



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 72536 (Completion Date 02/06/2026) and 69719 (Completion Date 12/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2026 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-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b

The Department staff who did the on-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, Field Manager
Region 2, Unit J
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2622	Compliance Determination # 69719
Plan of Correction	Cogir of Northgate Memory Care	Completion Date
Page 1 of 3	Licensee: Cogir Management USA Inc	12/11/2025

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 12/09/2025 and 12/10/2025 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 39 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

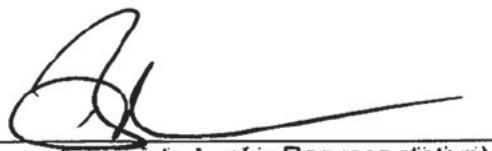
Statement of Deficiencies	License #: 2622	Compliance Determination #69719
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Page 2 of 3	Licensee: Cogir Management USA Inc	12/11/2025

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

12/15/2025
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)

12/16/25
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

- (a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and
- (b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement a system to promote safe medication services for 1 of 2 sampled residents (Resident 2) who required assistance with medications when they failed to notify a primary care provider that ordered parameters were not met. This failure resulted in Resident 2's primary care provider being unaware of the outcome of prescribed medication dosages at placed them at risk for health complications.

Findings included...

Record review of a Facesheet, dated 12/09/2025, showed the ALF admitted Resident 2 on [REDACTED] /2021 with diagnoses to include [REDACTED]

[REDACTED] and [REDACTED]. Review of an Assessment, dated 10/28/2025, showed Resident 2 received medication administration three or more times daily and blood glucose (BG) monitoring twice daily by the facility.

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Review of electronic Medication Administration Records (eMAR) for October, November, and December 1-9, 2025, showed the facility administered insulin medication to treat Resident 2's diabetes. Further review of the eMARs showed BG parameters to notify Resident 2's Advanced Registered Nurse Practitioner (ARNP) if BG is less than 120 milligrams per deciliter (mg/dL), or more than 300 mg/dL.

Review of Resident 2's electronic Vital Signs History for October, November, and December 1-12, 2025, showed Resident 2's BG was less than 120 mg/dL on 15 separate occasions.

Record review showed the ALF had no documentation to show Resident 2's ARNP was notified on any of the 15 occasions blood sugar readings were less than 120 mg/dL.

Observation and interview, on 12/10/2025 at 12:41 PM, showed Staff F (Health and Wellness Director) reviewed Resident 2's record and did not find documentation that the facility notified the ARNP when BG was outside of the specified parameters during the 15 occasions. Staff F stated her staff did not notify her when Resident 2's BG were below 120 mg/dL range and confirmed the ARNP should have been notified when BG were out of range.

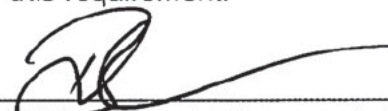
Plan/Attestation Statement

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) 1/25/26 1/25/2026

SB confirmed amended POC date with Provider on 12/17/2025.

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



Administrator (or Representative)

12/16/25

Date