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) 70502 (Completion Date 12/23/2025) and 67428 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/23/2025 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-2400-2, WAC 388-78A-2480-1, WAC 388-78A-2470-1

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

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

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 10/21/2025 and 10/23/2025 of:
Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 7 of 52 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 #: 2623	Compliance Determination #:67426
Plan of Correction	Cogir of Bothell	Completion Date
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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.

Jenie Singer
Residential Care Services

11/3/2025
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)

11.4.25
Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to protect confidential resident information when a staff/resident identifier list was found attached to the full inspection report binder, and when Staff G (Health and Wellness Director) forwarded confidential resident information and clinical records of residents to an unknown email recipient. These failures placed the residents at risk for breach of privacy and confidentiality of their medical information.

Findings include...

NOTE: Revised Code of Washington (RCW) 70.02.005 - The legislature finds that: (1) Health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy, health care, or other interests. (3) In order to retain the full trust and confidence of patients, health care providers have an interest in assuring that health care information is not improperly disclosed and in having clear and certain rules for the disclosure of health care information.

NOTE: RCW 70.129.050 - Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

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

11/3/2025
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)

Date

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This requirement was not met as evidenced by:

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NOTE: RCW 70.129.050 - Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

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Findings included. .

Review of the ALF's annual inspection binder, located in the lobby, on 10/21/2025 at 9:50 AM, showed a Statement of Deficiencies (SODs), dated 10/06/2025, with a confidential list (a key to the residents listed in the SOD) of one past resident (Resident 8). The list showed, "CONFIDENTIAL, Do Not Post This List In The Facility."

In an interview, on 10/21/2025 at 10:00 AM, Staff F (Executive Director) stated the resident identifier list should not be in there and removed it.

During an entrance interview with Staff F and Staff G, on 10/21/2025 at 10:15 AM, the Department Representatives discussed receiving residents medical records. Staff G stated email correspondence would be an acceptable method for providing resident records.

A request was made by email, on 10/22/2025 at 10:56 AM, to Staff G for additional resident records to include their assessments, care plans, and incident reports.

Record review of an email, dated 10/22/2025 at 11:58 AM, showed Staff G emailed the assessments, care plans, and incident reports containing protected resident information and disclosed identifying resident information of a personal and clinical nature to a Department Representative and another individual with a Hotmail account.

In interview, on 10/22/2025 at 1:18PM, Staff G stated the email was sent in error to a past resident's family member and confirmed the past resident's family member should not have been on the recipient list.

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) 12.13.25

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

Administrator (or Representative) — 11.3.25 Date

Findings included...

Review of the ALF's annual inspection binder, located in the lobby, on 10/21/2025 at 9:50 AM, showed a Statement of Deficiencies (SODs), dated 10/08/2025, with a confidential list (a key to the residents listed in the SOD) of one past resident (Resident 8). The list showed, "CONFIDENTIAL, Do Not Post This List In The Facility."

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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-2460 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff members (Staff C) completed the required Tuberculosis (TB) testing within three days of employment. This placed 52 residents at risk of exposure to a communicable disease.

Findings included :

Review of records showed the ALF hired Staff C (Medication Technician) on 11/12/2024. Record review showed Staff C had a chest x-ray completed on 02/04/2025, two months and 23 days after date of hire.

In interview, on 10/02/2025 at 11:30 AM, Staff E (Business Office Director) confirmed there was no TB test record for Staff C completed within three days of date of hire.

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 the law and / or regulation on (Date) 12-13-25

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

Administrator (or Representative) 11-3-25 Date

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040.

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff members (Staff C) completed the required Tuberculosis (TB) testing within three days of employment. This placed 52 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff C (Medication Technician) on 11/12/2024. Record review showed Staff C had a chest x-ray completed on 02/04/2025, two months and 23 days after date of hire.

In interview, on 10/02/2025 at 11:30 AM, Staff E (Business Office Director) confirmed there was no TB test record for Staff C completed within three days of date of hire.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff (Staff C) whose Washington State name and date of birth background check (NDBGC) showed a disqualifying crime did not have unsupervised access to residents. This failure placed 52 residents at risk for possible abuse or neglect.

Findings included...

Record review of an (undated) Residents Characteristics Roster showed the ALF provided care and services to 52 residents.

Record review of a Staff Roster, undated, showed the ALF hired Staff C (Medication Technician) on 11/12/2024.

Record review of Staff C's NDBGC, completed on 11/14/2024, showed "Disqualifying Information" under results.

In interview, on 10/22/25 at 12:12 PM, Staff E (Business Office Director) stated she was unaware of the disqualifying information results for Staff C's NDBGC.

In interview, on 10/22/2025 at 3:00 PM, Staff F (Executive Director) stated she had been informed the disqualifying results had been resolved at time of hire and Staff C was cleared to work with a completed Character, Competency and Suitability form. Staff F confirmed Staff C provided unsupervised care to residents.

Record review of Staff C's employment records showed the ALF could not produce an NDBGC that showed the disqualifying results had been cleared.

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Administrator (or Representative) 11-3-25 Date

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