



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

11/06/2025

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

RE: Cogir of Bothell # 2623

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68374 (Completion Date 11/06/2025) and 65071 (Completion Date 10/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

The Department staff who did the On Site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer
Jamie Singer, Field Manager

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



Residential Care Services Investigation Summary Report

Provider/Facility: Cogir of Bothell

Provider Type: Assisted Living Facility

License/Cert.#: 2623

Compliance Determination #: 65071

Intake ID: 192845

Investigator: Michelle Mcglon

Region/Unit #: RCS Region 2 / Unit J

Investigation Date(s): 09/03/2025 through 10/08/2025

Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) was found on the floor, without breath and pulseless at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 1 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions Courtyard
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Incident investigation Facility policies Resident Records

Investigation Summary:

1. In an interview, the staff found the NR on the floor unresponsive. The Medication Technician initiated Cardiopulmonary Resuscitation (CPR), until the NR's code status was determined. The ALF staff made all the appropriate notifications, including a call to law enforcement and the NR's family representative. The ALF failed to ensure all staff had current CPR certifications as per their policy. See Statement of Deficiency WAC 388-78A-2474 (2)(d).

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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Statement of Deficiencies	License #: 2623	Compliance Determination #65071
Plan of Correction	Cogir of Bothell	Completion Date
Page 1 of 3	Licensee: Cogir Management USA Inc	10/08/2025

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 an unannounced on-site complaint investigation on 09/15/2025 and 09/03/2025 of:

Cogir of Bothell
10605 NE 185th St
Bothell, WA 98011

This document references the following complaint number(s): 192845

The following sample was selected for review during the unannounced on-site visit: 1 of 50 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional

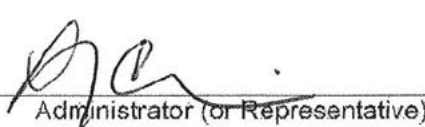
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

	10/8/2025
Residential Care Services	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.	
	10-14-25
Administrator (or Representative)	Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 sampled staff (Staff B) had current Cardiopulmonary Resuscitation (CPR) certification. This failure placed 50 of 50 residents at risk of receiving life saving measures from Staff B without the appropriate certification.

Findings included...

NOTE: According to cpr.heart.org, Cardiopulmonary Resuscitation (CPR) is an emergency lifesaving procedure performed when the heart stops beating. CPR, especially if performed immediately, can double or triple a cardiac arrest victims' chance of survival.

Record review of the ALF's policy, "Staffing, Emergency Training, and CPR", dated 12/14/2020, showed that staff should have orientation and training or certification pertinent to duties, including but not limited to Cardiopulmonary Resuscitation.

Record review of Staff B's (Medication Technician) employee file showed their CPR

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Statement of Deficiencies	License #: 2623	Compliance Determination #65071
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certification expired in July 2025.

In an interview, on 09/03/2025 at 12:00 PM, Staff A (Business Office Director) confirmed Staff B's CPR certification expired in July 2025.

In an interview, on 09/10/2025 at 7:34 AM, Staff B confirmed that her CPR expired in July 2025 and she had not renewed it.

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) 11-1-2025.

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



Administrator (or Representative)

10-14-25

Date