STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

RE: Cogir Mill Creek # 2475

Dear Administrator:

This document references Compliance Determination 66308 (10/14/2025), which included complaint number(s) 195970.

The Department completed a complaint investigation of your Assisted Living Facility on 10/14/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Wesler Dumecquias, Community Complaint Investigator

Consultation:

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

A sampled resident needed minimal assistance with ambulation or mobility and toileting due to new diagnosis of [redacted] and symptoms of Parkinson's disease. The facility

conducted a change of condition assessment and included assistance with ambulation or mobility and toileting. This deficiency was corrected by the exit conference.

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:
  - 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:

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

If You Have Any Questions:
- Please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir Mill Creek
Provider Type: Assisted Living Facility
License/Cert.#: 2475
Compliance Determination #: 66308
Intake ID: 195970
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 09/29/2025 through 10/14/2025
Complainant Contact Date(s): 09/25/2025

Allegation(s):

1. The facility staff did not administer the Named residents' (NR) medication as prescribed.
2. The facility did not conduct an assessment to determine the NR significant change in condition.
3. The NR had a fall, and family was not notified immediately.

Investigation Methods:

Sample:
Total residents: 87
Resident sample size: 3
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Resident care equipment
Resident rooms
Medication administration

Interviews:
Identified resident
Nursing staff (Caregivers, MedTech, Health and wellness Director and corporate nurse)
Residents
Family members

Record Reviews:
Hospital records
Facility policies
Incident investigation
Assessments
Physician/Prescription Orders
Medication administration records.
Care plans
Staff patterns

Investigation Summary:

1. Interview and records review showed the facility staff administered the medications as prescribed. The facility conducted an in-service and review of their

medication processes with their staff. No failed practice was identified.
2. The NR needed minimal assistance with ambulation or mobility and toileting due to a change in their ability to perform activities of daily living independently as a result of Chronic pain and symptoms of a new disease that affected their gait and mobility. The facility conducted a change of condition assessment and included assistance with ambulation or mobility and toileting. This deficiency was corrected by the exit conference. A consultation was issued under WAC 388-78A-2100 (2) (b) (i). Ongoing assessment.
3. Interview and review of records showed the facility staff followed their policy in notifying residents' family regarding incidents. The facility staff conducted an in-service and review of their fall protocols. No failed practice was identified.

Conclusion / Action:

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