



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

June 1, 2016

Janet M Rhode
EVERGREEN COURT EAST
11339 8TH AVE NE
SEATTLE, WA 98125

RE: EVERGREEN COURT EAST License #653300

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 27, 2016 for the deficiency or deficiencies cited in the report/s dated April 11, 2016 and found no deficiencies.

The Department staff who did the inspection:
Brenda Mooney, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bennetta Shoop".

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



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20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 653300	Completion Date
Plan of Correction	EVERGREEN COURT EAST	April 11, 2016
Page 1 of 4	Licensee: JANET RHODE	

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:
4/7/2016

EVERGREEN COURT EAST
11339 8TH AVE NE
SEATTLE, WA 98125

The department staff that inspected the adult family home:
Brenda Mooney, M.A., Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388
(253)234-6033

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APR 28 2016
DSHS/ADSA/RCS

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

4-12-2016

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)

4-25-16

Date

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the home did not ensure that the assessment/care plan was updated in a timely manner for 1 of 6 residents. Failure to ensure that an assessment was updated in a timely manner had the potential to negatively affect whether all current needs were known and addressed.

Findings include:

On 4/7/16, a review of assessments in the home revealed that Resident #5 had an assessment dated 2/9/15 which was due for a review on or before 2/9/16. Resident #5's assessment was out-of-date by approximately 2 months.

The Provider said attention to this detail had been delegated to her former designee who was no longer working at the facility.

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 EAST is or will be in compliance with this law and / or regulation on (Date) 4-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

4-25-16

Date

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WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the home did not ensure that 1 of 1 newly admitted resident had a negotiated care plan in place within 30 days of admission. Failure to ensure that a care plan was in place and negotiated had the potential to affect whether needs were adequately met and the resident's right were upheld.

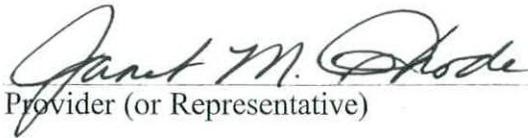
Findings include:

On 4/7/16, a review of resident records revealed that Resident #2 had been admitted to the home on [REDACTED] and did not have a negotiated care plan in place.

The Provider said she had meant to have this completed in a timely manner but other issues had been uppermost.

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 EAST is or will be in compliance with this law and / or regulation on (Date) 4-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

4-25-16
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the home did not ensure that 5 of 5 completed resident care plans were negotiated and consented to as evidenced by a resident/representative signature. Failure to ensure that resident care plans had consenting signatures is a violation of resident rights.

Findings include:

On 4/7/16, a review of resident care plans revealed that 5 of 5 resident care plans (Resident #1, #3, #4, #5, #6) had been updated in 2015 but none had consenting signatures from the resident/resident's representative.

Resident #3, #5, #6 had representative signatures from prior reviews that were dated in 2014.

The Provider said attention to this detail had been delegated to her former designee who was no longer working at the facility.

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Statement of Deficiencies

License #: 653300

Completion Date

Plan of Correction

EVERGREEN COURT EAST

April 11, 2016

Page 4 of 4

Licensee: JANET RHODE

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 EAST is or will be in compliance with this law and / or regulation on (Date) 5-10-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Janet M. Rhode
Provider (or Representative)

4-25-16
Date

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