



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 of Northgate Memory Care
11039 17th Ave NE
Seattle, WA 98125

RE: Cogir of Northgate Memory Care License # 2622

Dear Administrator:

This letter addresses Compliance Determination(s) 43048 (Completion Date 06/24/2024) and 41491 (Completion Date 05/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2024 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-2485-1, WAC 388-78A-2485-2

The Department staff who did the off-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 2622	Compliance Determination # 41491
Plan of Correction	Cogir of Northgate Memory Care	Completion Date
Page 1 of 2	Licensee: Cogir Management USA Inc	05/28/2024

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 the unannounced on-site full inspection on 05/20/2024 and 05/22/2024 of:

Cogir of Northgate Memory Care
11039 17th Ave NE
Seattle, WA 98125

The following sample was selected for review during the unannounced on-site visit: 7 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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.

A handwritten signature in cursive script that reads "Jamie Singer".
Residential Care Services

5/29/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

License #: 2622

Compliance Determination # 41491

Plan of Correction

Cogir of Northgate Memory Care

Completion Date

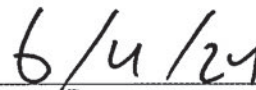
Page 2 of 2

Licensee: Cogir Management USA Inc

05/28/2024



Administrator (or Representative)



Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

- (1) Ensure that the staff person has a chest X-ray within seven days;
- (2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on interview and staff record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff member (Staff C) completed a chest x-ray within seven days of a positive result to tuberculosis (TB) blood test. This placed 38 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff C (Caregiver) on 07/24/2023. Record review showed a Quantiferon test (blood test used to detect latent tuberculosis infection) dated 07/28/2023, which showed a positive result. Records showed Staff C did not have a chest x-ray, within seven days, or symptom evaluation completed following the positive test result.

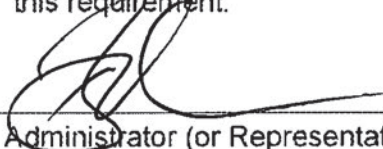
In interview, on 05/21/2024 at 12:35 PM, Staff F (Business Office Manager) stated he had not known Staff C had a positive TB test result.

Plan/Attestation Statement

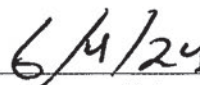
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Northgate Memory Care is or will be in compliance with this law and / or regulation on

(Date) 6/21/24

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



Administrator (or Representative)



Date