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 Bothell
10605 NE 185th St
Bothell, WA 98011

RE: Cogir of Bothell License # 2623

Dear Administrator:

This letter addresses Compliance Determination(s) 42792 (Completion Date 06/18/2024) and 39735 (Completion Date 04/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2024 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-2100-2-b-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2-a, WAC 388-78A-2305-1, WAC 388-78A-2305-3-a

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)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, 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 #: 2623	Compliance Determination # 39735
Plan of Correction	Cogir of Bothell	Completion Date
Page 1 of 7	Licensee: Cogir Management USA Inc	04/24/2024

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 04/15/2024 and 04/17/2024 of:
Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 8 of 36 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.

Jamie Singer — Residential Care Services
4/25/2024 — 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.

Administrator (or Representative) 4-30-24 Date

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 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete an ongoing assessment for a new skin issue and change to diet order for 1 of 8 sampled residents (Resident 1). This placed Resident 1 at risk for worsening skin breakdown, aspiration or choking and related health issues.

Note: Washington Administrative Code (WAC) 388-78A-2080: Full assessment topics.
The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:
(1) Individual's recent medical history, including, but not limited to:
(b) Chronic, current, and potential skin conditions; or
(c) Known allergies to foods or medications, or other considerations for providing care or services.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2023 with a primary diagnosis of [redacted]

Observation and interview, on 04/17/2024 at 8:44 AM, showed Resident 1 in bed with a foam protective boot on their left foot. Staff G (Medication Technician) stated the resident had a left heel pressure wound.

In interview, on 04/17/2024 at 12:45 PM, Collateral Contact 1 (Hospice Aide) stated she had assisted Resident 1 with bathing that morning and stated the wound to Resident 1's left heel was the size of a quarter.

Administrator (or Representative) Date

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 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete an ongoing assessment for a new skin issue and change to diet order for 1 of 8 sampled residents (Resident 1). This placed Resident 1 at risk for worsening skin breakdown, aspiration or choking and related health issues.

Note: Washington Administrative Code (WAC) 388-78A-2090: Full assessment topics.
The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:
(1) Individual's recent medical history, including, but not limited to:
(b) Chronic, current, and potential skin conditions; or
(c) Known allergies to foods or medications, or other considerations for providing care or services.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2023 with a primary diagnosis of [redacted].

Observation and interview, on 04/17/2024 at 9:44 AM, showed Resident 1 in bed with a foam protective boot on their left foot. Staff G (Medication Technician) stated the resident had a left heel pressure wound.

In interview, on 04/17/2024 at 12:45 PM, Collateral Contact 1 (Hospice Aide) stated she had assisted Resident 1 with bathing that morning and stated the wound to Resident 1's left heel was the size of a quarter.

Review of a Physician's Order, dated 02/20/2024, showed Resident 1 was ordered to have a pureed texture diet and nectar thick fluids.

Review of Resident 1's Assessment, dated 04/15/2024, the Wound and Skin Issues category showed no mention of skin breakdown, a pressure injury or skin to be at risk. Review of the Special Dietary Needs category showed no mention of an altered textured diet or thickened fluids.

In interview, on 04/17/2024 at 10:00 AM, Staff H (Health and Wellness Director) confirmed Resident 1 had developed a wound on their left heel and hospice had provided orders to elevate the resident's feet when in bed and use a soft boot to promote healing. Staff H stated the wound had been present for three to four weeks. Staff H confirmed the wound and diet information had not been included in Resident 1's Assessment, dated 04/15/2024, and stated she would make the changes.

This deficiency was previously cited on 10/18/2022.

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 Bothell is or will be in compliance with this law and / or regulation on (Date) 06-05-24.

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

Administrator (or Representative) — Date: 4.30.24

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5).

Review of a Physician's Order, dated 02/20/2024, showed Resident 1 was ordered to have a pureed texture diet and nectar thick fluids.

Review of Resident 1's Assessment, dated 04/15/2024, the Wound and Skin Issues category showed no mention of skin breakdown, a pressure injury or skin to be at risk. Review of the Special Dietary Needs category showed no mention of an altered textured diet or thickened fluids.

In interview, on 04/17/2024 at 10:00 AM, Staff H (Health and Wellness Director) confirmed Resident 1 had developed a wound on their left heel and hospice had provided orders to elevate the resident's feet when in bed and use a soft boot to promote healing. Staff H stated the wound had been present for three to four weeks. Staff H confirmed the wound and diet information had not been included in Resident 1's Assessment, dated 04/15/2024, and stated she would make the changes.

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

_____ _____
Administrator (or Representative) Date

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(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5),

if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Negotiated Service Agreement (NSA) clearly defined roles and responsibilities of the hospice provider for 1 of 1 sampled resident (Resident 1) and interventions to monitor risks related to a medication for 1 of 1 sampled resident (Resident 5). These failures placed Resident 1 and 5 at risk for not receiving necessary care and services.

Findings included...

RESIDENT 1

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2023 with a primary diagnosis of [redacted].

In interview, on 04/17/2024 at 10:00 AM, Staff H (Health and Wellness Director) confirmed Resident 1 was enrolled in hospice (care provided to the terminally ill) and a hospice nurse managed wound care to Resident 1's heel.

Observation and interview, on 04/17/2024 at 9:44 AM, showed Resident 1 in bed with a foam protective boot on his left foot. Staff G (Medication Technician) stated the resident had a pressure wound to their left foot and Hospice had provided the pressure relief boot.

Review of a Service Plan (SP- equivalent to an NSA), dated 04/15/2024, under the category of Additional Nursing Services, made no mention of the name of the hospice provider and showed no information of wound care to be provided and managed by hospice or an alternate plan should hospice be unavailable to provide wound care.

In interview, on 04/17/2024 at 10:00 AM, Staff H agreed Resident 1's SP did not accurately reflect who was managing Resident 1's wound management, the name of the hospice provider or include an alternate backup plan

if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to identify and document in the Negotiated Service Agreement (NSA) clearly defined roles and responsibilities of the hospice provider for 1 of 1 sampled resident (Resident 1) and interventions to monitor risks related to a medication for 1 of 1 sampled resident (Resident 5). These failures placed Resident 1 and 5 at risk for not receiving necessary care and services.

Findings included...

RESIDENT 1

Review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2023 with a primary diagnosis of [redacted]

In interview, on 04/17/2024 at 10:00 AM, Staff H (Health and Wellness Director) confirmed Resident 1 was enrolled in hospice (care provided to the terminally ill) and a hospice nurse managed wound care to Resident 1's heel.

Observation and interview, on 04/17/2024 at 9:44 AM, showed Resident 1 in bed with a foam protective boot on his left foot. Staff G (Medication Technician) stated the resident had a pressure wound to their left foot and Hospice had provided the pressure relief boot.

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In interview, on 04/17/2024 at 10:00 AM, Staff H agreed Resident 1's SP did not accurately reflect who was managing Resident 1's wound management, the name of the hospice provider or include an alternate backup plan.

Statement of Deficiencies	License # 2623	Compliance Determination # 397735
Plan of Correction	Cogir of Bothell	Completion Date
Page 6 of 7	Licensee: Cogir Management USA Inc	04/24/2024

RESIDENT 5

Review of the Resident Face Sheet showed the ALF admitted Resident 5 on [redacted] 2023 with a primary diagnosis of [redacted] and [redacted] Review of an Assessment, dated 01/25/2024, showed Resident 5 required the ALF to manage medications.

Record review of Resident 5's February, March and April 2024 Medication Administration Record (MAR) showed a Physician's Order for twice daily administration of Eliquis (a medication used to treat and prevent blood clots by thinning the blood).

Record review showed Resident 5's SP, dated 01/25/2024, showed no information or interventions on how to monitor for of the increased risk of bleeding or bruising related to Eliquis medication. Resident 5's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication.

In interview, on 04/17/2024 at 1:05 PM, Staff H confirmed that the risks of taking Eliquis should be included in Resident 5's SP.

This is deficiency was previously cited on 10/18/2022

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 Bothell is or will be in compliance with this law and / or regulation on (Date) 06-05-24

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

Administrator (or Representative) — Date: 4-30-24

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(3) Ensure a resident obtains a food worker card according to chapter 246-217 WAC whenever:

(a) The resident is routinely or regularly involved in the preparation of food to be served to other residents;

RESIDENT 5

Review of the Resident Face Sheet showed the ALF admitted Resident 5 on [redacted]/2023 with a primary diagnosis of [redacted] and [redacted]. Review of an Assessment, dated 01/25/2024, showed Resident 5 required the ALF to manage medications.

Record review of Resident 5's February, March and April 2024 Medication Administration Record (MAR) showed a Physician's Order for twice daily administration of Eliquis (a medication used to treat and prevent blood clots by thinning the blood).

Record review showed Resident 5's SP, dated 01/25/2024, showed no information or interventions on how to monitor for of the increased risk of bleeding or bruising related to Eliquis medication. Resident 5's SP did not include signs or symptoms to alert staff to changes in the resident's condition related to risk of bleeding or bruises related to the medication.

In interview, on 04/17/2024 at 1:05 PM, Staff H confirmed that the risks of taking Eliquis should be included in Resident 5's SP.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(3) Ensure a resident obtains a food worker card according to chapter 246-217 WAC whenever:

(a) The resident is routinely or regularly involved in the preparation of food to be served to other residents;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to have a system in place to ensure ready-to-eat food was labeled, dated, unexpired, and safe for residents to consume, and failed to ensure 1 of 1 resident (Resident 8), who entered and handled items in the kitchen, had valid food handler's permit (FHP) on. This placed 36 residents at risk for acquiring food-borne illness.

Findings included...

NOTE: According to the Washington State Food Workers Course at foodworkercard.wa.gov showed cold food should be marked with the date if kept more than 24 hours. All refrigerated food should be served or discarded within seven days after opening. When you open or prepare refrigerated ready to eat food, mark the date immediately. Start with the day you open or prepare the food and add six days

Reference Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety

Record review of an undated Characteristic Roster showed the ALF provided care and services for 36 memory care residents.

Observation, during the food service and kitchen tour with Staff I (Executive Chef), on 04/16/2024 at 9:40 AM, showed two refrigerators near a serving station in the main kitchen, a tall refrigerator (TR), and a smaller refrigerator (SR). Observation of the contents in the TR showed a half-full opened container of yogurt with use by date of 02/05/2024 (10 weeks past use by date), an opened container of orange juice and a container of coffee creamer, both containers had no label or date, and an empty tumbler with a straw was laying on a shelf. The SR showed an opened container of Cool Whip that had no label or date, covered with mold.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to have a system in place to ensure ready-to-eat food was labeled, dated, unexpired, and safe for residents to consume, and failed to ensure 1 of 1 resident (Resident 9), who entered and handled items in the kitchen, had valid food handler's permit (FHP) on. This placed 36 residents at risk for acquiring food-borne illness.

Findings included...

NOTE: According to the Washington State Food Workers Course at foodworkercard.wa.gov showed cold food should be marked with the date if kept more than 24 hours. All refrigerated food should be served or discarded within seven days after opening. When you open or prepare refrigerated ready to eat food, mark the date immediately. Start with the day you open or prepare the food and add six days.

Reference Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41ºF (5ºC) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Record review of an undated Characteristic Roster showed the ALF provided care and services for 36 memory care residents.

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In interview, on 04/16/2024 at 9:50 AM, Staff I stated the facility staff did not have a designated refrigerator in the main kitchen. The unlabeled items belong to facility staff.

An observation during lunch service in the dining room, on 04/16/2024 at 12:08 PM, showed the dining room, connected to the kitchen where resident food is stored and prepared, with the kitchen door propped opened. At 12:14 PM, Resident 9 was observed walking into the kitchen, helping themselves to coffee from an air pot dispenser without staff's awareness. At 12:25 PM, Resident 9 entered the kitchen again and was observed exiting with three butter knives then given to other residents to use.

In a telephone interview, on 04/24/2024 at 9:55 AM, with Staff F (Executive Director) stated that Resident 9 did not have a FHP.

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 Bothell is or will be in compliance with this law and / or regulation on (Date) 06-05-24.

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

Administrator (or Representative) 4-30-24 Date

In interview, on 04/16/2024 at 9:50 AM, Staff I stated the facility staff did not have a designated refrigerator in the main kitchen. The unlabeled items belong to facility staff.

An observation during lunch service in the dining room, on 04/16/2024 at 12:08 PM, showed the dining room, connected to the kitchen where resident food is stored and prepared, with the kitchen door propped opened. At 12:14 PM, Resident 9 was observed walking into the kitchen, helping themselves to coffee from an air pot dispenser without staff's awareness. At 12:25 PM, Resident 9 entered the kitchen again and was observed exiting with three butter knives then given to other residents to use.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

04/25/2024

Cogir Management USA Inc
Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

RE: Cogir of Bothell # 2623

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/24/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

The Assisted Living Facility (ALF) failed to post in a conspicuous place a copy of the most recent full inspection conducted by the Department. This placed the residents at risk for not being informed of the ALF's recent deficiencies and plan of correction.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

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)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure