STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Cogir Management USA Inc
Cogir Vancouver Orchards
10011 NE 118th Ave
Vancouver, WA 98682

RE: Cogir Vancouver Orchards License # 2472

Dear Administrator:

This letter addresses Compliance Determination(s) 25608 (Completion Date 06/22/2023) and 21945 (Completion Date 04/15/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/22/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2310-2-f, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3, WAC 388-78A-2474-2-d

The Department staff who did the off-site verification:
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 04/04/2023 and 04/07/2023 of:
Cogir Vancouver Orchards
10011 NE 118th Ave
Vancouver, WA 98682

The following sample was selected for review during the unannounced on-site visit: 11 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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 — 04/19/2023 (Date)

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Debbie Wooley
Administrator (or Representative)

4/25/23
Date

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure there was documentation of completion of the nurse delegation training requirements prior to authorizing delegation for 2 of 4 sampled staff (Staff H and Staff G). This failure placed all residents requiring nurse delegation at risk for harm or injury due to untrained staff.

Findings included...

During an unannounced full inspection, on 04/06/2023 at 1:25 PM, record review of the nurse delegation binder on showed no documentation of nurse delegation training certificates for core nurse delegation and diabetes training for Staff H. Review also showed no documentation of nurse delegation training certifications for diabetes training for Staff G.

In an interview on 04/07/2023 at 1:20 PM Staff B, Health and Wellness Director, stated that Staff H "has their nurse delegation credentials, but just needs a copy" so they will reach out to Staff H. Staff B also stated that Staff G has no diabetes certificate.

In an email communication on 04/10/2023 at 11:45 AM, Staff A, Executive Director, stated that they reached out to the instructor for Staff H, and are waiting to hear back from them. Staff A also stated that the instructor will not be available until "Wednesday," 04/12/2023.

On 04/14/2023, no nurse delegation documents had been received.

In an email communication on 04/15/2023 at 4:20 PM, Staff A stated that Staff G will complete the competency test on Monday, 04/17/2023 and they are still waiting to hear from Staff H.

On 04/17/2023, no additional delegation documents had been received.

Plan/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, Cogir Vancouver Orchards is or will be in compliance with this law and / or regulation on (Date) May 27, 2023

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

Debbie Wooley — Administrator (or Representative)

4/25/23 — Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement was agreed to and signed by the responsible party at least annually for 4 of 6 sampled residents (Resident 5, Resident 6, Resident 7, and Resident 11). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 5 (R5)
During an unannounced full inspection, on 04/06/2023 at 9:35 AM, a review of R5's medical records documented R5 admitted to the facility on [redacted]/2021, with various diagnoses including [redacted].

Review of R5's negotiated service agreement, dated 01/19/2023, showed no signature from R5 or R5's responsible party.

Resident 6 (R6)
Review of R6's medical records documented R6 admitted to the facility on [redacted]/2021, with various diagnoses including [redacted].

Review of R6's negotiated service agreement, dated 03/23/2023, showed no signature from R6 or R6's responsible party.

Resident 7 (R7)
Review of R7's medical records documented R7 admitted to the facility on [redacted]/2023, with various diagnoses including [redacted].

Review of R7's negotiated service agreements, dated 03/14/2023 and 04/05/2023, showed no signature from R7 or R7's responsible party.

Resident 11 (R11)
Review of R11's medical records documented R11 admitted to the facility on [redacted]/2021, with various diagnoses including [redacted].

Review of R11's negotiated service agreements, dated 02/15/2023, showed a signature from R11's responsible party on 04/07/2023.

Plan/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, Cogir Vancouver Orchards is or will be in compliance with this law and / or regulation on (Date) May 27, 2023

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

Debbie Woolery — Administrator (or Representative)

4/25/2023 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers 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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure that 2 of 5 sampled staff (Staff D and Staff E) had updated first aid and cardiac pulmonary resuscitation (CPR) training requirements. This failure placed all residents at risk for being cared for by untrained staff.

Findings included...

During and unannounced full inspection, on 04/04/2023 at 12:30 PM, a record review of staff D and E showed no certificate of first aid and CPR training.

During an interview on 04/04/2023 at 2:12 PM, Staff A, Executive Director stated that they would be completing the first aid and CPR training at Glenwood this month.

Plan/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, Cogir Vancouver Orchards is or will be in compliance with this law and / or regulation on (Date) May 27, 2023

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

Debbie Wooley — Administrator (or Representative)

4/25/23 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

04/20/2023

CERTIFIED MAIL

7018 0680 0000 1157 5236

Cogir Management USA Inc
Cogir Vancouver Orchards
10011 NE 118th Ave
Vancouver, WA 98682

RE: Cogir Vancouver Orchards # 2472

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/15/2023 and found that your facility does not meet the Assisted Living Facility 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 your program 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, 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 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a

substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

The facility failed to ensure a full assessment was completed within 14 days of admission for 5 of 6 sampled residents. The assessments were completed for each of these residents but occurred after 14 days of admission. The facility has verbalized a plan in which to ensure moving forward assessments are completed within 14 days of admission.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

The facility failed to include all contents of a negotiated service agreement (NSA) for 2 of 11 sampled residents. These NSA's did not include information on nursing delegation, diabetic and cardiac diet, home health services, and alternative plan of care when family was care planed to provide. The facility had updated these two resident's NSAs to include the missing contents prior to exit.

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:

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

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services

Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure

COGIR OF VANCOUVER
PLAN OF CORRECTION

CITATION NUMBER	NAME OF SECTION	PLAN OF CORRECTION	RESPONSIBLE PERFOR FOR CORRECTION
388-78A-2310	INTERMITTENT NURSING SERVICES	Upon hire if for any delegated tasks, associate will be scheduled with Melinda at Clark County NAC school to complete courses and obtain certificate. During this time while associate it completing Nurse Delegation/Diabetes courses associate will be supervised by RCC and/or HWD. Associate will not be performing delegated tasks only observing RCC and/or Nurse until completion of courses.	Debra Compton
WAC 388-78A-2150	SIGNING NEGOTIATED SERVICE AGREEMENT.	Care conferences will be scheduled with appropriate reponsible member. If responsible party does not show at scheduled care conference. Email will be sent out notifiying responsible party of missed care conference. A copy of service agreement will be mailed to resopnsible party for review and signature. Follow up phone call and email with be done within 14 days if we have not heard back from responsible party. If no response from responsible party, we will follow up again via	Debra Compton

		phone call.	
WAC 388-78A-25474	Tranining and home care aid certification requirements.	Upon hire, if associate does not have current CPR/FIRST aid card Associate will be scheduled to take CPR/FIRST AID COURSE to be completed within 30 days of hire.	Debbie Woolery