



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 13, 2016

EVERGREEN HOME SERVICES CORPORATION  
EVERGREEN HOME SERVICES CORPORATION  
9701 S 200TH ST  
KENT, WA 98031

RE: EVERGREEN HOME SERVICES CORPORATION License #608500

Dear Provider:

On April 13, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated March 1, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Julie Miranda, AFH Licenser

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

Delores Usea, Field Manager  
Region 2, Unit G  
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 98032-2388

Statement of Deficiencies	License #: 608500	Completion Date
Plan of Correction	EVERGREEN HOME SERVICES CORPORATION	March 1, 2016
Page 1 of 8	Licensee: EVERGREEN HOME	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:  
 2/18/2016

EVERGREEN HOME SERVICES CORPORATION  
 9701 S 200TH ST  
 KENT, WA 98031

The department staff that inspected the adult family home:  
 Julie Miranda, BSN, RN, AFH Licensors

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit G  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6007

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As a result of the on-site full inspection 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

3/3/2016

Date

I understand that to maintain an adult family home license I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

3/18/2016  
 Date

**WAC 388-76-10161 Background checks Who is required to have.**

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

**This requirement was not met as evidenced by:**

Based on interviews and record reviews, the adult family home (AFH) failed to ensure a background check and a national fingerprint background check was completed on two of thirteen sampled caregivers (Caregiver B and D), hired after January 1, 2012. This placed five residents (Resident #1, #2, #3, #4 and #6) at risk for harm and potential abuse and neglect.

Findings include:

Observation, interview and record review occurred on 2/18/2016 unless otherwise noted.

Residents #1, #2, #3, #4 and #6 resided at the home and were observed to have required assistance from caregivers for assistance with care.

**CAREGIVER B**

Caregiver B was hired on [REDACTED] 2015. Review of records revealed Caregiver B had completed her background check on 4/22/2015 but not her national fingerprint check, ten months since hire date.

On interview with Provider on 2/29/2016, she said she was recently out of the country for six weeks. She said she prodded Caregiver B to complete the requirement for the past year, but now Caregiver B had just recently made an appointment for a fingerprint check on 3/1/2016.

**CAREGIVER D**

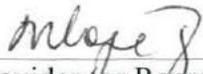
Caregiver D was hired on [REDACTED] 2016. Review of records revealed Caregiver D had not completed her background check and national fingerprint check since hire date.

On interview with Provider on 2/29/2016, she said Caregiver D had just submitted a background authorization form dated 2/24/2016 and will complete the fingerprint as soon as possible.

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**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 HOME SERVICES CORPORATION is or will be in compliance with this law and / or regulation on (Date) 3/18/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

3/18/2016  
Date

**WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:**

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure a two step Tuberculosis (TB) testing was completed on two of thirteen sampled caregivers (Caregiver B and D), within three days of employment. This placed residents (Resident #1, #2, #3, #4 and #6) at risk for exposure and contracting the communicable disease.

Findings include:

Interview and record review occurred on 2/18/2016 unless otherwise noted.

**CAREGIVER B**

Caregiver B was hired on [REDACTED] 2015. Review of records revealed she completed a one step TB testing eight months after her hire date, on 12/14/2015, read on 12/17/2015 with a negative result.

On interview with Caregiver B, she said, "I did not know I needed a TB test after three days when I was hired, I gave the Provider all the requirements that I needed, she's out of the country now."

On interview with the Provider on 2/29/2016 upon return from her travel, she acknowledged Caregiver B's TB testing was not done within three days of her hire date.

**CAREGIVER D**

Caregiver D was hired on 2/8/2016. Review of records revealed she had not completed her two step TB testing since hire date.

Further review revealed Caregiver D had a previous TB testing done in 2014 for private purposes but not when she was hired at the home on [REDACTED] 2016.

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On interview with the Provider on 2/29/2016, she acknowledged Caregiver D had not completed her two step TB testing within three days of hire. She said she was out of the country and Caregiver D was going to have the testing done but it was not done.

#### 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 HOME SERVICES CORPORATION is or will be in compliance with this law and / or regulation on (Date) 3/18/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

*mlope J*  
Provider (or Representative)

3/18/16  
Date

#### WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

- (1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;
- (2) Make the records readily available to the appropriate health authority and licensing agency;

#### This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure records of tuberculosis (TB) test results, reports of x ray findings and physician recommendations records were kept and readily available for the Department on one of thirteen sampled caregivers (Caregiver C). This placed residents (Resident #1, #2, #3, #4 and #6) at risk for exposure and contracting the communicable disease.

Findings include:

Observation, interview and record review occurred on 2/18/2016 unless otherwise noted.

The Provider was observed not at the home and interview with Caregiver A verified the Provider was out of the country on a vacation travel.

Caregiver C was hired on [REDACTED] 2006. Review of records revealed she had a positive TB test result dated [REDACTED] 2008.

During a telephone interview with Provider on 3/1/2016, she said Caregiver C had undergone a chest x ray after the positive TB test on [REDACTED] 2008 and had seen a physician also but did not have recommendations. The Provider said she did not obtain copies of these documents therefore no records were kept at the home. She was unable to provide copies for the Department.

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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 HOME SERVICES CORPORATION is or will be in compliance with this law and / or regulation on (Date) 3/1/14. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

M Lopez  
Provider (or Representative)

3/1/14  
Date

**WAC 388-76-10430 Medication system.**

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (d) Receives medications as required.

**This requirement was not met as evidenced by:**

Based on interview and record reviews, the adult family home (AFH) failed to ensure an analgesic medication patch was administered every 72 hours as ordered by the physician on one of five residents, (Resident #4). This placed the resident at risk for harm and complications from the medication administration error.

**Findings include:**

Observation, interview and record review occurred on 2/18/2016 unless otherwise noted.

Resident #4 was observed lying in bed and required total assistance from caregivers for care.

Review of Resident #4's most current "Assessment Details" dated 7/16/2015 revealed her "Medications must be administered."

Review of physician order dated 11/17/2015 showed, [REDACTED] 72 Hour 12 MCG/HR Transdermal 1 patch to skin every 3 days 30 days." The medication as a topical patch was nurse delegated dated 12/17/2015.

Review of Medication Administration Records (MAR) dated 2/2016, revealed the patch was administered to Resident #4 every 48 hours rather than 72 hours on the following dates and initialed by caregivers on 2/1/2016, 2/3/2016, 2/5/2016, 2/7/2016, 2/9/2016, 2/11/2016, 2/13/2016 and 2/15/2016.

On interview with Caregiver A when asked regarding the discrepancy, he acknowledged that they had administered the patch every 48 hours rather than 72 hours as ordered by the physician. He added, "We missed this one."

On interview with Provider on 2/29/2016, she said the caregivers got confused and administered the medication every 48 hours instead of 72 hours.

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mlapej  
Provider (or Representative)

3/18/14  
Date

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

- (1) Clearly state the circumstances under which the adult family home 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 adult family home failed to ensure a disclosure of their policy on accepting medicaid payments was completed on four of five residents (Resident #1, #3, #4 and #6). This placed the residents at risk for confusion and sudden discharge in the event of converting or reverting to medicaid.

**Findings include:**

Interview and record reviews occurred on 2/18/2016 unless otherwise noted.

Review of Resident #1, #3, #4 and #6's records revealed the policy on accepting medicaid payments was not completed during their admission to the home. This was verified by Caregiver A as he was unable to find the documents. He said the Provider was out of the country for a vacation.

On interview with the Provider on 2/29/2016 she said, " I thought if they are already state residents they are not to be given the policy anymore. I only did it to Resident #2 because she was a private resident then converted to state resident status."

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mlapey  
Provider (or Representative)

3/18/16  
Date

**WAC 388-112-0015 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training - Facility orientation training and long-term care worker orientation training.**

(1) Facility orientation. Individuals who are exempt from certification described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure an orientation training was completed on one of thirteen sampled caregivers (Caregiver D), before having routine interaction with residents. This placed residents (Resident #1, #2, #3, #4 and #6) at risk for unmet needs from caregivers who lacked information appropriate to the home and the population served.

Findings include:

Observation, interviews and record reviews occurred on 2/18/2016 unless otherwise noted.

Resident #1, #2, #3, #4 and #6 resided at the home and care were provided by caregivers.

Caregiver D was hired on [REDACTED] 2016. On interview with Caregiver A, he said Caregiver D worked and provided care to residents every Mondays, Tuesdays and Wednesdays from 7 pm through 7 am. Review of records revealed Caregiver D had not completed her orientation to the home ten days since hire date.

Caregiver A on interview also added the Provider was out of the country for a vacation and will return to the home on 2/24/2016.

On interview with the Provider on 2/29/2016, she acknowledged that Caregiver D had not completed her orientation training to the home. She said she just completed Caregiver D's orientation training. The Provider provided a copy of the orientation training to this agency dated 2/25/2016. Caregiver D was not an exempt long term care worker.

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*mlopez*  
Provider (or Representative)

3/18/16  
Date

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