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 # 2472

Dear Administrator:

This document references Compliance Determination 53907 (02/20/2025), which included complaint number(s) 159866, 161387, 160080.

The Department completed a complaint investigation of your Assisted Living Facility on 02/20/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Jacob Ubl, ALF NCI CI

Consultation:

RCW 70.129.150 Disclosure of fees and notice requirements -- Deposits.

(1) Prior to admission, all long-term care facilities or nursing facilities licensed under chapter 18.51 RCW that require payment of an admissions fee, deposit, or a minimum stay fee, by or on behalf of a person seeking admission to the long-term care facility or nursing facility, shall provide the resident, or his or her representative, full disclosure in writing in a language the resident or his or her representative understands, a statement of the amount of any admissions fees, deposits, prepaid charges, or minimum stay fees. The facility shall also disclose to the person, or his or her representative, the facility's advance notice or transfer requirements, prior to admission. In addition, the long-term care facility or nursing facility shall also fully disclose in writing prior to admission what portion of the deposits, admissions fees, prepaid charges, or minimum stay fees will be

refunded to the resident or his or her representative if the resident leaves the long-term care facility or nursing facility. Receipt of the disclosures required under this subsection must be acknowledged in writing. If the facility does not provide these disclosures, the deposits, admissions fees, prepaid charges, or minimum stay fees may not be kept by the facility. If a resident dies or is hospitalized or is transferred to another facility for more appropriate care and does not return to the original facility, the facility shall refund any deposit or charges already paid less the facility's per diem rate for the days the resident actually resided or reserved or retained a bed in the facility notwithstanding any minimum stay policy or discharge notice requirements, except that the facility may retain an additional amount to cover its reasonable, actual expenses incurred as a result of a private-pay resident's move, not to exceed five days' per diem charges, unless the resident has given advance notice in compliance with the admission agreement. All long-term care facilities or nursing facilities covered under this section are required to refund any and all refunds due the resident or his or her representative within thirty days from the resident's date of discharge from the facility. Nothing in this section applies to provisions in contracts negotiated between a nursing facility or long-term care facility and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

The
facility failed to provide a refund timely to a resident
representative, within 30 days of the resident's
discharge from the facility. The resident discharged from the facility on [redacted]/2024
and the facility did not provide a refund until 38 days later on [redacted]/2024.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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

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

If You Have Any Questions:

- Please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir Vancouver Orchards
Provider Type: Assisted Living Facility

License/Cert.#: 2472
Intake ID: 161387
Compliance Determination #: 53907
Region/Unit #: RCS Region 3 / Unit I
Investigator: Jacob Ubl
Investigation Date(s): 01/28/2025 through 02/20/2025
Complainant Contact Date(s):

Allegation(s):

1. Fraud/False Billing: Allegation that the facility was resistant to issuing a refund to Alleged Victims representative and that refund was issued late. Reporter concerned that other resident representative's were perhaps not getting their appropriate refunds.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents staff Family members Business office manager
Record Reviews:	Medical records Grievance log Incident investigation Facility policies

Investigation Summary:

1. Fraud/False Billing: Failed practice identified. The facility failed to provide a refund timely to a resident representative, within 30 days of the resident’s discharge from the facility. Other resident representatives reported getting satisfactory refunds from facility within 30 days of the resident’s discharge from the facility. The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no other failed facility practice was substantiated during the investigation. Additional residents reviewed for care, safety and services with no concerns.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A