, showed that all employees designated to use N95 respirators would be fit-tested, annually, before using any respirator. The policy showed that all employees designated to use N95 respirators would be evaluated for medical clearance before being fit-tested for the use of a respirator. The policy showed that the categories of employees who were included in this program include: Certified Nurse Assistants, Registered Nurses, Health care assistants/caregivers, Maintenance staff, housekeeping staff, and administrative staff. The policy showed that all employees designated to use N95 respirators would be fit-tested before using their respirator.

Observations on 02/11/2025 at 10:15 AM showed signage on the facility entrance door that reported the facility had an active outbreak of COVID-19 (a respiratory illness caused by the coronavirus). Observations showed six unnamed residents sat in the lobby without wearing any masks.

During the entrance interview on 02/11/2025 at 10:15 AM, Staff A, Executive Director, and Staff G, Wellness Nurse, stated that the facility COVID infections started on 01/23/2025 and was currently ongoing. Staff G provided documentation which showed that 22 facility residents/occupants and five facility staff showed signs and symptoms of a respiratory illness and tested positive for COVID-19.

Review of the facility personnel records showed that medical clearances for 12 staff were completed in December 2024. The facility testing records showed that Staff A, Staff B, Certified Nursing Assistant, Staff C, Certified Nursing Assistant, Staff D, Certified Nursing Assistant, Staff E, Certified Nursing Assistant/Medication Technician, and Staff F, Medication Technician, were successfully fit tested to use the N95 LH Shield Pro respirator when transmission-based precautions were required.

Observation of the facility's PPE stock showed that the facility had no N95 LH Shield Pro respirators available for use. Observation of available N95 respirators showed the facility had N95 3M model 8000 and 3M model 8210 in stock for staff use.

During an interview on 02/13/2025 at 1:40 PM, Staff A, Executive Director, stated that

Findings included...

The Centers for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for infection prevention and control practices in healthcare settings including assisted living facilities. Review of the CDC website "Transmission-Based Precautions" at (<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher-level respirator for healthcare personnel.

Review of the facility's policy titled, "Respiratory Protection Program for COVID-19 Prevention at Evergreen Court Senior Living", update April 2023, showed that all employees designated to use N95 respirators would be fit-tested, annually, before using any respirator. The policy showed that all employees designated to use N95 respirators would be evaluated for medical clearance before being fit-tested for the use of a respirator. The policy showed that the categories of employees who were included in this program include: Certified Nurse Assistants, Registered Nurses, Health care assistants/caregivers, Maintenance staff, housekeeping staff, and administrative staff. The policy showed that all employees designated to use N95 respirators would be fit-tested before using their respirator.

Observations on 02/11/2025 at 10:15 AM showed signage on the facility entrance door that reported the facility had an active outbreak of COVID-19 (a respiratory illness caused by the coronaviruses). Observations showed six un-named residents sat in the lobby without wearing any masks.

During the entrance interview on 02/11/2025 at 10:15 AM, Staff A, Executive Director, and Staff G, Wellness Nurse, stated that the facility COVID infections started on 01/23/2025 and was currently ongoing. Staff G provided documentation which showed that 22 facility residents/occupants and five facility staff showed signs and symptoms of a respiratory illness and tested positive for COVID-19.

Review of the facility personnel records showed that medical clearances for 12 staff were completed in December 2024. The facility testing records showed that Staff A, Staff B, Certified Nursing Assistant, Staff C, Certified Nursing Assistant, Staff D, Certified Nursing Assistant, Staff E, Certified Nursing Assistant/Medication Technician, and Staff F, Medication Technician, were successfully fit tested to use the N95 LH Shield Pro respirator when transmission-based precautions were required.

Observation of the facility's PPE stock showed that the facility had no N95 LH Shield Pro respirators available for use. Observation of available N95 respirators showed the facility had N95 3M model 8000 and 3M model 8210 in stock for staff use.

During an interview on 02/13/2025 at 1:40 PM, Staff A, Executive Director, stated that

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 10 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

when the facility conducted fit testing in December 2024, fit tests were conducted using the N95 LH Shield Pro to "use up remaining stock of that mask." Staff A stated that the facility chose to discontinue use of the LH Shield Pro respirator. Staff A stated that the facility made PPE available for all staff. Staff A stated that the facility provided the 3M model 8000 and 3M model 8210 N95 respirators for staff. Staff A stated that they were unaware facility staff needed to be fit tested for the N95 respirator model that would be available when transmission-based precautions were necessary.

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 COURT is or will be in compliance with this law and / or regulation on (Date) April 10, 2025

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

James Krasu

Administrator (or Representative)

Mar 26/2025

Date

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;
- (b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain current veterinarian pet records for 3 of 3 pets (Pet 1, Pet 2, and Pet 3) that resided in the facility. This failure placed all 40 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the facility's Disclosure of Services showed the facility permitted pets with the conditions stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain regular veterinary examinations and immunizations. The pet policy showed that pets must be free of diseases transmittable to humans.

when the facility conducted fit testing in December 2024, fit tests were conducted using the N95 LH Shield Pro to "use up remaining stock of that mask". Staff A stated that the facility chose to discontinue use of the LH Shield Pro respirator. Staff A stated that the facility made PPE available for all staff. Staff A stated that the facility provided the 3M model 8000 and 3M model 8210 N95 respirators for staff. Staff A stated that they were unaware facility staff needed to be fit tested for the N95 respirator model that would be available when transmission-based precautions were necessary.

Plan/Attestation Statement

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

Administrator (or Representative)

Date

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;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain current veterinarian pet records for 3 of 3 pets (Pet 1, Pet 2, and Pet 3) that resided in the facility. This failure placed all 40 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the facility's Disclosure of Services showed the facility permitted pets with the conditions stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain regular veterinary examinations and immunizations. The pet policy showed that pets must be free of diseases transmittable to humans.

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 11 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

Review of the facility's pet binder showed there were three pets that lived in the facility. Review of the records showed no documentation that Pet 1 (cat), Pet 2 (cat), and Pet 3 (cat), received a current veterinarian certificate that verified they were free of diseases transmittable to humans. The records showed no documentation that Pet 1, Pet 2, and Pet 3 received a current veterinarian health examination. The records showed that Pet 3's vaccines expired on 01/16/2024.

During an interview on 02/12/2025 at 11:40 AM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations, health certifications, and vaccinations.

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 COURT is or will be in compliance with this law and / or regulation on (Date) Mar 10/2025.

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

James Kaman
Administrator (or Representative)

Mar 25/2025
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete and submit a DSHS background authorization form check for 1 of 6 staff (Staff A) within one day of hire. This failure placed all 40 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

STAFF A

Review of the facility employee records showed the facility hired Staff A, Executive Director, on 04/03/2023. The records showed the facility completed Staff A's DSHS

Review of the facility's pet binder showed there were three pets that lived in the facility. Review of the records showed no documentation that Pet 1 (cat), Pet 2 (cat), and Pet 3 (cat), received a current veterinarian certificate that verified they were free of diseases transmittable to humans. The records showed no documentation that Pet 1, Pet 2, and Pet 3 received a current veterinarian health examination. The records showed that Pet 3's vaccines expired on 01/16/2024.

During an interview on 02/12/2025 at 11:40 AM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations, health certifications, and vaccinations.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete and submit a DSHS background authorization form check for 1 of 6 staff (Staff A) within one day of hire. This failure placed all 40 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included....

STAFF A

Review of the facility employee records showed the facility hired Staff A, Executive Director, on 04/03/2023. The records showed the facility completed Staff A's DSHS

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 12 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

background authorization form on 11/22/2023, and the name and date of birth background check on 11/27/2023, 238 days after hired.

Review of the facility's employee roster showed Staff A provided supervision of care staff that provided direct care to facility residents for 238 days without a completed DSHS background check.

During an interview on 02/18/2025 at 12:55 PM, Staff A stated that when the facility hired Staff A, the facility failed to complete and submit Staff A's DSHS background authorization form and background check.

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 COURT is or will be in compliance with this law and / or regulation on (Date) April 10, 2025.

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

James Korman
Administrator (or Representative)

Mr 12/5/25
Date

WAC 388-78A-2650 Electronic monitoring equipment Resident requested use.

- (1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.
- (6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:
 - (a) That the electronic monitoring does not violate chapter 9.73 RCW;
 - (c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.
- (7) The assisted living facility must:
 - (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly, and
 - (b) Have each reevaluation in writing, signed and dated by the resident.
- (13) Nothing in this section prohibits or limits an assisted living facility from implementing electronic monitoring pursuant to a resident's negotiated service plan, including but not limited to motion sensor alerts, floor pressure sensors, or global

background authorization form on 11/22/2023, and the name and date of birth background check on 11/27/2023, 238 days after hired.

Review of the facility's employee roster showed Staff A provided supervision of care staff that provided direct care to facility residents for 238 days without a completed DSHS background check.

During an interview on 02/13/2025 at 12:55 PM, Staff A stated that when the facility hired Staff A, the facility failed to complete and submit Staff A's DSHS background authorization form and background check.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(13) Nothing in this section prohibits or limits an assisted living facility from implementing electronic monitoring pursuant to a resident's negotiated service plan, including but not limited to motion sensor alerts, floor pressure sensors, or global

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 13 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

positioning devices, where the monitoring does not entail the transmittal or recording of a human-viewable image, sound or resident name.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document in writing 1 of 1 sampled resident's (Resident 8) initial agreement to use electronic monitoring, the duration of use, and quarterly reevaluations of electronic surveillance. This failure placed Resident 8 at risk for potential violation of their rights.

Findings included...

During the entrance interview on 02/11/2025 at 10:45 AM, Staff A, Executive Director, stated that Resident 8 used electronic monitoring devices in their room. Staff A stated that Resident 8 and Resident 8's representative did not sign an agreement or consent of the facility's electronic monitoring policy when the facility admitted Resident 8 on [REDACTED] 2021.

Observation on 02/13/2025 at 1:13 PM, showed no signage on Resident 8's apartment door informing visitors and staff that electronic monitoring was in use in the apartment. The records showed no documentation Resident 8 provided consent for electronic monitoring, no documentation of the duration of usage, and no documentation of a quarterly review for continued use of electronic monitoring.

During an interview on 02/13/2025 at 1:40 PM, Staff A stated that the facility did not have the required documentation in Resident 8's records for the request to use electronic monitoring. Staff A stated that they were aware of the Washington Administrative Code requirements and facility expectations for resident requested use of electronic monitoring devices.

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 COURT is or will be in compliance with this law and / or regulation on (Date) APRIL 10/2025

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

James Korman
Administrator (or Representative)

Mar 125/2025
Date

positioning devices, where the monitoring does not entail the transmittal or recording of a human-viewable image, sound or resident name.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document in writing 1 of 1 sampled resident's (Resident 8) initial agreement to use electronic monitoring, the duration of use, and quarterly reevaluations of electronic surveillance. This failure placed Resident 8 at risk for potential violation of their rights.

Findings included...

During the entrance interview on 02/11/2025 at 10:45 AM, Staff A, Executive Director, stated that Resident 8 used electronic monitoring devices in their room. Staff A stated that Resident 8 and Resident 8's representative did not sign an agreement or consent of the facility's electronic monitoring policy when the facility admitted Resident 8 on [REDACTED]/2021.

Observation on 02/13/2025 at 1:13 PM, showed no signage on Resident 8's apartment door informing visitors and staff that electronic monitoring was in use in the apartment. The records showed no documentation Resident 8 provided consent for electronic monitoring, no documentation of the duration of usage, and no documentation of a quarterly review for continued use of electronic monitoring.

During an interview on 02/13/2025 at 1:40 PM, Staff A stated that the facility did not have the required documentation in Resident 8's records for the request to use electronic monitoring. Staff A stated that they were aware of the Washington Administrative Code requirements and facility expectations for resident requested use of electronic monitoring devices.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 14 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to notify and receive approval from the Department of Social and Health Services Construction Review Services (CRS) of the addition of 3 of 3 rooms (Apartment [REDACTED] Apartment [REDACTED] and Apartment [REDACTED] to their licensed bed count. The facility failed to submit a contract application and receive approval for residents to reside in Apartment [REDACTED] Apartment [REDACTED] and Apartment [REDACTED] under [REDACTED] contract. This failure placed 3 of 3 residents (Resident 8, Resident 9, and Resident 10) at risk of residing in an apartment not approved for occupancy or [REDACTED] contract services.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) facility featured Room List. The Room List showed the room identifiers for each of the facility's approved rooms and those rooms approved for [REDACTED] contracts. There was no documentation of any approval for the facility identified rooms labeled as Apartment [REDACTED] Apartment [REDACTED] or Apartment [REDACTED]. Review of STARS showed the facility maintained a current Assisted Living [REDACTED] Contract.

Review of the facility's Characteristics Roster showed that Resident 8, Resident 9, and Resident 10 received assisted living services. The roster showed that Resident 8 and Resident 9 received assisted living services under state [REDACTED] contracts.

Observation on 02/13/2025 at 1:51 PM, showed that Resident 8 and Resident 9 resided in apartments not approved for occupancy. During an interview at this time, Staff G, Wellness Nurse, stated that Resident 8 and Resident 9 were on assisted living services and under state [REDACTED] contracts.

During an interview on 02/11/2025 at 11:55 AM, Staff A, Executive Director/Administrator, stated that they were unaware of any updates or changes to the facility room list.

WAC 388-78A-2810 Criteria for increasing licensed bed capacity. Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if the rooms were not previously reviewed and approved for the physical plant requirements at time of construction; and
- (2) Ensure that each additional licensed bed or "stand-by" bed meets the assisted living licensing requirements under this chapter and chapter 388-110 WAC, when applicable.
- (3) Before approving any increase in licensed bed capacity, the department will determine the facility's maximum facility capacity to ensure that any increase is consistent with this chapter and chapter 388-110 WAC, when applicable.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to notify and receive approval from the Department of Social and Health Services Construction Review Services (CRS) of the addition of 3 of 3 rooms (Apartment [REDACTED], Apartment [REDACTED], and Apartment [REDACTED]) to their licensed bed count. The facility failed to submit a contract application and receive approval for residents to reside in Apartment [REDACTED], Apartment [REDACTED], and Apartment [REDACTED] under [REDACTED] contract. This failure placed 3 of 3 residents (Resident 8, Resident 9, and Resident 10) at risk of residing in an apartment not approved for occupancy or [REDACTED] contract services.

Findings included...

Review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) facility featured Room List. The Room List showed the room identifiers for each of the facility's approved rooms and those rooms approved for [REDACTED] contracts. There was no documentation of any approval for the facility identified rooms labeled as Apartment [REDACTED], Apartment [REDACTED], or Apartment [REDACTED]. Review of STARS showed the facility maintained a current Assisted Living [REDACTED] Contract.

Review of the facility's Characteristics Roster showed that Resident 8, Resident 9, and Resident 10 received assisted living services. The roster showed that Resident 8 and Resident 9 received assisted living services under state [REDACTED] contracts.

Observation on 02/13/2025 at 1:51 PM, showed that Resident 8 and Resident 9 resided in apartments not approved for occupancy. During an interview at this time, Staff G, Wellness Nurse, stated that Resident 8 and Resident 9 were on assisted living services and under state [REDACTED] contracts.

During an interview on 02/11/2025 at 11:55 AM, Staff A, Executive Director/Administrator, stated that they were unaware of any updates or changes to the facility room list.

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 15 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

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 COURT is or will be in compliance with this law and / or regulation on (Date) APRIL 12/2025.

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

James K...
Administrator (or Representative)

Mar 25/2025
Date

WAC 388-78A-3030 Maintenance and housekeeping.

- (1) The assisted living facility must:
 - (a) Provide a safe, sanitary and well-maintained environment for residents;
- (2) The assisted living facility must provide housekeeping supply room(s).
- (c) Equipped with:
- (iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide ventilation fans in 5 of 5 rooms (second floor common men's bathroom, third floor housekeeping/mop storage room, third floor common bathroom, first floor resident laundry room, and first floor housekeeping/mop storage room) that operated to provide proper air flow and ventilation to the outside of the facility. The facility failed to ensure 2 of 2 electrical panel access doors (third floor electrical circuit breaker panel A and electrical circuit breaker panel B, in the common area hallway) were secured and inaccessible to the public. This failure placed all 36 residents at risk of electrical injury, potential respiratory illness from improper air circulation in the building, and diminished quality of life.

Findings included...

Note: Per WAC 388-78A-3030 Toilet rooms and bathrooms showed (2) The assisted living facility must provide each toilet room and bathroom with: (*) Provide mechanical ventilation to the outside
WAC 388-78A-3040 Laundry showed (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents may do their personal laundry that is: (a) Equipped with: (iv) mechanical ventilation to the outside of the assisted living facility.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to provide ventilation fans in 5 of 5 rooms (second floor common men's bathroom, third floor housekeeping/mop storage room, third floor common bathroom, first floor resident laundry room, and first floor housekeeping/mop storage room) that operated to provide proper air flow and ventilation to the outside of the facility. The facility failed to ensure 2 of 2 electrical panel access doors (third floor electrical circuit breaker panel A and electrical circuit breaker panel B, in the common area hallway) were secured and inaccessible to the public. This failure placed all 36 residents at risk of electrical injury, potential respiratory illness from improper air circulation in the building, and diminished quality of life.

Findings included...

Note: Per WAC 388-78A-3030 Toilet rooms and bathrooms showed (2) The assisted living facility must provide each toilet room and bathroom with: (e) Provide mechanical ventilation to the outside. WAC 388-78A-3040 Laundry showed (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is: (a) Equipped with: (iv) mechanical ventilation to the outside of the assisted living facility.

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 16 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

Review of the facility's Characteristics Roster showed that the facility provided care and services for residents with behavior/psycho-social issues as well as [REDACTED] diagnosis ([REDACTED]).

Environmental observation on 02/11/2025, between 12:35 PM and 1:35 PM, showed five rooms with non-operable or absent mechanical ventilation fans: one in the men's bathroom on the second floor, one in the third-floor housekeeping/mop storage room, one in the third-floor common bathroom, one in the first-floor resident laundry room, and one in the first-floor housekeeping/mop storage room. Observation showed the vents present were covered in visible dirt and dust. Observation of the common area hallway on the third floor showed two circuit breaker panels along the wall. Both panel doors were unlocked which allowed access to the circuit breaker switches.

During an interview on 02/11/2025 at the time of observation, Staff H, Maintenance Director, stated that they were aware of the ventilation requirements. Staff H stated that they were unaware that the ventilation systems were non-functioning or absent. Staff H stated that they were aware the panel doors to the electrical circuit breakers were unlocked.

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 COURT is or will be in compliance with this law and / or regulation on (Date) April 10/2025

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

James Korman
Administrator (or Representative)

Mar 25/2025
Date

WAC 366-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
 - (a) Identifies the resident's immediate needs; and
 - (b) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.
- (3) Review and update each resident's negotiated service agreement consistent with

Review of the facility's Characteristics Roster showed that the facility provided care and services for residents with behavior/psycho-social issues as well as [REDACTED] diagnosis ([REDACTED]).

Environmental observation on 02/11/2025, between 12:35 PM and 1:35 PM, showed five rooms with non-operable or absent mechanical ventilation fans: one in the men's bathroom on the second floor, one in the third-floor housekeeping/mop storage room, one in the third-floor common bathroom, one in the first-floor resident laundry room, and one in the first-floor housekeeping/mop storage room. Observation showed the vents present were covered in visible dirt and dust. Observation of the common area hallway on the third floor showed two circuit breaker panels along the wall. Both panel doors were unlocked which allowed access to the circuit breaker switches.

During an interview on 02/11/2025 at the time of observation, Staff H, Maintenance Director, stated that they were aware of the ventilation requirements. Staff H stated that they were unaware that the ventilation systems were non-functioning or absent. Staff H stated that they were aware the panel doors to the electrical circuit breakers were unlocked.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
- (b) Identifies the resident's immediate needs; and
- (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.
- (3) Review and update each resident's negotiated service agreement consistent with

Statement of Deficiencies	License #: 1502	Compliance Determination # 54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 17 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

WAC 388-78A-2120 :

- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
- (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.
- (4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 5 of 7 residents (Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7) service agreements a plan to monitor and address interventions required to meet the current clinical needs. This failure placed Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7 at risk for unmet care needs and potential harm.

Findings included...

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident 1 on [REDACTED] 2021. The records showed Resident 1 received medication assistance and administration services from facility staff.

Review of Resident 1's December 2024, January 2025, and February 2025 Medication Administration Record (MAR) showed that Resident 1 received 81 milligrams (mg) of Aspirin (medication used to prevent blood clotting) daily, by mouth, for congestive heart failure (condition where the heart doesn't pump blood as well as it should); 150 mg of Bupropion XL (medication used to treat depression) daily, by mouth, for major depressive disorder (mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities); 10 mg of Escitalopram (medication used to treat generalized anxiety disorder) daily, by mouth, for generalized anxiety disorder (severe ongoing condition that interferes with daily activities); 50 mg of Metoprolol Succ ER (medication used to treat high blood pressure) twice daily, by mouth, for hypertension (elevated blood pressure); 10 mg of Hydralazine (medication used to treat high blood pressure) half tablet three times daily, by mouth, for hypertension (elevated blood pressure).

Review of Resident 1's Service Plan Report (equivalent to the Negotiated Service Agreement), dated 09/09/2024, showed no documentation that provided guidance for the care staff to monitor Resident 1 for signs and symptoms related to depressive disorders, generalized anxiety disorders, hypertension, and use of blood thinning medications. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 1 exhibited signs and symptoms of depression and anxiety. There was no documentation that provided the care staff with guidance about the possible side effects from daily use of Aspirin. The plan showed no guidance

WAC 388-78A-2120 :

- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
- (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.
- (4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 5 of 7 residents (Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7) service agreements a plan to monitor and address interventions required to meet the current clinical needs. This failure placed Resident 1, Resident 2, Resident 3, Resident 6, and Resident 7 at risk for unmet care needs and potential harm.

Findings included...

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident 1 on [REDACTED]/2021. The records showed Resident 1 received medication assistance and administration services from facility staff.

Review of Resident 1's December 2024, January 2025, and February 2025 Medication Administration Record (MAR) showed that Resident 1 received 81 milligrams (mg) of Aspirin (medication used to prevent blood clotting) daily, by mouth, for congestive heart failure (condition where the heart doesn't pump blood as well as it should); 150 mg of Bupropion XL (medication used to treat depression) daily, by mouth, for major depressive disorder (mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities); 10 mg of Escitalopram (medication used to treat generalized anxiety disorder) daily, by mouth, for generalized anxiety disorder (severe ongoing condition that interferes with daily activities); 50 mg of Metoprolol Succ ER (medication used to treat high blood pressure) twice daily, by mouth, for hypertension (elevated blood pressure); 10 mg of Hydralazine (medication used to treat high blood pressure) half tablet three times daily, by mouth, for hypertension (elevated blood pressure).

Review of Resident 1's Service Plan Report (equivalent to the Negotiated Service Agreement), dated 09/09/2024, showed no documentation that provided guidance for the care staff to monitor Resident 1 for signs and symptoms related to depressive disorders, generalized anxiety disorders, hypertension, and use of blood thinning medications. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 1 exhibited signs and symptoms of depression and anxiety. There was no documentation that provided the care staff with guidance about the possible side effects from daily use of Aspirin. The plan showed no guidance

Statement of Deficiencies	License #: 1562	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 15 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

or instructions for care staff to report signs and symptoms of anxiety, depression, hypertension, and bruising or bleeding to the nurse.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [REDACTED] 2024. The records showed Resident 2 received medication assistance services from facility staff.

Review of Resident 2's December 2024, January 2025, and February 2025 MAR showed that Resident 2 received 150 mg of Bupropion XL one tablet, daily, by mouth and 40 mg of Fluoxetine (medication used to treat depression) daily, by mouth, for major depressive disorder.

Review of Resident 2's Service Plan Report, dated 12/30/2024, showed no documentation that provided guidance to the care staff to monitor Resident 2 for signs and symptoms related to obsessive-compulsive disorder and depressive disorder. The plan showed no instructions for care staff of behaviorally based supportive actions to take when Resident 2 exhibited signs and symptoms of obsessive-compulsive disorder and depression. There was no documentation that provided the care staff with guidance about possible side effects from Bupropion XL and Fluoxetine. The plan showed no guidance or instructions for care staff to report signs and symptoms of Resident 2's obsessive-compulsive disorder and depression to the nurse.

RESIDENT 3

Review of Resident 3's records showed the facility admitted Resident 3 on [REDACTED] 2022. The records showed Resident 3 received medication assistance services from facility staff.

Review of Resident 3's December 2024, January 2025, and February 2025 MAR showed that Resident 3 received 50 mg of Metoprolol Succ ER daily, by mouth, for hypertension; 20 mg of Torsemide (medication used to treat fluid retention caused by congestive heart failure) four tablets twice daily, by mouth, for congestive heart failure (condition where the heart doesn't pump blood as well as it should); 40 mg of Fluoxetine daily, by mouth, for major depressive disorder; one mg of Glimepiride (medication used to treat high blood sugar levels) daily, by mouth, for diabetes mellitus (disease of too much sugar in the blood); and 300 mg of Gabapentin (medication used to treat pain from nerve damage) three times daily, by mouth, for peripheral neuropathy (weakness, numbness, and pain from nerve damage caused by diabetes).

Review of Resident 3's Service Plan Report, dated 09/02/2024, showed no documentation that provided guidance for the care staff to monitor Resident 3 for signs and symptoms related to hypertension, congestive heart failure, depressive disorder, diabetes, and peripheral neuropathy. The plan showed no instructions for care staff of behaviorally based supportive actions to take when Resident 3 exhibited signs and symptoms of depression. There was no documentation that provided the care staff with guidance about possible side effects from Metoprolol, Torsemide, Fluoxetine.

or instructions for care staff to report signs and symptoms of anxiety, depression, hypertension, and bruising or bleeding to the nurse.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [REDACTED]/2024. The records showed Resident 2 received medication assistance services from facility staff.

Review of Resident 2's December 2024, January 2025, and February 2025 MAR showed that Resident 2 received 150 mg of Bupropion XL one tablet, daily, by mouth and 40 mg of Fluoxetine (medication used to treat depression) daily, by mouth, for major depressive disorder.

Review of Resident 2's Service Plan Report, dated 12/30/2024, showed no documentation that provided guidance to the care staff to monitor Resident 2 for signs and symptoms related to obsessive-compulsive disorder and depressive disorder. The plan showed no instructions for care staff of behaviorally based supportive actions to take when Resident 2 exhibited signs and symptoms of obsessive-compulsive disorder and depression. There was no documentation that provided the care staff with guidance about possible side effects from Bupropion XL and Fluoxetine. The plan showed no guidance or instructions for care staff to report signs and symptoms of Resident 2's obsessive-compulsive disorder and depression to the nurse.

RESIDENT 3

Review of Resident 3's records showed the facility admitted Resident 3 on [REDACTED]/2022. The records showed Resident 3 received medication assistance services from facility staff.

Review of Resident 3's December 2024, January 2025, and February 2025 MAR showed that Resident 3 received 50 mg of Metoprolol Succ ER daily, by mouth, for hypertension; 20 mg of Torsemide (medication used to treat fluid retention caused by congestive heart failure) four tablets twice daily, by mouth, for congestive heart failure (condition where the heart doesn't pump blood as well as it should); 40 mg of Fluoxetine daily, by mouth, for major depressive disorder; one mg of Glimepiride (medication used to treat high blood sugar levels) daily, by mouth, for diabetes mellitus (disease of too much sugar in the blood); and 300 mg of Gabapentin (medication used to treat pain from nerve damage) three times daily, by mouth, for peripheral neuropathy (weakness, numbness, and pain from nerve damage caused by diabetes).

Review of Resident 3's Service Plan Report, dated 09/02/2024, showed no documentation that provided guidance for the care staff to monitor Resident 3 for signs and symptoms related to hypertension, congestive heart failure, depressive disorder, diabetes, and peripheral neuropathy. The plan showed no instructions for care staff of behaviorally based supportive actions to take when Resident 3 exhibited signs and symptoms of depression. There was no documentation that provided the care staff with guidance about possible side effects from Metoprolol, Torsemide, Fluoxetine,

Statement of Deficiencies	License #: 1502	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 19 of 20	Licenses: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2026

Glimepiride, and Gabapentin. The plan showed no guidance or instructions for care staff to report signs and symptoms of depression, hypertension, diabetes, and peripheral neuropathy to the nurse.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED] 2022. The records showed Resident 6 received medication assistance and administration services from facility staff. The records showed Resident 6 received assistance with emptying and cleaning of their Foley catheter (medical device inserted into the bladder to drain urine).

Review of Resident 6's December 2024, January 2025, and February 2025 MAR showed that Resident 6 received five mg of Eliquis (Medication used to prevent blood clotting) twice daily, by mouth, for pulmonary embolism (medical condition where blood vessels in the lungs are blocked by blood clots).

Review of Resident 6's Service Plan Report, dated 09/23/2024, showed no documentation that provided guidance for the care staff to monitor and assist Resident 6 with their Foley catheter. The plan showed that Resident 6 was independent with medication administration. There was no guidance for the care staff to monitor Resident 6 for signs and symptoms related to pulmonary embolism and the use of blood thinning medications. There was no documentation that provided the care staff with guidance about the possible side effects from daily use of Eliquis. The plan showed no guidance or instructions for care staff to report signs and symptoms of bruising or bleeding to the nurse.

RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED] 2023. The records showed Resident 7 received no medication assistance services from facility staff.

Review of Resident 7's progress notes from December 2024, January 2025, and February 2025 documented multiple incidents of medication refusal. The progress notes showed documentation that facility staff attempted to provide Resident 7 medication assistance for Melatonin (medication to promote sleep and reduce anxiety), one mg, by mouth at bedtime. Review of Resident 7's record showed no documentation of a physician's order for Resident 7 to receive Melatonin.

Review of Resident 7's progress notes, dated December 2024, January 2025, and February 2025, showed documentation that Resident 7 exhibited verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused staff's verbal attempts to re-direct Resident 7 when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's service plan showed no documentation of any behavioral

Glimepiride, and Gabapentin. The plan showed no guidance or instructions for care staff to report signs and symptoms of depression, hypertension, diabetes, and peripheral neuropathy to the nurse.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2022. The records showed Resident 6 received medication assistance and administration services from facility staff. The records showed Resident 6 received assistance with emptying and cleaning of their foley catheter (medical device inserted into the bladder to drain urine).

Review of Resident 6's December 2024, January 2025, and February 2025 MAR showed that Resident 6 received five mg of Eliquis (Medication used to prevent blood clotting) twice daily, by mouth, for pulmonary embolism (medical condition where blood vessels in the lungs are blocked by blood clots).

Review of Resident 6's Service Plan Report, dated 09/23/2024, showed no documentation that provided guidance for the care staff to monitor and assist Resident 6 with their foley catheter. The plan showed that Resident 6 was independent with medication administration. There was no guidance for the care staff to monitor Resident 6 for signs and symptoms related to pulmonary embolism and the use of blood thinning medications. There was no documentation that provided the care staff with guidance about the possible side effects from daily use of Eliquis. The plan showed no guidance or instructions for care staff to report signs and symptoms of bruising or bleeding to the nurse.

RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 received no medication assistance services from facility staff.

Review of Resident 7's progress notes from December 2024, January 2025, and February 2025 documented multiple incidents of medication refusal. The progress notes showed documentation that facility staff attempted to provide Resident 7 medication assistance for Melatonin (medication to promote sleep and reduce anxiety), one mg, by mouth at bedtime. Review of Resident 7's record showed no documentation of a physician's order for Resident 7 to receive Melatonin.

Review of Resident 7's progress notes, dated December 2024, January 2025, and February 2025, showed documentation that Resident 7 exhibited verbal and aggressive behaviors directed at facility caregivers and staff. The records showed Resident 7 refused staff's verbal attempts to re-direct Resident 7 when they experienced paranoid ideations and were resistive to assistance with care.

Review of Resident 7's service plan showed no documentation of any behaviorally

Statement of Deficiencies	License #: 1582	Compliance Determination #54446
Plan of Correction	EVERGREEN COURT	Completion Date
Page 20 of 20	Licensee: DOWNTOWN ACTION TO SAVE HOUSING	02/26/2025

based interventions for the facility staff to manage Resident 7's verbally aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors. There were no guidelines of when staff were required to notify facility nursing staff, Resident 7's primary care provider, and Resident 7's representative.

During an interview at 10:55 AM on 02/12/2025, Staff G, Wellness Nurse, stated that the facility staff monitored Resident 7 on all shifts and that staff verbally reported incidences to Staff A, Executive Director, and Staff G. Staff G stated that care staff did not document behaviors in the electronic record system. Staff G stated that Resident 7's service plan did not address Resident 7's aggressive behaviors, resistance to care, and medication refusals.

During an interview on 02/12/2025 at 1:20 PM, Staff A, Executive Director, stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required service plan comprehensive components. Staff A stated that they were unaware of the comprehensive elements required in resident service plans.

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 COURT is or will be in compliance with this law and / or regulation on (Date) APR 14 / 2025.

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

James Korman

Administrator (or Representative)

Mr 25/2025

Date

based interventions for the facility staff to manage Resident 7's verbally aggressive behaviors. The plan showed no guidelines for staff to monitor and document behaviors. There were no guidelines of when staff were required to notify facility nursing staff, Resident 7's primary care provider, and Resident 7's representative.

During an interview at 10:55 AM on 02/12/2025, Staff G, Wellness Nurse, stated that the facility staff monitored Resident 7 on all shifts and that staff verbally reported incidences to Staff A, Executive Director, and Staff G. Staff G stated that care staff did not document behaviors in the electronic record system. Staff G stated that Resident 7's service plan did not address Resident 7's aggressive behaviors, resistance to care, and medication refusals.

During an interview on 02/13/2025 at 1:20 PM, Staff A, Executive Director, stated that the facility utilized an electronic documentation system. Staff A stated that they thought the electronic documentation system met the required service plan comprehensive components. Staff A stated that they were unaware of the comprehensive elements required in resident service plans.

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 COURT is or will be in compliance with this law and / or regulation on (Date)_____.

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

Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/04/2025

DOWNTOWN ACTION TO SAVE HOUSING
EVERGREEN COURT
900 124TH AVENUE NE
BELLEVUE, WA 98005

RE: EVERGREEN COURT # 1502

Dear Administrator:

This document references the following complaint numbers 187277.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/26/2025 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 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 Return the Plan/Attestation Statement and report with signatures to;

Laurie Anderson, Community Field Manager
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/04/2025

DOWNTOWN ACTION TO SAVE HOUSING
EVERGREEN COURT
900 124TH AVENUE NE
BELLEVUE, WA 98005

RE: EVERGREEN COURT # 1502

Dear Administrator:

This document references the following complaint numbers 167277.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/26/2025 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 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

EVERGREEN COURT #1502

02/26/2025

Page 2 of 3

Region 2, Unit D

Preferred methods:

eFax: (253) 396-5371

Email: resregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

- 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-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.

The facility failed to ensure one resident, who required nurse delegation, updated their verbal consent with a signed consent within 30 days, as required. During the inspection, facility staff obtained and documented the signed consent for nurse delegation services to meet regulatory requirements.

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

Region 2, Unit D

Preferred methods:

eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

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Fax: (360) 725-3225

EVERGREEN COURT #1502

02/26/2025

Page 3 of 3

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

EVERGREEN COURT # 1502

02/26/2025

Page 3 of 3

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.