STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

MARIJANA MORROW
EVERGREEN PARK 4
17126 SE 29th Pl
Bellevue, WA 98008

RE: EVERGREEN PARK 4 License # 750089

Dear Provider:

This letter addresses Compliance Determination(s) 79669 (Completion Date 06/29/2026) and 76739 (Completion Date 05/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/29/2026 and found that you have corrected the violations listed in the Full report dated 05/08/2026. Your home is back in compliance as of 05/01/2026 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 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10146-2, WAC 388-112A-0110-1, WAC 388-76-10350-2-d, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10463-3

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

Statement of Deficiencies	License #: 750089	Compliance Determination # 76739
Plan of Correction	EVERGREEN PARK 4	Completion Date
Page 1 of 6	Licensee: MARIJANA MORROW	05/08/2026

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 04/30/2026 of:
EVERGREEN PARK 4
142 S 295TH PL
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Residential Care Services

5-13-2026
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)

5/20/26.
Date

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 9 staff (Staff G, Caregiver) who provided care to residents met certification requirements, specifically, obtaining the home care aide certification. This placed Residents 1, 2, 3, 4, 5 and 6 at risk for receiving care from an unqualified caregiver.

Findings included...

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Record review of the AFH's Employee Orientation Checklist showed that Staff G was hired by the AFH on 03/30/2024 as a caregiver. Review of Department's records show that Staff G had a Nursing Assistant Registration first issued on 01/31/2024 and expires 08/14/2026. Record review showed Staff G completed 75 hours of DSHS Approved Basic/orientation/safety training on 11/27/2023. Staff G worked over 2 years 1 month and was 396 days overdue for obtaining a Home Care Aide Certification.

During an interview, on 04/30/2026 at 4:50 PM, Staff A, Representative, stated that Staff G works on call as needed and hadn't passed the certification exam, yet.

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 PARK 4 is or will be in compliance with this law and / or regulation on (Date) 4/30/26 .

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

Provider (or Representative) [signature] Date 5/20/26

WAC 388-76-10350 Assessment Updates required.

(2) 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:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure they received a completed assessment for 1 of 2 sampled residents (Resident 1) every 12 months. This placed the resident at risk of inadequate care and unmet needs.

Findings included...

Review of AFH records showed the AFH admitted Resident 1 on [redacted]/2024. An assessment for Resident 1 was completed by a Registered Nurse on 04/01/2024. The assessment was 13 months overdue from being updated.

During an interview, on 04/30/2026 at 12:45 PM, Staff A, Representative, stated that Resident 1 didn't have another assessment because there was no change in their condition.

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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 PARK 4 is or will be in compliance with this law and / or regulation on (Date) 5/11/26.

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

Provider (or Representative) — Date 5/20/26

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 2 sampled resident's (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk of not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024.

Record review of Resident 1's April 2026 medication log showed physician orders written for Polyethylene Glycol 3350 (medication used for constipation) take 17 grams dissolved in 8 ounces of liquid by mouth and drink daily as needed. Review of the March and April 2026 medication logs showed that Resident 1 had not received the Polyethylene Glycol 3350.

Observation of Resident 1's medication supply on 04/30/2026 at 1:30 PM, with Staff A, Representative, and Staff C, Caregiver, showed a container of Polyethylene Glycol 3350 with an expiration date of 03/25/2026. Staff C could not locate any unexpired

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Polyethylene Glycol 3350 for Resident 1 in the AFH.

During an interview, on 04/30/2026 at 1:34 PM, Staff C stated that they needed to reorder the Polyethylene Glycol 3350 from the pharmacy because it had expired and needed to dispose of the expired medication.

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 PARK 4 is or will be in compliance with this law and / or regulation on (Date) 4/30/26.

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

Provider (or Representative) [signature] Date 5/20/26.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 2 of 2 sampled residents (Residents 1 and 2) in their Negotiated Care Plan (NCP). This failure placed Residents 1 and 2 at risk of harm due to unmet mental health care needs.

Findings included...

<Resident 1>
Review of Resident 1's Assessment dated 04/01/2024 showed that Resident 1 had multiple disabling diagnoses including [redacted] and [redacted]

Observation with Staff A, Representative, and Staff C, Caregiver, on 04/30/2026 at 1:30

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PM, showed Resident 1's medication bin contained a supply of Mirtazapine (medication for mood disorders) 15 milligrams (mg) tablets to be taken by mouth at bedtime.

Review of Resident 1's NCP, signed 05/06/2025, had no information about Mirtazapine, and showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms for why the medication was prescribed.

During an interview, on 04/30/2026 at 1:35 PM, Staff A stated that they needed to revise Resident 1's NCP. Staff A stated that Resident 1 began taking the Mirtazapine in February 2025.

<Resident 2>
Review of Resident 2's Assessment dated 12/22/2025 showed that Resident 2 had multiple disabling diagnoses including [redacted].

Observation with Staff A, Representative, and Staff C, Caregiver, on 04/30/2026 at 3:35 PM, showed Resident 2's medication bin contained a supply of Buspirone (medication used to reduce anxiety) 10 mg tablets to be taken by mouth three times daily.

Review of Resident 2's NCP, signed 01/26/2026, had no information about Buspirone, and showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms for why the medication was prescribed. In the section "Behavior Issues", the NCP had a checked box for "No behavioral difficulties". Review of Resident 2's Assessment dated 12/22/2025 showed a medication list that included "Buspar 10 mg daily oral".

During an interview, on 04/30/2026 at 3:40 PM, Staff A stated that they needed to revise Resident 2's NCP to address the psychotropic medication.

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 PARK 4 is or will be in compliance with this law and / or regulation on (Date) 5/11/26 .

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

Provider (or Representative) — Date 5/20/26

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05/13/2026

MARIJANA MORROW
EVERGREEN PARK 4
17126 SE 29th Pl
Bellevue, WA 98008

RE: EVERGREEN PARK 4 # 750089

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/08/2026 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:

Lydia Owusu-Acheampong, Community Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/08/2026), no later than 06/22/2026 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 following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

The Adult Family Home (AFH) failed to ensure that a caregiver received their Tuberculosis (TB) testing within three days of employment. Staff C, Caregiver, was hired 02/17/2025, and received a blood test for TB on 11/10/2025 with negative results. Staff C had a history of negative TB test results prior to being hired.

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 (253)234-6007.

Sincerely,

Lydia Owusu-Acheamporg, Community Field Manager

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