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 # 2732

Dear Administrator:

This document references Compliance Determination 62732 (08/07/2025), which included complaint number(s) 186955, 188413, 189047.

The Department completed a complaint investigation of your Assisted Living Facility on 08/07/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Jason Rose

Consultation:

WAC 388-78A-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.

During on onsite visit, it was discovered two of the sampled Family Medication Plans were not up to date. This was immediately corrected by the facility and a facility wide full chart audit was initiated.

WAC 388-78A-2220 Prescribed medication authorizations.

(1) Before the assisted living facility may provide medication assistance or medication administration to a resident for prescribed medications, the assisted living facility must have one of the following:

(b) A written order from the prescriber;

Facility staff failed to follow established policies and procedures, facility quickly moved to retrain and put in place policy to avoid recurrence.

WAC 388-78A-2210 Medication services.

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

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

Facility staff member accidentally administered fast acting insulin rather than prescribed long acting insulin. No negative outcome. Staff member was removed from medications services. Facility initiated immediate shift to shift in-services, and has set up expanded diabetic and insulin training for staff.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

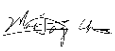
- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

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

If You Have Any Questions:

• Please contact me at (253)442-3013.

Sincerely,



Manfay Chan, Allied Health Field Manager
Region 3, Unit E
Residential Care Services

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Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Evergreen Place
License/Cert.#: 2732
Compliance Determination #: 62732
Investigator: Jason Rose
Investigation Date(s): 07/17/2025 through 08/07/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 186955
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Quality of care/ treatment: Facility is not managing resident's insulin per doctor's orders.
2. Nursing services: Facility nurse exceeded scope of practice by helping a resident restart their insulin pump without doctor's orders.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Activities Dining Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Outside agency health provider.
Record Reviews:	Communications with doctors/ orders. Incident reports Staffing/ schedules. MARs alert charting service agreements. Care plans/ medication management.

Investigation Summary:

1. Quality of care/ treatment: Facility is not managing resident's insulin per doctor's orders. Resident self manages medications. Failed practice identified that facility did not have updated family / resident management plans. These were updated, and consultation provided.
2. Nursing services: Facility nurse exceeded scope of practice by helping a

resident restart their insulin pump without doctor's orders. Facility retrained staff to medication policy and and procedures regarding assisting resident medications. Consultation provided.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Evergreen Place
License/Cert.#: 2732
Compliance Determination #: 62732
Investigator: Jason Rose
Investigation Date(s): 07/17/2025 through 08/07/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 189047
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Quality of care/ treatment. Facility med tec administered incorrect insulin to a resident.
2. Nursing Services. Med tech was not delegated to administer insulin.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Activities Dining Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Outside agency health provider.
Record Reviews:	Communications with doctors/ orders. Incident reports Staffing/ schedules. MARs alert charting service agreements. Care plans/ medication management. Facility Policies.

Investigation Summary:

1. Quality of care/ treatment. Facility med tec administered incorrect insulin to a resident. Failed practice identified as staff incorrectly administered insulin. Facility initiated immediate staffing Inservice and additional staff training. Consultation provided.
2. Nursing Services. Med tech was not delegated to administer insulin. All

facility staff responsible for medications have appropriate Nursing Delegation training and documentation. Unable to substantiate failed practice.

Conclusion / Action:

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