STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Cogir Management USA Inc
Cogir Queen Anne
805 4th Ave N
Seattle, WA 98109

RE: Cogir Queen Anne License # 2473

Dear Administrator:

This letter addresses Compliance Determination(s) 36620 (Completion Date 03/26/2024) and 34706 (Completion Date 01/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/26/2024 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-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir Queen Anne
Provider Type: Assisted Living Facility
License/Cert.#: 2473
Compliance Determination #: 34706
Intake ID: 111025
Investigator: Cathy Prentice
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 01/04/2024 through 01/16/2024
Complainant Contact Date(s): 01/16/2024, 12/29/2023

Allegation(s):
It was stated the facility including the Independent Living side had a COVID outbreak with no control measures in place: no isolation, communication, testing, or visitor limits in place.

Investigation Methods:

Sample:	Total residents: 85 Resident sample size: 3 Closed records sample size: 0
Observations:	We have no authority on the Independent Living side of the facility. The following was observed in the Assisted Living Facility: Residents; delivery of care and services; staff interactions with residents; residents' appearance; environment; Infection Control practices.
Interviews:	Residents, staff, administration, collateral contacts.
Record Reviews:	Infection Control (IC) investigation: Resident care records, IC line list reports, Respiratory Protection Program (RPP), and facility policies.

Investigation Summary:
The facility had Infection Control systems and policies for delivery of care and services in place as required however the facility failed to implement a Respiratory Protection Program ensuring current N95 mask fit testing for staff. Four staff sampled did not have current fit tests on record.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir Queen Anne
Provider Type: Assisted Living Facility
License/Cert.#: 2473
Compliance Determination #: 34706
Intake ID: 114222
Investigator: Cathy Prentice
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 01/04/2024 through 01/16/2024
Complainant Contact Date(s): 01/11/2024, 01/16/2024

Allegation(s):

The failed their 3rd fire and life safety inspection with the State Fire Marshall on 10/31/23:
License expiration:
1st failed inspection: 8/8/23
2nd failed inspection: 9/13/23 Notice of non-compliance from the deputy: 9/13/23
3rd failed inspection: 10/31/23

Investigation Methods:

Sample:	Total residents: 85 Resident sample size: 3 Closed records sample size: 0
Observations:	Done by State Fire Marshall.
Interviews:	Administration and staff.
Record Reviews:	State Fire Marshall Report.

Investigation Summary:

The ALF failed to adhere to local laws and statues when it failed to ensure compliance with the Fire Marshal Safety Inspection.

Conclusion / Action:

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

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2473	Compliance Determination # 34706
Plan of Correction	Cogir Queen Anne	Completion Date
Page 1 of 5	Licensee: Cogir Management USA Inc	01/16/2024

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 an unannounced on-site complaint investigation on 01/04/2024 and 01/04/2024 of:

Cogir Queen Anne
805 4th Ave N
Seattle, WA 98109

This document references the following complaint number(s): 111089, 111025, 110821, 109534, 114222

The following sample was selected for review during the unannounced on-site visit: 3 of 85 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jennie Swigger
Residential Care Services

1/17/2024
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.

Statement of Deficiencies	License #: 2473	Compliance Determination # 34706
Plan of Correction	Cogir Queen Anne	Completion Date
Page 2 of 5	Licensee: Cogir Management USA Inc	01/16/2024

Administrator (or Representative)

1/26/24
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 77 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 01/12/2024, showed the ALF was licensed for 100 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 85 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 08/08/2023. Records showed the ALF failed the OSFM follow-up visit on 09/13/2023. The third follow up visit on 10/31/2023 showed the ALF failed to comply with the following International Fire Codes (IFC) and Washington Administrative Codes (WAC):

IFC 0405.5 2018 – Facility cannot provide documentation for the completion of unannounced fire drills, one drill per shift, per quarter, in the previous 12 months.
IFC 904.12 2015, 2018 – First floor hotline kitchen, the hood requires signage, denoting the kitchen lineup. Signage shall be provided on the exhaust hood or system cabinet, indicating the type and arrangement of cooking appliances protected by the automatic fire-extinguishing system. Signage shall indicate appliances from left to right, be durable, and the size, color, and lettering shall be approved.
IFC 907.8– Facility is unable to provide documentation for the monthly single station smoke alarm testing.
WAC 212-12-040 – Facility cannot provide a documented emergency plan in accord with WAC 212-12-040.

In an interview on, 01/12/2024 at 12:10 PM, Staff G (Maintenance Director) stated he received the deficiencies from the OSFM on 10/31/2023 and they have been corrected but

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he has not notified the Fire Marshall of the corrections.

In interview, on 01/12/2024 at 11:30 AM, Staff E (Administrator) acknowledged the OSFM report dated 10/31/2023 and stated the corrections had since been made.

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 Queen Anne is or will be in compliance with this law and / or regulation on (Date) 1/26/2024 .

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

Administrator (or Representative) 1/26/24 Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement federal and state regulated standards of a Respiratory Protection Program (RPP) including implementing respirator mask fit-testing for staff. This placed 85 of 85 residents, ALF staff, and visitors at risk for exposure to SARS-CoV-2, the virus responsible for COVID-19.

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long term-care facilities were required to develop and maintain an RPP.

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to

have contact with residents with known or suspected COVID-19.

Record review of Respirator Fit Test Card records for Staff A (Medication Technician/Caregiver), date of hire 06/05/2019, and B (Medication Technician/Caregiver) date of hire 11/02/2020, showed their respirator mask fit tests expired on 10/18/2022.

Record review showed Staff C (Medication Technician and Caregiver), date of hire 05/25/2019, and Staff D (Caregiver) date of hire 02/02/2019, had no respirator mask fit test records.

In an interview, on 01/10/2024 at 12:15PM, Staff C stated she has not been fit tested for a respirator mask.

In an interview, on 01/10/2024 at 3:30PM, Staff D stated she did not have respirator mask fit-testing records. Staff D stated she had completed a fit test at another facility but did not remember when.

In an interview, on 1/04/2024 at 10:20 AM, Staff F (Director of Nursing) stated he did not have fit test records for Staff C or D and confirmed Staff A and B were expired. Staff F stated he did not know who keeps the fit test records for the facility.

In an interview, on 01/09/2024 at 2:20PM, Staff E (Administrator) stated he did not know who was tracking the fit tests for staff.

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 Queen Anne is or will be in compliance with this law and / or regulation on (Date) 2/2/2024 .

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

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Administrator (or Representative)

1/26/24
Date