



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

December 6, 2019

Diana Mocan
Evergreen Care
3911 SE 157th Ave
Vancouver, WA 98683

RE: Evergreen Care License #752658

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on December 5, 2019 for the deficiency or deficiencies cited in the report/s dated October 18, 2019 and found no deficiencies.

The Department staff who did the inspection:
Alixandria Cortez, LTC- MH Community Licensors

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

A handwritten signature in cursive script that reads "Chris Cornell for Karyl Ramsey".

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 752658	Completion Date
Plan of Correction	Evergreen Care	October 18, 2019
Page 1 of 2	Licensee: Diana Mocan	

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: 10/17/2019

Evergreen Care
 3911 SE 157th Ave
 Vancouver, WA 98683

The department staff that inspected the adult family home:
 Alixandria Cortez, LTC- MH Community Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit E
 800 NE 136th Avenue, Suite#220
 Vancouver, WA 98684
 (360)397-9549

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 DSHS REGION 3

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.

B. McCoy for Karyl Ramsey
 Residential Care Services

11-5-2019
 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.

Diana Mocan
 Provider (or Representative)

11/11/2019
 Date

This document was prepared by Residential Care Services for the Locator website.

11-27-19
 ABC

WAC 388-76-10475 Medication Log. The adult family home must:

- (3) Ensure the medication log includes:
- (c) Documentation of any changes or new prescribed medications including:
- (i) The change;
 - (ii) The date of the change;
 - (iii) A logged call requesting written verification of the change; and
 - (iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview and record review the provider failed to ensure the medication administration record (MAR) for one of two sampled residents (Resident #4) was accurate and up to date when the MAR was marked for a daily scheduled medication that had been discontinued and was no longer in the medication supply. Failure to ensure the resident's MAR was accurate placed Resident #4 at risk for medication errors.

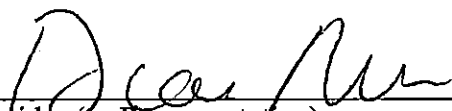
Findings included...

Review of Resident #4's MAR, dated 10/2019, revealed a medication Lisinopril (a medication used to treat high blood pressure) which was given daily at 8:00 AM. The MAR revealed that the medication was signed off as given from 10/01/19 to 10/17/19. Review of Resident #4's medication supply showed no Lisinopril. Review of Resident #4's updated medication list faxed and dated 10/17/19 from the pharmacy showed no Lisinopril.

During an interview on 10/17/19 at 11:56 AM, the Provider stated that she was not sure why the medication was not in the supply. The Provider stated that she thought the medication may have been discontinued and she had been marking the MAR out of habit. The Provider stated that she did not remember the last time she administered the medication. At 12:09 PM the Provider stated that she had called the pharmacy and they conveyed that the medication had been discontinued. The Provider stated that she had the pharmacy send a medication list over reflecting the medication change.

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 Care is or will be in compliance with this law and / or regulation on (Date) 11/11/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

11/11/2019

 Date