



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600**

September 3, 2025

ELECTRONIC-FACSIMILE

Administrator
Trustwell Living at Evergreen Place
2610 SE 164th Ave
Vancouver, WA 98683

Assisted Living Facility License # **2732**
Licensee: Vancouver AL, LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

On August 20, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Trustwell Living at Evergreen Place**, located at **2610 SE 164th Ave, Vancouver**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated August 20, 2025.

Civil Fines

WAC 388-78A-2310 (2)(a)(c)(f) Intermittent nursing services. **\$400.00**

The licensee failed to ensure the nurse delegator had delegated five Medication Aids prior to administering medications to one resident. This failure placed this resident at risk for harm and injury due to untrained and unsupervised care staff.

This is an uncorrected deficiency previously cited on and June 20, 2025.

WAC 388-78A-2140 (1)(a)(i)(ii)(iii)(b)(c)(d)(e) Negotiated service agreement contents. **\$300.00**

The licensee failed to document, in the resident's negotiated service agreement (NSA), the plan to provide specific resident identified care and service needs for two residents.

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This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

This is an uncorrected deficiency previously cited on June 20, 2025, for subsection (1)(a), (d), and (e).

WAC 388-78A-2480 (1) Tuberculosis—Testing—Required. \$300.00

The licensee failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for one staff member. This failure placed all staff and residents at risk for exposure and harm from a communicable disease.

This is an uncorrected deficiency previously cited on June 20, 2025.

WAC 388-78A-2665 (1)(2)(3)(4)(5)(6) Resident rights—Notice—Policy on accepting medicaid as a payment source. \$300.00

The licensee failed to ensure a Medicaid policy was completed and/or documented for one resident. This failure placed this resident at risk of not being aware of their discharge rights.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Clinton Fridley, RN, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 450-1218/ Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

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Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

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Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,300.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check, to:**

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

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If you have any questions, please contact Clinton Fridley, Field Manager, at (360) 450-1218.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matt Hauser', with a long horizontal flourish extending to the right.

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP