STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Cogir Management USA Inc
Cogir at the Quarry
415 SE 177th Ave
Vancouver, WA 98683

RE: Cogir at the Quarry License # 2640

Dear Administrator:

This letter addresses Compliance Determination(s) 69455 (Completion Date 12/05/2025) and 67823 (Completion Date 10/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/05/2025 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2130-2, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2100-2-a, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-

2390-2, WAC 388-78A-2390-3

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 10/27/2025 and 10/31/2025 of:

Cogir at the Quarry
415 SE 177th Ave
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 18 of 181 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jason Rose
Jennifer Siharath, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 2640	Compliance Determination #87823
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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.

Clinton Fridley RN
Residential Care Services

11/05/2025
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)

11/14/25
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed every two years for 2 of 2 sampled staff (Staff E and F). This failure placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included...

On 10/28/2025 at 12:30 PM, the department received the requested staff documents.

Record review for Staff E, Medication Technician, showed that Staff E was hired on 08/07/2020. Review of Staff E's Washington State name and date of birth background checks showed that it was completed on 04/05/2024. No other Washington State name and date of birth background checks were provided to show that one had been completed at least every two years since Staff E was hired.

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 | 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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Findings included…

On 10/28/2025 at 12:00 PM, the department received the requested staff documents.

Record review for Staff E, Medication Technician, showed that Staff E was hired on 08/07/2020. Review of Staff E's Washington State name and date of birth background checks showed that it was completed on 04/05/2024. No other Washington State name and date of birth background checks were provided to show that one had been completed at least every two years since Staff E was hired.

Record review for Staff F, Medication Technician, showed that Staff F was hired on 06/07/2021. Review of Staff F's Washington State name and date of birth background checks showed that one was completed on 06/04/2021 and another one completed on 01/11/2024. No other Washington State name and date of birth background checks were provided to show that one had been completed at least every two years since Staff F was hired.

On 10/31/2025 at 11:30 AM, Staff A, Executive Director, acknowledged that the current Washington state name and date of birth background check for Staff E and F were either completed late and/or not completed at least every two years.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25 .

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

Administrator (or Representative) — Date: 11/14/25

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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and

Record review for Staff F, Medication Technician, showed that Staff F was hired on 06/07/2021. Review of Staff F's Washington State name and date of birth background checks showed that one was completed on 06/04/2021 and another one completed on 01/11/2024. No other Washington State name and date of birth background checks were provided to show that one had been completed at least every two years since Staff F was hired.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged that the current Washington state name and date of birth background check for Staff E and F were either completed late and/or not completed at least every two years.

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 at the Quarry 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

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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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and

accommodated by the assisted living facility.

(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

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 8 of 15 sampled residents (Residents 1, 2, 3, 6, 7, 8, 9, and 12). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included…

Resident 1 (R1)

On 10/28/2025 at 10:40 AM, R1's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility's resident characteristic roster (RCR) documented that R1 has a medical device.

Record review of R1's assessments, showed an assessment dated 10/07/2025 that documented that R1 uses a medical device.

Record review of R1's NSA's, showed an NSA dated 10/07/2025. No documentation was found on the NSA to show that R1 uses a medical device.

On 10/29/2025, the facility confirmed that R1 has side rails.

Resident 2 (R2)

On 10/27/2025 at 12:50 PM, R2's records showed that they admitted to the facility on [redacted] 2022 with various diagnoses including [redacted] and [redacted].

Record review of R2's NSA's, showed a current NSA dated 10/27/2025. No documentation was found to show the type of diet that R2 was receiving.

Resident 3 (R3)

On 10/27/2025 at 1:20 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSA's, showed a current NSA dated 10/03/2025. No documentation was found to show the type of diet that R3 was receiving.

Resident 6 (R6)

On 10/28/2025 at 12:50 PM, R6's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR, documented that R6 receives nurse delegation.

Record review of R6's nurse delegation documents showed a consent signed on 03/01/2023 and a nurse delegation nursing visit completed on 10/01/2025 for capillary blood glucose (CBG) monitoring.

Record review of R6's NSAs, showed a current NSA dated 09/29/2025. No documentation was found to show that R6 receives nurse delegation services for CBG monitoring or the type of diet that R6 was receiving.

Resident 7 (R7)

On 10/28/2025 at 1:35 PM, R7's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR documented that R7 has wounds, utilizes a medical device, and receives home health services.

On 10/29/2025, the facility confirmed that R7 receives home health services and has a transfer pole.

Record review of R7's assessments showed a medical device assessment, dated 08/06/2025, for a transfer pole.

Record review of R7's NSAs, showed an NSA dated 08/17/2025. No documentation was found to show that R7 has any wounds, uses a medical device or receives home health services.

Resident 8 (R8)

On 10/28/2025 at 2:35 PM, R8's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Review of R8's records, showed a hospice summary note, dated 10/14/2025, that documented under areas of decline, that R8 has a new stage two ulcer to the buttocks, was taking showers, but now bed baths only, and has difficulty swallowing, was eating all types of food, but now just soft mechanical diet.

Record review of R8's NSAs, showed a current NSA, dated 07/28/2025, that documented

that R8 takes showers and has an “easy to chew” textured diet with thin liquids. No documentation was found to show that R8 has any wounds.

Resident 9 (R9)

On 10/29/2025 at 9:00 AM, R9’s records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facility’s RCR, documented that R9 receives home health services.

Record review of R9’s assessments, showed an assessment, dated 06/09/2025, that documented that R9 receives home health services.

Record review of R9’s NSAs, showed a current NSA dated 05/11/2025. No documentation was found to show that R9 receives any home health services.

Resident 12 (R12)

On 10/29/2025 at 10:05 AM, R12’s records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility’s RCR, showed documentation that R12 shows wandering behaviors.

Record review of R9’s NSAs, showed a current NSA, dated 09/05/2025, that documented that R12 does not have a history of wandering.

On 10/31/2055 at 11:00 AM, Staff A, Executive Director, acknowledged the department’s findings of pertinent information missing from the NSAs.

Statement of Deficiencies	License #: 2640	Compliance Determination #: 87523
Plan of Correction	Cogir at the Quarry	Completion Date
Page 8 of 22	Licensee: Cogir Management USA Inc	10/31/2025

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25

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

Administrator (or Representative) — Date: 11/14/25

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for 2 of 7 sampled residents (Resident 13 and 16). This failure placed these two residents at risk for proper care needs being unmet.

Findings included...

Resident 13 (R13)

On 10/29/2025 at 10:10AM, R13's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R13's NSAs showed that an initial NSA dated [redacted]2025 and another NSA dated 09/02/2025. No other NSA was provided to show that an NSA was completed within 30 days of R13 admitting to the facility.

Resident 16 (R16)

On 10/31/2025 at 10:00 AM, R16's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

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 at the Quarry 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

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(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the negotiated service agreement (NSA) within 30 days of admission to the facility for 2 of 7 sampled residents (Resident 13 and 16). This failure placed these two residents at risk for proper care needs being unmet.

Findings included…

Resident 13 (R13)

On 10/29/2025 at 10:10AM, R13's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R13's NSAs showed that an initial NSA dated [redacted]/2025 and another NSA dated 09/02/2025. No other NSA was provided to show that an NSA was completed within 30 days of R13 admitting to the facility.

Resident 16 (R16)

On 10/31/2025 at 10:00 AM, R16's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R16's NSAs showed that an initial NSA dated 09/09/2025 and another NSA dated 10/23/2025. No other NSA was provided to show that an NSA was completed within 30 days of R16 admitting to the facility.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged that the 30-day NSAs were not completed for R13 and R16.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25.

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

A Dunkley
Administrator (or Representative)

11/14/25
Date

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:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have

Record review of R16's NSAs showed that an initial NSA dated 09/09/2025 and another NSA dated 10/23/2025. No other NSA was provided to show that an NSA was completed within 30 days of R16 admitting to the facility.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged that the 30-day NSAs were not completed for R13 and R16.

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 at the Quarry 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

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(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have

administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident admission to the facility for 4 of 7 sampled residents (Residents 3, 10, 11, and 13). The facility failed to include all necessary assessment topics in their full assessment for 5 of 15 sampled residents (Residents 1, 6, 8, 9 and 12). The facility also failed to assess other safety considerations that may pose a danger when they failed to complete self-administration of medication assessments for 2 of 5 sampled residents (Residents 2 and 10). These failures placed these residents at risk of their care needs not being met.

Findings included…

Resident 1 (R1)

On 10/28/2025 at 10:40 AM, R1's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of R1's assessments showed a current assessment dated 10/07/2025 that documented that R1 receives nurse delegation.

On 10/30/2025 at 11:55 am, Staff B, Director of Nursing Services, confirmed over the

phone that R1 does not receive nurse delegation services.

Resident 2 (R2)

On 10/27/2025 at 12:50 PM, R2's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of R2's negotiated service agreement (NSA) dated 10/27/2025 documented that R2 is independent with medication administration and receives assistance from family.

Record review of R2's assessments showed no documentation that a self-administration of medication assessment was completed for R2.

On 10/29/2025 at 1:48 PM, the department requested a self-administration of medication assessment for R2.

On 10/30/2025 at 11:55 AM, the department again requested a self-administration of medication assessment for R2.

On 10/31/2025 at 9:00 AM, a self-administration of medication assessment dated 10/30/2025 had been provided for R2.

Resident 3 (R3)

On 10/27/2025 at 1:20 PM, R3's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessments showed a preadmission assessment completed on 08/20/2025 and another assessment dated 09/30/2025 for a change in condition. On 10/29/2025 an assessment dated 09/09/2025 was provided for R3. No other assessments were found to show that a full assessment was completed within 14 days of R3's admission into the facility.

Resident 6 (R6)

On 10/28/2025 at 12:50 PM, R6's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted], and [redacted].

Initial review of R6's records, showed no full assessments completed for R6.

On 10/30/2025 at 11:55 AM, the department requested a current full assessment for R6.

By the completion of the onsite full inspection on 10/31/2025, no full assessments had been provided for R6.

Resident 8 (R8)

On 10/28/2025 at 2:35 PM, R8's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Review of R8's records showed a hospice summery note dated 10/14/2025 that documented under areas of decline, that R8 has a new stage two ulcer to the buttocks and is now only receiving bed baths.

Record review of R8's assessments, showed an assessment dated 07/18/2025 that documented that R8 has no active wounds, receives showers, and uses a medical device.

On 10/29/2025 at 1:48 PM, the department requested a medical device assessment for R8.

On 10/30/2025 at 11:55 AM, Staff C, Health Services Director, confirmed that R8 does not have a medical device.

Resident 9 (R9)

On 10/29/2025 at 9:00 AM, R9's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R9's assessments, showed an assessment dated 06/09/2025 that documented that R9 has bed rails.

On 10/29/2025 at 1:48 PM, the department requested a medical device assessment for R9.

On 10/30/2025 at 11:55 AM, Staff C, Health Services Director, confirmed that R9 does not have bed rails.

Resident 10 (R10)

On 10/29/2025 at 9:40 AM, R10's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Initial review of R10's assessments showed an assessment labeled "initial" that was dated 06/27/2025. No other assessments were found.

On 10/30/2025, two assessments were provided, one labeled "initial" with a date of 07/11/2025 and labeled "14-day" with a date of 08/13/2025. No other assessments were found or provided to show that a full assessment was completed within 14 days of R10's admission into the facility.

Resident 11 (R11)

On 10/29/2025 at 9:44 AM, R11's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R11's assessments showed a preadmission assessment dated 07/23/2025 and an assessment labeled 14-day assessment dated 08/24/2025. No other assessments were found to show that an assessment was completed within 14 days of R11's admission to the facility.

Resident 12 (R12)

On 10/29/2025 at 10:05 AM, R12's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility's resident characteristic roster documented that R12 has shown wandering behaviors.

Record review of R12's assessments, showed an assessment dated 08/25/2025 that did not document that R12 has any wandering behaviors.

Resident 13 (R13)

On 10/29/2025 at 10:10AM, R13's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted]

Record review of R13's assessments showed a preadmission assessment dated 07/11/2025 and an assessment labeled 14-day assessment dated 08/05/2025. No other assessments were found to show that an assessment was completed within 14 days of R13's admission to the facility.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged the departments findings.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25.

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

Administrator (or Representative) 11/14/25 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2080 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual full assessment for 2 of 8 sampled residents (Residents 2 and 6). This failure placed these two residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)

Resident 13 (R13)

On 10/29/2025 at 10:10AM, R13's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Record review of R13's assessments showed a preadmission assessment dated 07/11/2025 and an assessment labeled 14-day assessment dated 08/05/2025. No other assessments were found to show that an assessment was completed within 14 days of R13's admission to the facility.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged the departments findings.

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 at the Quarry 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual full assessment for 2 of 8 sampled residents (Residents 2 and 6). This failure placed these two residents at risk of their care needs not being met.

Findings included…

Resident 2 (R2)

On 10/27/2025 at 12:50 PM, R2's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

No assessments were found during the initial review of R2's records.

On 10/29/2025 at 1:48 PM, the department requested a current full assessment for R2.

On 10/30/2025 at 11:55 AM, the department again requested a current full assessment for R2.

By the completion of the onsite full inspection on 10/31/2025, no current full assessment was provided for R2.

Resident 6 (R6)

On 10/28/2025 at 12:50 PM, R6's records showed that they admitted to the facility on [redacted]/2023 with various diagnoses including [redacted], and [redacted].

No assessments were found during the initial review of R6's records.

On 10/30/2025 at 11:55 AM, the department requested a current full assessment for R6.

By the completion of the onsite full inspection on 10/31/2025, no current full assessment was provided for R6.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledged that there was no documentation to show that a current full assessment was completed for R2 and R6.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25.

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

Administrator (or Representative) — Date: 11/14/25

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan, and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

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 at the Quarry 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-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan was submitted including the minimum information required when 1 of 4 residents (Resident 8) had family assisting with medications. This failure placed this resident at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included…

Resident 8 (R8)

On 10/28/2025 at 2:35 PM, R8's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted], and [redacted].

Record review of the facility's resident characteristic roster showed documentation that R8 has family assisting with medication management.

Record review of R8's assessments showed an assessment dated 07/18/2025 that documented that family manages R8's medications.

No plan for family assisting with medications was found for R8.

On 10/29/2025 at 1:48 PM, the department requested a family assisting with medication plan for R8.

On 10/30/2025 at 11:55 AM, Staff H, Resident Care Coordinator, stated that all they could find was documentation on the assessment that stated R8's "wife will do meds."

On 10/31/2025 at 09:25 AM, Staff C, Health Services Director, confirmed that they could not find documentation that a plan for family assisting with medications had been completed for R8.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25.

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

Administrator (or Representative) — Date: 11/14/25

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others; and

(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 8 of 15 sampled residents (Residents 4, 5, 7, 9, 12, and 15). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 4 (R4)

On 10/27/2025 at 1:35 PM, R4's records showed that they admitted to the facility on [redacted]2022 with various diagnoses including [redacted] and [redacted].

Record review of the facility's Resident Characteristic Roster (RCR) documented that R4 receives nurse delegation and home health services.

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 at the Quarry 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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others; and

(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 6 of 15 sampled residents (Residents 4, 5, 7, 9, 12, and 15). This failure placed these residents at risk for proper care needs not being met.

Findings included…

Resident 4 (R4)

On 10/27/2025 at 1:35 PM, R4's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Record review of the facility's Resident Characteristic Roster (RCR) documented that R4 receives nurse delegation and home health services.

Record review of R4's assessments showed an assessment dated 09/02/2025. No documentation was found to show that R4 receives any nurse delegation or home health services.

Record review of R4's NSAs showed an NSA dated 09/18/2025. No documentation was found to show that R4 receives nurse delegation or home health services.

Record review of R4's notes, showed an outside provide note, dated 08/27/2025 from physical therapy, and 09/16/2025 from occupational therapy.

On 10/30/2025 at 11:55 AM, Staff B, Director of Nursing Services, confirmed over the phone that R4 does not receive nurse delegation services. Staff C, Health Services Director, confirmed that R4 was discharged from home health and is no longer receiving services.

Resident 5 (R5)

On 10/28/2025 at 12:10 PM, R5's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR, documented that R5 has a medical device.

Record review of R5's negotiated service agreements (NSA), showed an NSA dated 10/14/2025. No documentation was found to show that R5 has a medical device.

On 10/30/2025 at 11:55 AM, Staff C confirmed that R5 does not have a medical device.

Resident 7 (R7)

On 10/28/2025 at 1:35 PM, R7's records showed that they admitted to the facility on [redacted]/2022 with various diagnoses including [redacted], and [redacted].

Record review of R7's NSAs showed an NSA, dated 08/17/2025, that documented that R7 has urinary incontinence.

On 10/29/2025 the facility confirmed that R7 has urinary incontinence.

Record review of the facility's RCR showed no documentation that R7 has any urinary incontinence.

Resident 9 (R9)

On 10/29/2025 at 9:00 AM, R9's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of the facility's RCR showed documentation that R9 has a medical device.

Record review of R9's NSAs showed an NSA dated 05/11/2025. No documentation was found to show that R9 has a medical device.

On 10/30/2025 at 11:55 AM, Staff C confirmed that R9 does not have a medical device.

Resident 12 (R12)

On 10/29/2025 at 10:05 AM, R12's records showed that they admitted to the facility on [redacted]/2024 with various diagnoses including [redacted], and [redacted].

Record review of the facility's RCR showed documentation that R12 has a medical device.

Record review of R12's NSAs showed an NSA dated 09/05/2025. No documentation was found to show that R12 has a medical device.

On 10/30/2025 at 11:55 AM, Staff C confirmed that R12 does not have a medical device.

Resident 15 (R15)

On 10/29/2025 at 11:40 AM, R15's records showed that they admitted to the facility on [redacted]/2025 with various diagnoses including [redacted].

Review of the facility's RCR showed documentation that R15 was receiving home health services.

Record review of R15's NSA dated 08/03/2025 showed no documentation that R15 was receiving home health services.

On 10/30/2025 at 11:55 AM, Staff G, Resident Care Coordinator, confirmed that R15 was no longer receiving home health services.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledges the departments findings of the discrepancies on the RCR.

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 at the Quarry is or will be in compliance with this law and / or regulation on (Date) 11/14/25 .

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

Administrator (or Representative) — Date: 11/14/25

Review of the facility's RCR showed documentation that R15 was receiving home health services.

Record review of R15's NSA dated 08/03/2025 showed no documentation that R15 was receiving home health services.

On 10/30/2025 at 11:55 AM, Staff G, Resident Care Coordinator, confirmed that R15 was no longer receiving home health services.

On 10/31/2025 at 11:00 AM, Staff A, Executive Director, acknowledges the departments findings of the discrepancies on the RCR.

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 at the Quarry 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