STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 77412 (05/26/2026), which included complaint number(s) 223242.

The Department completed a complaint investigation of your Assisted Living Facility on 05/26/2026 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-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.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility did not ensure that a medication agreement was documented for family assistance was established to show that a resident would receive their medication as prescribed by their primary care physician. This deficiency was corrected by 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:
  - 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.
  - You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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 #: 77412
Intake ID: 223242
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 05/14/2026 through 05/26/2026
Complainant Contact Date(s): 05/13/2026

Allegation(s):
The Named Resident (NR) was unable to take care of themselves, unable to manage their medication, confused and vision was extremely poor.

Investigation Methods:

Sample:	Total residents: 83 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms
Interviews:	Identified resident Nursing staff Residents Family members administrator collateral contact
Record Reviews:	Facility policies Staff patterns progress notes Assessment Care plan emails

Investigation Summary:
The facility held a re-assessment and care conference with the NR's family. The facility, NR, and the family agreed that the facility would manage the NR's medication. The facility placed the NR under alert charting and monitoring. However, the facility did not ensure that a medication agreement for family assistance was established to show that the NR would receive their medication as prescribed by their primary care physician. This failure was identified and fixed at the time of the exit conference. A consultation was issued.

Conclusion / Action:

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