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

AMENDED
12/07/2023

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

RE: Cogir of Bothell # 2623

Dear Administrator:

This document references Compliance Determination 32352 (12/07/2023), which included complaint number(s) 103969, 105538, 106495.
The Department completed a complaint investigation of your Assisted Living Facility on 12/07/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Michelle Mcglon, Nursing Consultant Institutional

Consultation:

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

The Assisted Living Facility failed to implement their COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) policy which states all staff should wear a mask while in the community during an outbreak. This placed the residents at risk of exposure to a

communicable virus.

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:
  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 (425)670-6070.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir of Bothell
Provider Type: Assisted Living Facility
License/Cert.#: 2623
Compliance Determination #: 32352
Intake ID: 105538
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 11/09/2023 through 12/07/2023
Complainant Contact Date(s):

Allegation(s):
1. The Assisted Living Facility (ALF) had resident test positive for COVID.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size:
Observations:	Residents Dining Staff to resident interactions
Interviews:	Nursing staff
Record Reviews:	Line list Characteristic Roster Facility policies

Investigation Summary:
1. Interview and record review showed the ALF had infection control policies and procedures in place. Staff and residents tested and monitored for COVID-19 symptoms. The ALF met reporting requirements and followed Department of Health and Center for Disease Control guidance and Local Health Jurisdiction recommendations.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir of Bothell
Provider Type: Assisted Living Facility
License/Cert.#: 2623
Compliance Determination #: 32352
Intake ID: 106495
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 11/09/2023 through 12/07/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) was found on the floor, after the Assisted Living Facility (ALF)'s monitoring system was triggered.
2. The Named Staff (NS) did not provide incontinence care to the NR.
3. The NR tested positive for COVID and the NS did not wear the proper Personal Protective Equipment (PPE), while providing care.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 3 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff
Record Reviews:	Incident investigation Resident Records

Investigation Summary:

1. In an interview, the Executive Director(ED) stated that the NS had sat the NR on the floor. The NR had no injuries. The NS was terminated by the ALF. The NR's care plan had appropriate fall prevention measures in place.
2. In an interview, the Health and Wellness Director stated that the employee was terminated and no longer providing care to the ALF residents. Observation showed the residents were clean. In interviews, sampled residents and representatives had no concerns with incontinent care.
3. Observation and interview, showed the ALF failed to implement their COVID-19 policy, which states all staff should wear a mask and appropriate PPE, while in the community during an outbreak.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A