STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Belen Ortiz and Steven Ortiz
EVERGREEN SPRINGS
7100 SE Evergreen Hwy
Vancouver, WA 98664

RE: EVERGREEN SPRINGS License # 691601

Dear Provider:

This letter addresses Compliance Determination(s) 78133 (Completion Date 05/19/2026) and 74636 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/19/2026 and found that you have corrected the violations listed in the Full report dated 04/02/2026. Your home is back in compliance as of 03/19/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10805-4, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 03/19/2026 of:
EVERGREEN SPRINGS
7100 SE Evergreen Hwy
Vancouver, WA 98664

The following sample was selected for review during the unannounced on-site visit: 2 of 8 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

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.

Jennifer LeMaster
Residential Care Services

04/16/2026
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.

Belen Ortiz
Provider (or Representative)

3-19-2026
Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times. All Repaired as Inspection was Taking Place

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure smoke detectors were kept in working condition when two smoke detectors had been disconnected and removed from the ceiling. This failure placed eight of eight residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, and Resident 8) at risk for not receiving adequate notice to evacuate in an emergency.

Findings included...

During a tour of the adult family home at 12:10 pm on 03/19/2026, the smoke detector located in the kitchen was observed to have been disconnected and removed. The smoke detector in Bedroom [redacted] shared by Resident 1 and Resident 2, was also removed from the ceiling.

New smoke detectors were installed in the kitchen and Bedroom [redacted] at 1:52 pm on 03/19/2026.

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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.

Jennifer LeMaster
Residential Care Services

04/16/2026
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)

Date

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure smoke detectors were kept in working condition when two smoke detectors had been disconnected and removed from the ceiling. This failure placed eight of eight residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, and Resident 8) at risk for not receiving adequate notice to evacuate in an emergency.

Findings included...

During a tour of the adult family home at 12:10 pm on 03/19/2026, the smoke detector located in the kitchen was observed to have been disconnected and removed. The smoke detector in Bedroom [redacted], shared by Resident 1 and Resident 2, was also removed from the ceiling.

New smoke detectors were installed in the kitchen and Bedroom [redacted] at 1:52 pm on 03/19/2026.

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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 SPRINGS is or will be in compliance with this law and / or regulation on (Date) 3-19-2026.

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

Provider (or Representative) — Date: 3-19-2026

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure parts of the home and household items were kept in good repair. This failure placed eight of eight residents at risk for harm and a diminished quality of life.

Findings included...

A tour of the home took place at 12:10 pm, during a full inspection of the adult family home on 03/19/2026. The main bathroom used for showering was observed to have a vent which was not covered and the light switch, located next to the shower, was ajar from the wall, exposing space underneath. A wall cabinet in the kitchen was observed to be missing a door. A window in Resident 4's bedroom had a screen which was bent and ill-fitting in the window frame. Resident #4's bedroom closet was missing a knob. An open, unsealed fire place was observed in the wall in the dining room area and had no means of preventing residents from using it.

The vent and light switch in the bathroom was observed to be fixed at 2:34 pm on 03/19/2026. Images were received on 03/20/2026 which showed the kitchen cabinet, window screen, and closet knob were replaced and the fire placed was covered.

This deficiency was previously cited on 05/24/2023.

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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 SPRINGS is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) _____ Date _____

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

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Findings included...

A tour of the home took place at 12:10 pm, during a full inspection of the adult family home on 03/19/2026. The main bathroom used for showering was observed to have a vent which was not covered and the light switch, located next to the shower, was ajar from the wall, exposing space underneath. A wall cabinet in the kitchen was observed to be missing a door. A window in Resident 4's bedroom had a screen which was bent and ill-fitting in the window frame. Resident #4's bedroom closet was missing a knob. An open, unsealed fire place was observed in the wall in the dining room area and had no means of preventing residents from using it.

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

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 SPRINGS is or will be in compliance with this law and / or regulation on (Date) 3-19-2026.

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

Provider (or Representative) — Date: 3-19-2026

All Corrections were completed The same day 3-19-2026

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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 SPRINGS is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Belen Ortiz and Steven Ortiz
EVERGREEN SPRINGS
7100 SE Evergreen Hwy
Vancouver, WA 98664

RE: EVERGREEN SPRINGS # 691601

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/02/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

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

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/02/2026), no later than 05/17/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the follcwing deficiency or deficiencies not listed on the enclosed report.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

Residency agreements were not found for Resident 6 or Resident 7. Signed residency agreements for both residents were received by scan on 03/20/2026.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:
• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F

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Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program

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will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

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

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