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

Covington Special Care Community LLC
The Cottages of Covington
17012 SE Wax Road
Covington, WA 98042

RE: The Cottages of Covington # 2594

Dear Administrator:

This document references Compliance Determination 43792 (07/26/2024), which included complaint number(s) 132199.
The Department completed a complaint investigation of your Assisted Living Facility on 07/26/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Harrison Udoye, Community Complaint Investigator

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

The facility failed to notify Home and Community Service (HCS) agency responsible as the payer source when a resident was admitted and hospitalized over twenty-four hours. During the investigation, the facility provided documentation of in-service training provided to staff to make sure the right process of notifications is followed, as required.

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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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: The Cottages of Covington
Provider Type: Assisted Living Facility

License/Cert.#: 2594
Intake ID: 132199
Compliance Determination #: 43792
Region/Unit #: RCS Region 2 / Unit D
Investigator: Harrison Udoye
Investigation Date(s): 07/08/2024 through 07/26/2024
Complainant Contact Date(s):

Allegation(s):
Failure to notify Home and Community Services when Named Resident was out of facility

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 1 Closed records sample size: 0
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified staff Family members Social services staff Maintenance staff Business office manager
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:
Report of facility failure to notify Home and Community Services (HCS) when a resident was out of the Assisted Living Facility for medical leave.
Interview and record review showed facility failed to report to the appropriate agencies for any hospitalization when over 24 hours from the Assisted Living Facility (ALF). Facility newly hired staff was not familiar with the required reporting timeline

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to HCS. Facility failed practice identified. Consultation issued.

Conclusion / Action:

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

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