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

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

RE: Trustwell Living at Evergreen Place License # 2732

Dear Administrator:

This letter addresses Compliance Determination(s) 70585 (Completion Date 12/24/2025) and 67543 (Completion Date 10/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/24/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2480-1

The Department staff who did the off-site verification:
Jennifer Siharath, ALF Licensor

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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

Statement of Deficiencies	License #: 2732	Compliance Determination # 67543
Plan of Correction	Trustwell Living at Evergreen Place	Completion Date
Page 1 of 3	Licensee: Vancouver AL, LLC	10/27/2025

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 off-site follow-up on 10/21/2025 and 10/27/2025 of:
Trustwell Living at Evergreen Place
2610 SE 164th Ave
Vancouver, WA 98683

This document references the following SOD dated: 10/27/2025

The following sample was selected for review during the unannounced off-site verification: 4 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor

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

As a result of the off-site verification(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Clinton Fridley RN
Residential Care Services

11/04/2025
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.

Ashley Chastain
Administrator (or Representative)

11/4/25
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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 1 of 3 sampled staff (Staff T).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Staff T

Record review for Staff T, swing shift medication aide/resident care provider, showed that Staff T was hired on 10/06/2025. No TB test records were found for Staff T.

On 10/22/2025 at 10:07 AM, the department requested Staff T's TB test records again.

On 10/23/2025 at 10:40 AM, a follow up email was sent to Staff A, Executive Director, for Staff T's TB test records.

On 10/23/2025 at 5:24 PM, the department received a document showing that Staff T had their first step of the two step TB test initiated on 10/22/2025.

On 10/27/2025 at 1:04 PM, Staff A stated that the TB tests for Staff T were not

completed per regulation.

This is an uncorrected deficiency previously cited on 08/20/2025 and a recurring deficiency previously cited on 08/20/2025 and 06/20/2025.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 11/27/25.

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

Ashley Chastain — Administrator (or Representative)

11/4/25 — Date

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

Statement of Deficiencies	License #: 2732	Compliance Determination # 63875
Plan of Correction	Trustwell Living at Evergreen Place	Completion Date
Page 1 of 8	Licensee: Vancouver AL, LLC	08/20/2025

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 off-site follow-up on 08/08/2025 and 08/19/2025 of:
Trustwell Living at Evergreen Place
2610 SE 164th Ave
Vancouver, WA 98683

This document references the following SOD dated: 08/20/2025

The following sample was selected for review during the unannounced off-site verification: 10 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

As a result of the off-site verification(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Clinton Fridley
Residential Care Services

09/03/2025
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.

Boschke
Administrator (or Representative)

9-3-25
Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(a) Medication administration;

(c) Diabetic management;

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the nurse delegator had delegated 5 of 5 Medication Aids (Staff H, Staff N, Staff Q, Staff R and Staff S) prior to administering medications to 1 of 1 sampled resident (Resident 7). This failure placed this resident at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930 Criteria for delegation:
(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided.

Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

During an unannounced full licensing inspection follow up on 08/11/2025 at 4:24 PM, the department received the requested resident records.

Resident 7 (R7)

R7's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of the facility's resident characteristic roster documented that R7 is an insulin dependent diabetic and is receiving nurse delegation.

Review of R7's assessment and NSA, both dated 04/07/2025, showed documentation that staff prepare and administers insulin to R7.

Review of R7's records showed MAR's, dated 08/01/2025 through 08/19/2025, that documented 5 medication technicians requiring nurse delegation (Staff H, Staff N, Staff Q, Staff R and Staff S) had administered insulin to R7.

Review of the facility's nurse delegation documents showed a nurse delegation nursing visit, undated, that documented that Staff H, Staff Q, Staff R and Staff S were trained and evaluated for blood sugar checks and insulin administration for R7. It also documented that a return visit was due on or before 07/30/2025. No documentation was found to show that Staff S was trained and supervised at least every two weeks for the first four weeks per regulation. No documentation was found to show that Staff N, who had administered insulin to R7, had been delegated. No current nurse delegation nursing visit was provided for R7.

On 08/19/2025 at 1:24 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on and 06/20/2025.

Statement of Deficiencies	License #: 2732	Compliance Determination # 63875
Plan of Correction	Trustwell Living at Evergreen Place	Completion Date
Page 4 of 8	Licensee: Vancouver AL, LLC	08/20/2025

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 10/3/25.

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

Administrator (or Representative) — 9-3-25 Date

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

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

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

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

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

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreement (NSA), the plan to provide specific resident identified care and service needs for 2 of 6 sampled residents (Resident 2 and Resident 4). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

During an unannounced full licensing inspection follow up on 08/11/2025 at 4:24 PM, the Department received the requested resident records.

Resident 2 (R2)

Review of R2's records showed that they were admitted to the facility on [redacted]/2024 and had no diagnoses documented.

Record review of the facility's resident characteristics roster (RCR) showed documentation that R2 utilizes a medical device.

Record review of R2's NSA, dated 05/27/2025, showed no documentation that R2 utilizes a medical device.

Resident 4 (R4)

Review of R4's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's RCR showed documentation that R4 is a smoker.

Record review of R4's NSA, dated 04/24/2025, showed no documentation that R4 is a smoker.

On 08/19/2025 at 1:24 PM, Staff A, Executive Director, confirmed that R2 utilizes side rails on a hospital bed and that R4 is smoker.

This is an uncorrected deficiency previously cited on 06/20/2025 for subsection (1)(a), (d), and (e).

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 10-3-25.

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

Administrator (or Representative) — Date: 9-3-2025

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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 1 of 2 sampled staff (Staff C).This failure placed all staff and residents at risk for exposure and harm from a communicable disease.

Findings included...

During an unannounced full licensing inspection follow up on 08/11/2025 at 4:24 PM, the department received the requested staff documents.

Staff C

Record review for Staff C, CNA/Care Staff, showed that Staff C was hired on 09/23/2024. Review of Staff C's TB test records showed documentation the first step TB test was initiated on 08/14/2024 and read on 08/17/2024, prior to being employed at the facility. Documentation of the second step of the TB test showed that it was initiated on 10/01/2024 with no documentation of the results being read. No documentation was found for Staff C to show that a first step TB test was completed within three days of employment as required per regulation, or that a second step of the TB test was completed within one to three weeks of the first step of the TB test being completed per regulation.

On 08/19/2025 at 1:24 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff C were not completed per regulation.

This is an uncorrected deficiency previously cited on 06/20/2025.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 10-3-25 .

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

Administrator (or Representative) — Date: 9-3-25

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed and/or documented for 1 of 5 sampled residents (Resident 5). This failure placed this resident at risk of not being aware of their discharge rights.

Findings included...

Resident 5 (R5)

During an unannounced full licensing inspection follow up on 08/08/2025 at 4:34 PM, the facility's resident characteristic roster showed that R5 admitted to the facility on [redacted]/2021.

On 08/11/2025 at 4:24 PM, the department received the requested resident records and were informed that the facility did not have a signed Medicaid policy for R5.

On 08/11/2025 at 4:41 PM, Staff B, Care Services Manager, stated that they were "currently awaiting signature on Medicaid Plan for R5."

On 08/19/2025 at 10:38 AM, the department requested the signed Medicaid policy for R5.

On 08/19/2025 at 1:24 PM, Staff A, Executive Director, acknowledged that there is still no signed Medicaid policy for R5.

This is an uncorrected deficiency previously cited on 06/20/2025.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 10-3-25 .

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

Administrator (or Representative) 9-3-25 Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 06/17/2025 and 06/20/2025 of:

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

The following sample was selected for review during the unannounced on-site visit: 9 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Clinton Fridley
Residential Care Services

07/01/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Joann Boschke
Administrator (or Representative)

07/31/2025
Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(a) Medication administration;

(c) Diabetic management;

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to verify that 2 of 3 delegated Medication Technicians (Staff H and P) had completed or had documentation of completing the nurse delegation core training and/or diabetes specific nurse delegation training, failed to ensure the nurse delegator had properly delegated 9 of 9 Medication Aids (Staff G, H, I, J, K, L, M, N, and P) prior to administering medications to 2 of 2 sampled residents (Resident 6 and 7) and failed to obtain written consent from the resident or representative prior to implementing nurse delegation for 2 of 2 sampled residents (Resident 6 and 7). These failures placed these two residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation:
(8) Verify that the nursing assistant or home care aide:

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.
(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Resident 6 (R6)

During an unannounced full licensing inspection on 06/18/2025 at 11:45 AM, R6's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facility's resident characteristic roster (RCR), showed documentation that R6 is receiving nurse delegation.

Record review of R6's negotiated service agreement (NSA), dated 04/28/2025, showed documentation that R6 is legally blind due to their macular degeneration and that R6 requires staff assistance with administration of medication.

No nurse delegation documentation was provided for R6 or found in the facility's nurse delegation binder.

Resident 7 (R7)

On 06/18/2025 at 11:45 AM, R7's records showed that they were admitted to the facility on [redacted] 2025 with various diagnoses including [redacted].

Record review of the facility's RCR documented that R7 is an insulin dependent diabetic and is receiving nurse delegation.

Review of R7's assessment and NSA, both dated 04/07/2025, showed documentation that staff prepare and administers insulin to R7.

Review of R7's records showed medication administration record's, dated 04/01/2025 through 06/17/2025, that documented 10 care staff, one registered nurse (Staff B) and nine medication technician requiring nurse delegation (Staff G, H, I, J, K, L, M, N, and P) had administered insulin to R7.

Review of the facility's nurse delegation documents, showed a nurse delegation nursing visit, dated 04/25/2025, delegating Staff G, H, and P. No documentation was found to show that Staff G, H, and P were trained and supervised at least every two weeks for the first four weeks per regulation. No documentation was found to show that staff H and P had completed the required diabetes specific nurse delegation training. No documentation was found to show the other staff (Staff I, J, K, L, M and N) that had administered insulin to R7 had been delegated. No consent was found for R7.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is a recurring deficiency previously cited on 11/15/2022.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — 07/31/2025

Administrator (or Representative) — Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(C) Cardiopulmonary resuscitation;

(D) First aid; and

This requirement was not met as evidenced by:

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

Findings included...

During an unannounced licensing full inspection on 06/18/2025 at 9:30 AM, the department received the requested staff documents.

Staff C

Record review for Staff C, certified nursing assistant (CNA)/care staff, showed that Staff C was hired on 09/23/2024. Review of Staff C's CNA credentials showed an expiration date of 12/27/2024.

Staff D

Record review for Staff D, day medication technician, showed that Staff D was hired on 03/24/2025. Documentation of Staff D's CNA credentials showed an expiration date of 04/14/2025. No documentation on nurse delegation, mental health or dementia specialty training, food workers card, or first aid and cardiopulmonary resuscitation (CPR) training was found for Staff D.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged that the facility had failed to complete or document the required training and current credentials for Staff C and D.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication services when 1 of 7 residents (Resident 6 [R6]) had medications that were not given and had no corresponding documentation. This failure placed residents at risk of harm from inconsistent or improper medication management.

Findings included...

During an unannounced full licensing inspection on 06/18/2025 at 11:45 AM, R6's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted]

Record review of R6's medication administration record (MAR) dated 05/01/2025 through 06/17/2025 showed that zinc oxide (a topical medication for skin irritation) was not given, documented reason, in general, was the medication was not available for

varying reasons, on the following days:

- 05/11/2025 through 05/14/2025
- 05/19/2025 through 05/22/2025
- 05/26/2025 through 05/28/2025
- 05/30/2025
- 05/31/2025
- 06/04/2025
- 06/07/2025
- 06/09/2025
- 06/10/2025
- 06/13/2025
- 06/14/2025.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings and stated, "We will do some training on that."

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed for 1 of 5 staff (Staff E).

This failure placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included...

During an unannounced licensing full inspection on 06/18/2025 at 9:30 AM, the department received the requested staff documents.

Record review for Staff E, Activities, showed that Staff E was hired on 11/03/2020. Review of Staff E's Washington State name and date of birth background check showed that it was completed on 12/08/2022 and expired on 12/07/2024. No other background checks were provided for Staff E.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged that there was no current Washington state name and date of birth background check for Staff E.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

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

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

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

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

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

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

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 4 of 9 sampled residents (Residents 1, 2, 4, and 9). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)
During an unannounced full licensing inspection on 06/18/2025 at 10:30 AM, R1's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R1's NSA, dated 01/09/2025, showed documentation that R1 was receiving home health services for wound care management.

Review of the facility's resident characteristic roster (RCR) showed no documentation that R1 was receiving home health services.

On 06/20/2025 at 11:30 AM, Staff B, Care Services Manager, confirmed that R1 was not receiving home health services.

Resident 2 (R2)
On 06/18/2025 at 10:30 AM, R2's records showed that they admitted to the facility on [redacted]/2024 and had no diagnoses documented.

Record review of R2's assessment and NSA, both dated 05/27/2025, showed documentation that R2 has chronic wounds to their bilateral lower extremities. The assessment and NSA also documented that the resident self-medicates with family assist with ordering, set up, and managing using a pill organizer.

Review of R2's assessments showed a self-administration of medication assessment dated 02/12/2025.

Review of the facility's RCR documented that R2 requires facility assistance with medication management and no wounds were documented.

On 06/20/2025 at 11:30 AM, Staff B stated that the RCR is correct, and that the facility manages R2's medications and R2 does not have any wounds at this time.

Resident 4 (R4)
On 06/18/2025 at 11:15 AM, R4's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's RCR showed documentation that R4 is a smoker.

Record review of R4's assessments showed a smoking evaluation completed on 07/02/2024.

Record review of R4's NSA, dated 04/24/2025, showed no documentation that R4 smokes.

On 06/20/2025 at 11:30 AM, Staff B acknowledged that smoking was missing from the NSA and stated, "Ill get that added."

Resident 9 (R9)
On 06/18/2025 at 1:45 PM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's assessments showed a bed cane assessment completed [redacted]/2025.

Review of the facility's RCR, showed documentation that R9 receives home health services.

Record review of R9's NSA, dated 05/16/2025, showed no documentation that R9 utilizes any medical device or that they are receiving home health services.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident admission to the facility for 3 of 4 sampled residents (Residents 3, 7, and 9). This failure placed these three residents at risk of their care needs not being met.

Findings included...

Resident 3 (R3)
During an unannounced full licensing inspection on 06/18/2025 at 10:55 AM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted], sometimes called [redacted].

Record review of R3's assessments showed a preadmission assessment completed on 02/27/2025. No other assessments were found to show that a full assessment was completed within 14 days of R3's admission into the facility.

Resident 7 (R7)
On 06/18/2025 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R7's assessments showed a preadmission assessment dated [redacted]/2025 and a current assessment dated 04/07/2025. No other assessments were found to show that a full assessment was completed within 14 days of R7's admission into the facility.

Resident 9 (R9)

On 06/18/2025 at 1:45 PM, R9's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's assessments showed a preadmission assessment dated 05/16/2025. No other assessments were found to show that a full assessment was completed within 14 days of R9's admission into the facility.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged that there was no documentation to show that a full assessment was completed within 14 days of admission to the facility for R3,7 and 9.

This is a recurring deficiency previously cited on 11/15/2022.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for 3 of 4 sampled residents (Resident 3, 7, and 9). This failure placed these three residents at risk for proper care needs being unmet.

Findings included...

Resident 3 (R3)
During an unannounced full licensing inspection on 06/18/2025 at 10:55 AM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted], sometimes called [redacted].

Record review of R3's NSAs showed an initial NSA dated 02/27/2025. No other NSA was provided to show that an NSA was completed within 30 days of R3 admitting to the facility.

Resident 7 (R7)
On 06/18/2025 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R7's NSAs showed an initial NSA dated [redacted]/2025 and a current NSA dated 04/07/2025. No other NSA was provided to show that an NSA was completed within 30 days of R7 admitting to the facility.

Resident 9 (R9)
On 06/18/2025 at 1:45 PM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's NSAs showed an initial NSA dated 05/16/2025. No other NSA was provided for R9.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged that there is no documentation to show that an NSA was completed within 30 days of admission to the facility for R3, 7, and 9.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 2 of 9 sampled residents (Residents 7 and 9). This failure placed these two residents at risk for proper care needs not being met.

Findings included...

Resident 7 (R7)
During an unannounced full licensing inspection on 06/18/2025 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted]

Record review of the facility's resident characteristic roster (RCR), showed documentation that R7 has wounds.

Review of R7's records showed a current assessment and negotiated service agreement (NSA), both dated 04/07/2025, documenting "no" for current skin issues or wounds.

On 06/20/2025 at 11:30 AM, Staff B, Care Services Manager, confirmed that R7 no longer has wounds.

Resident 9 (R9)
On 06/18/2025 at 1:45 PM, R9's records showed that they admitted to the facility on [redacted] 2025 with various diagnoses including [redacted] and [redacted].

Record review of R9's assessments showed a bed cane assessment completed on [redacted] 2025.

Record review of the facility's RCR showed no documentation that R9 utilizes a medical device.

On 06/20/2025 at 11:30 AM, Staff B confirmed that R9 has a bed cane.

At 1:00 PM, Staff A, Executive Director, acknowledged that the facility's RCR needed to be updated for R7 and 9.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — 07/31/2025

Administrator (or Representative) — Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the written plan submitted included the minimum information required when 3 of 3 residents (Resident 1, 4, and 9) had family assisting with medications. This failure placed these residents at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 1 (R1)
During an unannounced full licensing inspection on 06/18/2025 at 10:30 AM, R1's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facilities resident characteristics roster (RCR) showed documentation that R1 is receiving family assistance with medications.

Record review of R1's assessments showed a self-administration of medication assessment completed on 06/22/2024.

Review of R1's negotiated service agreement (NSA), dated 01/09/2025, showed documentation that family assists R1 with medication management.

No family assistance with medication plan was found for R1.

Resident 4 (R4)
On 06/18/2025 at 11:15 AM, R4's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of the facilities RCR showed documentation that R4 is receiving family assistance with medications.

Record review of R4's assessments, showed a self-administration of medication assessment completed on 04/28/2023 and then reviewed again on 04/26/2024 and 07/24/2024 with no changes. The full assessment completed on 08/01/2024 documented that R4 is independent with family assistance for medication management.

Review of R4's NSA, dated 08/01/2024, showed documentation that R4's family sets up the mediset (pill box) weekly and R4 administers independently.

No family assistance with medication plan was found for R4.

Resident 9 (R9)
On 06/18/2025 at 1:45 PM, R9's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Review of R9's records showed an assessment and NSA, both dated [redacted]/2025, documenting that R9's family sets up the pill box for R9.

Record review of R9's assessments showed a self-administration of medication assessment completed on [redacted]/2025.

No family assistance with medication plan was found for R9.

On 06/20/2025 at 1:00 PM, Staff A, Executive Director, acknowledged that there was no family assistance with medication plans for R1, 4, and 9.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — 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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff A, C, and D).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 06/18/2025 at 9:30 AM, the department received the requested staff documents.

Staff A

Record review for Staff A, Executive Director, showed that Staff A was hired on 01/13/2025. Review of Staff A's TB test records showed documentation of a two-step TB test completed when Staff A was employed at a different facility prior to being employed at the facility being inspected. The first step of the TB test was initiated on 04/12/2024 and read on 04/15/2024 and the second step of the TB test was initiated on 04/26/2024 and read on 04/29/2024. No documentation was found to show that a TB test for Staff A was initiated within three days of employment as required per regulation.

Staff C

Record review for Staff C, CNA/Care Staff, showed that Staff C was hired on 09/23/2024. Review of Staff C's TB test records showed documentation that a first step of the TB test was initiated on 08/14/2024 and read on 08/17/2024, prior to being employed at the facility being inspected. Documentation of the second step of the TB test showed that it was initiated on 10/01/2024 with no documentation of the results being read. No documentation was found for Staff C to show that a first step TB test was completed

within three days of employment as required per regulation, or that a second step of the TB test was completed within one to three weeks of the first step of the TB test being completed per regulation.

Staff D
Record review for Staff D, Day Medication Technician, showed that Staff D was hired on 03/24/2025. Review of Staff D's TB test records showed documentation that the first step of the TB test was initiated on 04/22/2025 and read on 04/24/2025 and the second step of the TB test was initiated on 05/06/2025 and read on 05/08/2025. No documentation was found to show that a TB test for Staff D was initiated within three days of employment as required per regulation.

On 06/20/2025 at 1:00 PM, Staff A acknowledged that the TB tests for Staff A, C, and D were not completed per regulation.

This is a recurring deficiency previously cited on 11/15/2022.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was completed and/or documented for 3 of 7 sampled residents (Resident 2, 5, and 6). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

During an unannounced full licensing inspection on 06/20/2025 at 12:30 PM, Staff A, Executive Director, provided the requested Medicaid policies. Staff A stated, "there were a few before me that are missing, but I will do an audit next week and get them taken care of."

Resident 2 (R2)
On 06/18/2025 at 10:30 AM, R2's records showed that they admitted to the facility on [redacted]/2024 and had no diagnoses documented.

Record review of the Medicaid policies provided showed no signed Medicaid policy for R2.

Resident 5 (R5)
On 06/18/2025 at 11:25 AM, R5's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Record review of the Medicaid policies provided showed no signed Medicaid policy for R5.

Resident 6 (R6)
On 06/18/2025 at 11:45 AM, R6's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of the Medicaid policies provided showed no signed Medicaid policy for R6.

On 06/20/2025 at 1:00 PM, Staff A acknowledged that there were no signed Medicaid policies for R2, 5, and 6.

This is a previous consultation on 11/15/2022.

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, Trustwell Living at Evergreen Place is or will be in compliance with this law and / or regulation on (Date) 08/04/2025 .

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

Joann Boschke — Administrator (or Representative)

07/31/2025 — Date

11/4/25

Clinton Fridely, RN, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW, Point Plaza West
Tumwater, WA 98501

State of Washington
Department of Social and Health Services
Home and Community Living Administration
PO Box 45600
Olympia, WA 98504-5600

Dear Mr. Fridely,

Please find attached the signed Plan of Correction for Trustwell Living at Evergreen Place.

Regarding the citation for **WAC 388-78A-2480(1) — Tuberculosis Testing Requirements**, we have implemented a New Hire Checklist to ensure that TB testing is completed within three days of hire for all new staff members. A copy of this checklist is included for your review.

Also attached is the signed Statement of Deficiencies (SOD), attesting that Evergreen Place will be back in compliance as of **11/27/2025**. I am working closely with the onsite nurse to verify that all current staff are up to date with their TB testing.

Please let me know if you have any questions or need additional information.

Ashley Chastain

Sincerely,
Ashley Chastain
Regional Operations Specialist
achastain@trustwellliving.com
208-310-4920