STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Cogir Management USA Inc
Cogir Mill Creek
14905 Bothell Everett Highway
Mill Creek, WA 98012

RE: Cogir Mill Creek License # 2475

Dear Administrator:

This letter addresses Compliance Determination(s) 43900 (Completion Date 07/10/2024) and 40461 (Completion Date 05/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/10/2024 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-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2480-1, WAC 388-78A-2620-2-b, WAC 388-78A-2620-2-a, WAC 388-78A-2240, WAC 388-78A-2290-3-e, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3, WAC 388-78A-2474-1, WAC 388-112A-0200-1, WAC 388-112A-0220-1, WAC 388-112A-0720-2-a, WAC 388-112A-0220-2-a, WAC 388-112A-0710, WAC 388-112A-0200-2-a, WAC 388-78A-2450-3-d-ii

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 04/30/2024, 05/01/2024, 05/02/2024 and 05/03/2024 of:

Cogir Mill Creek
14905 Bothell Everett Highway
Mill Creek, WA 98012

The following sample was selected for review during the unannounced on-site visit: 9 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Allison Nunn, Long Term Care Surveyor
Cristina Gonzalez, ALF Licensor
Roger Harrington, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 _____ 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.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff A) had a current Washington State name and date of birth background check. This failure resulted in Staff A not having a cleared criminal background check and placed all 79 residents at risk for harm by receiving care from a staff member with possible disqualifying convictions access to them.

Findings included…

Review of the ALF's employee files showed that Staff A, Executive Director, was hired on 06/01/2021. Staff A's Washington State name and date background check was completed on 05/20/2021 with an expiration date of 05/20/2023. No documentation of a current name and date of birth background check was found.

On 05/01/2024 at 12:04 PM, Staff G, Assistant Executive Director, stated that the ALF did not have a current name and date of birth background check for Staff A.

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 Mill Creek 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.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff A, B, and D) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure placed all 79 residents at risk of exposure to a communicable disease.

Findings included…

Review of the ALF's staff files showed the following:

Staff A, Executive Director, was hired on 06/01/2021. Staff A's TB test was not completed until 03/08/2022, 280 days after their employment date.

Staff B, Resident Care Aid, was hired on 03/21/2024. Staff B's TB test was not completed until 04/25/2024, 37 days after their hire date.

Staff D, Med Tech, was hired on 10/11/2023. Staff D's TB test was not completed until 04/25/2024, 96 days after their hire date.

On 05/01/2024 at 1:40 pm, Staff I, Administrative Assistant, stated that TB testing should be done on the employee's first day of work. Staff I stated that the ALF would wait to give a TB test if a staff person was not able to return on the third day to have the test read by the nurse.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 10 pets (Pets 1, 2, and 3) living in the ALF had regular examinations and vaccinations by a veterinarian. This failure placed all 79 residents at risk for exposure to communicable diseases.

Findings included…

Review of an undated policy titled, “Pet Agreement and Policy,” showed that residents with pets must provide the ALF’s business office with current veterinarian examinations and vaccination records for their pets.

Review of the ALF’s pet binder on 05/03/2024 at 1:46 PM showed the following:

Pet 1, a dog, did not have documentation of regular veterinarian examinations nor proof of any vaccinations.

Pet 2, a cat, did not have documentation of regular veterinarian examinations nor proof of any vaccinations.

Pet 3, a cat, did not have documentation of regular veterinarian examinations nor proof of any vaccinations.

On 05/02/2024 at 1:35 PM, Staff G, Assistant Executive Director, stated that pet records were to be kept in a binder that was to be audited monthly and stored at the front desk. Staff G stated that they did not have any records for Pets 1, 2, and 3 and would immediately be working with the residents and their families to obtain these pet records.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications for 4 of 7 residents (Residents 4, 6, 7, and 8). This failure resulted in Residents 4, 6, 7, and 8 not having prescribed medications available and put these residents at risk for medical complications.

Findings included…

Review of the ALF's policy titled, "Medication Refills," dated 12/02/2022, showed medication refills would be obtained in a timely manner to ensure residents would have all physician ordered medications available.

Resident 4

Resident 4 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

Review of a Negotiated Service Agreement (NSA), dated 02/11/2024, showed that the Med Techs (MTs) were responsible for ordering medications for Resident 4.

Review of Resident 4's EMAR showed Resident 4 did not receive a total of nine doses of routine medications in a three-month span due to the medication being unavailable. The EMAR showed Resident 4 was prescribed and missed the following medications:

February:

Probiotic (a medication used to increase the number of healthy bacteria in the body to boost immune function and keep bowels regular) 250 mg twice daily. Resident 4 missed a total of one dose on 02/05/2024.

March:

Cranberry (a medication used to prevent urinary tract infections) 48,000 mg one time a day. Resident 4 missed a total of two doses, one on 03/16/2024 and one on 03/30/2024.

Eliquis (a medication used to prevent blood clots and strokes) 2.5 mg twice daily. Resident 4 missed a total of one dose on 03/20/2024.

Gabapentin (a medication used to treat nerve pain) 100 mg one time a day. Resident 4 missed a total of one dose on 03/15/2024.

April:

Carvedilol (a medication used to slow down a person's heart rate) 37.5 mg (milligrams) twice a day for atrial fibrillation. Resident 4 missed a total of one dose on 04/15/2024.

Cranberry 48,000 mg one time a day. Resident 4 missed a total of two doses on 04/07/2024 and 04/10/2024.

Gabapentin 100 mg one time a day. Resident 4 missed a total of one dose on 04/17/2024.

Resident 6

Resident 6 was admitted to the ALF on [redacted]/2022 with multiple diagnoses.

Review of an NSA, dated 01/29/2024, showed that the MTs were responsible for ordering medications for Resident 6. The NSA showed that Resident 6's prescription medications would come from the ALF's pharmacy service, and any over-the-counter medications would come from a family member.

Review of an EMAR dated April 2024 showed Resident 6 did not receive a total of two doses of routine medications due to the medication being unavailable. The April 2024 EMAR showed Resident 6 was prescribed and missed the following medications:

Ferrous Sulfate (a medication used to increase the body's iron levels in the blood, an important mineral that the body needs to produce new red blood cells) 325 mg once a day. Resident 6 missed a total of two doses on 04/22/2024 and 04/23/2024.

Resident 7

Resident 7 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of an NSA, dated 04/29/2024, showed that the MTs were responsible for ordering medications for Resident 7.

Review of Resident 7's EMAR showed Resident 7 did not receive a total of five doses of routine medications in a three-month span due to the medication being unavailable. The EMAR showed Resident 7 was prescribed and missed the following medications:

February:

Atenolol (a medication used to treat high blood pressure) 25 mg once daily. Resident 7 missed a total of one dose on 02/03/2024.

March:

Glipizide (a medication used to help control blood sugar levels) 5 mg once daily. Resident 7 missed a total of one dose on 03/14/2024.

April:

Atenolol 25 mg once daily. Resident 7 missed a total of one dose on 04/24/2024.

Aquaphor (an ointment used to protect and soothe dry skin) 80 g (grams) twice daily for dry skin. Resident 7 missed a total of one dose on 04/17/2024.

Pantoprazole (a medication used to reduce the amount of acid the stomach makes) 40 mg once daily. Resident 7 missed a total of one dose on 04/01/2024.

Resident 8

Resident 8 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted].

Review of an NSA, dated 04/19/2024, showed that the MTs were responsible for ordering medications for Resident 8.

Review of Resident 8's March 2024 EMAR showed Resident 8 did not receive a total of three doses of routine medications due to the medication being unavailable. The March 2024 EMAR showed Resident 8 was prescribed and missed the following medications:

Eliquis 5 mg twice daily. Resident 8 missed a total of three doses on 03/23/2024, 03/26/2024, and 03/27/2024.

On 05/03/2024 at 12:16 PM, Staff E, Health Services Director, stated that for residents who use the ALF's pharmacy service, medications should be reordered when there is a 7-day supply left to ensure that resident's medications don't run out.

On 05/03/2024 at 1:16 PM, Staff H, Health and Wellness Director, stated that for residents who have family members assisting with supplying medications to residents, MTs must notify these family members one to two weeks before medications are to run out. Staff H stated that if the family members don't supply the medication in time, ALF staff are to order the medication through the ALF's pharmacy service so that the resident doesn't miss any doses.

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 Mill Creek 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.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment

administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a written plan for family assistance with medications was in place for 1 of 2 residents (Resident 4) whose family members provided assistance with medications. This failure resulted in the ALF not having the family member's name who was going to assist the resident with their medications, a back up plan if the first family member was unavailable, and their emergency contact information placing Resident 4 at risk of not receiving prescribed medications in the event of an emergency or if assistance could not be provided by the designated family member.

Findings included…

Review of the ALF's policy titled, "Family Assistance with Medications and Treatments," dated 06/18/2021, showed that if a family member agrees to provide medication assistance for a resident at the ALF, the ALF must request that the family member submit a written plan for such assistance to include the name of the family member providing assistance, a description of the medications that the family member will be provide, an alternative plan if the family member is unable to fulfill these duties, and an emergency contact person and their telephone number.

Resident 4 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted].

Review of a Negotiated Service Agreement (NSA) dated 02/11/2024 showed Med Techs (MTs) were responsible for performing medication management for Resident 4. The NSA showed that medications would come from the ALF's pharmacy service.

Review of Order Administration Progress Notes (PN) dated 03/16/2024, 03/20/2024, and

04/10/2024 showed Resident 4's Cranberry tablet (a supplement used to prevent urinary tract infections) was not given as MTs were "waiting on family to bring". A PN dated 4/07/2024 was marked as not given due to MTs "waiting on family to bring right dose".

On 05/03/2024 at 12:16 PM, Staff E, Health Services Director, stated that Resident 4's prescription medications came from the ALF's pharmacy service, but all over-the-counter medications such as Resident 4's cranberry tablet were supplied by Resident 4's daughter.

On 05/03/2024 at 1:14 PM, Staff H, Health and Wellness Director, stated that they did not have a written family plan for assistance with medications for Resident 4.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

(2) Long-term care worker orientation. Individuals required to complete the seventy-hour long-term care worker basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.

WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed?

(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements of WAC 388-112A-0230 and include basic safety precautions, emergency procedures, and infection control.

(2) The following individuals must complete safety training:

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors that meet the requirements in WAC 388-112A-1260 .

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure staff completed facility orientation (training provided by the ALF specific to their facility), Orientation and Safety training (Department approved five-hour universal training that teaches long-term care workers about their role in the ALF setting) prior to working with residents for 2 of 6 staff (Staff B and C), and a valid Cardiopulmonary Resuscitation (CPR)/First aid training within 30 days of their date of hire for 1 of 6 staff (Staff B). This failure resulted in Staff B and Staff C not having the necessary training related to their job duties and expectations and placed all 79 residents at risk for compromised care and safety.

Findings included…

Review of the ALF's employee files showed the following:

Facility Orientation

A document titled, "Community Tour Checklist" showed six sections of fire and life safety topics labeled fire safety, maintenance, safety sense, first aid, falls management and infection control.

Review of staff files on 05/01/2024 showed Staff C, Med Tech, was hired on 10/11/2023 and completed the community tour checklist on 01/25/2024, 106 days after their hire

date.

On 05/01/2024 at 12:33 PM, Staff G, Assistant Executive Director, stated that the ALF calls the facility orientation a safety walk and it is scheduled every Friday for new staff. The maintenance person will lead staff around the facility and show them what to do in an emergency. Staff G did not know why Staff C completed the safety walk more than three months after their hire date.

On 05/06/2024 at 9:42 AM, Staff C stated that they were in training and worked with another person for two weeks before they provided care to residents alone. Staff C did not know why they completed the safety walk more than three months after their hire date.

Orientation and Safety Training

Staff B, Caregiver, was hired on 03/21/2024. There was no documentation that Staff C completed Department approved Orientation and Safety training.

On 05/01/2024 at 12:21 PM, Staff G stated that they did not have the Orientation and Safety training for Staff B as they were just hired a month ago.

On 05/04/2024 at 9:09 AM, Staff B stated that they had been caring for residents independently after approximately five days of shadowing another caregiver at the ALF.

CPR and First Aid

Review of the ALF's employee files showed that Staff B was hired on 03/21/2024. No documentation of First Aid certification was found in Staff B's file.

Review of Staff B's CPR card showed Staff B was accredited by nationalCPRfoundation.com, a company that offers online CPR training and certification. Review of the company's site showed they do not offer any hands-on CPR training.

On 05/04/2024 at 9:09 AM, Staff B stated that they had previous in-person CPR and first aid training, and that documentation would be with management.

On 05/06/2024 at 3:50 PM, Staff I, Administrative Assistant, stated they were only able to provide documentation of the online-course CPR training without the first aid component.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(ii) Disclosure statements and background checks as required in WAC 388-78A-2461 through 388-78A-2471 ; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to keep a national fingerprint background result on file for 1 of 6 staff (Staff A). This failure resulted in the ALF not having confirmation of a cleared national fingerprint background check and not having a document required during a full inspection.

Findings included…

Review of the ALF's employee files showed Staff A, Executive Director, was hired on 06/01/2021. There was no documentation of a fingerprint background check found in Staff A's file.

On 05/01/2024 at 12:43 PM, Staff G, Assistant Executive Director, stated that there was not a final fingerprint result for Staff A.

On 05/17/2024 at 11:44 AM, Staff I, Administrative Assistant, provided documentation of Staff A's final fingerprint background check completed on 05/25/2021.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date