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) 42743 (Completion Date 06/14/2024) and 39129 (Completion Date 04/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/14/2024 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-2430-2, WAC 388-78A-2430-2-a, WAC 388-78A-2430-2-b

The Department staff who did the off-site verification:
Jason Rose

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

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir at the Quarry
Provider Type: Assisted Living Facility
License/Cert.#: 2640
Compliance Determination #: 39129
Intake ID: 125632
Investigator: Jason Rose
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 04/01/2024 through 04/26/2024
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/ treatment. Facility failed to provide resident records to surviving famly within two working days.

Investigation Methods:

Sample:
Total residents: 166
Resident sample size: 3
Closed records sample size: 1

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Family members
Administration

Record Reviews:
Service plans.
Intermittent Service Plans (ISP's)
Alert charting.
Email communications.
Facility rental agreements and disclosure of services.

Investigation Summary:

1. Quality of Care/ treatment. Facility failed to provide resident records to surviving famly within two working days. Facility took 15 days to fully release records. Failed practice.

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 at the Quarry
Provider Type: Assisted Living Facility
License/Cert.#: 2640
Compliance Determination #: 39129
Intake ID: 118447
Investigator: Jason Rose
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 04/01/2024 through 04/26/2024
Complainant Contact Date(s):

Allegation(s):

1. Resident Patient/Client/ Rights. Facility changed a service plan for a resident without the resident's involvement or consent.

Investigation Methods:

Sample:
Total residents: 166
Resident sample size: 3
Closed records sample size: 1

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Family members
Administration

Record Reviews:
Service plans.
Intermittent Service Plans (ISP's)
Alert charting.
Facility rental agreements and disclosure of services.

Investigation Summary:

1. Resident Patient/Client/ Rights. Facility changed a service plan for a resident without the resident's involvement or consent. Failed practice.

Conclusion / Action:

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

☐ N/A

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

Statement of Deficiencies	License #: 2640	Compliance Determination # 39129
Plan of Correction	Cogir at the Quarry	Completion Date
Page 1 of 3	Licensee: Cogir Management USA Inc	04/26/2024

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 an unannounced on-site complaint investigation on 04/01/2024, 04/10/2024, 04/23/2024 and 04/26/2024 of:

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

This document references the following complaint number(s): 118447, 125632

The following sample was selected for review during the unannounced on-site visit: 3 of 166 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Jason Rose

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

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

04/26/2024
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.

Statement of Deficiencies	License #: 2640	Compliance Determination #39129
Plan of Correction	Cogir at the Quarry	Completion Date
Page 2 of 3	Licensee: Cogir Management USA Inc.	04/25/2024

Administrator (or Representative)

5/3/24
Date

WAC 388-78A-2430 Resident review of records.

(2) The assisted living facility must provide to the resident or the resident's representative, photocopies of the records or any portions of the records pertaining to the resident, within two working days of the resident's or resident's representative's request for the records.

(a) For the purposes of this section, "working days" means Monday through Friday, except for legal holidays.

(b) The assisted living facility may charge the resident or the resident's representative a fee not to exceed twenty-five cents per page for the cost of photocopying the resident's record.

This requirement was not met as evidenced by:

Based on interview and records review, the facility failed to release the records of 1 of 1 resident (Former Resident 1 [FR1]) to the surviving family within two working days. This delay placed FR1's surviving family at risk for further emotional trauma from unanswered questions concerning the loss of their family member.

Findings included....

In an interview on 04/24/2024 at 11:28 AM, Collateral Contact 1 (CC1), a state ombudsman, confirmed that the facility did not fully release Former Resident FR1's records until 16 days after the request was made by Collateral Contact 2 (CC2), FR1's wife.

Records review of an email chain between CC1, CC2, Former Staff 1 (FS1), Memory Care Director, and Former Staff 2 (FS2), Director of Nursing, and Staff Sample A (SSA), Executive Director, revealed the following:

On 02/14/2024, CC2 sent an email to SSA and FS1 requesting the entire file of FR1's chart from the facility as required by RCW 70.129.030.

On 02/26/2024, CC2 send an email to SSA, FS1, and CC1 reporting that there were missing records in FR1's chart that was provided to them.

On 02/27/2024, FS1 responded stating the entire physical chart had been given, that they did not know how to get the electronic portions, and that according to the "regional nurse", a "written notice is needed for this request."

Administrator (or Representative) Date

WAC 388-78A-2430 Resident review of records.

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Based on Interview and records review, the facility failed to release the records of 1 of 1 resident (Former Resident 1 [FR1]) to the surviving family within two working days. This delay placed FR1's surviving family at risk for further emotional trauma from unanswered questions concerning the loss of their family member.

Findings included... .

In an interview on 04/24/2021 at 11:28 AM, Collateral Contact 1 (CC1), a state ombudsman, confirmed that the facility did not fully release Former Resident FR1's records until 15 days after the request was made by Collateral Contact 2 (CC2), FR1's wife.

Records review of an email chain between CC1, CC2, Former Staff 1 (FS1), Memory Care Director, and Former Staff 2 (FS2), Director of Nursing, and Staff Sample A (SSA), Executive Director, revealed the following:

On 02/14/2024, CC2 sent an email to SSA and FS1 requesting the entire file of FR1's chart from the facility as required by RCW 70.129.030.

On 02/26/2024, CC2 send an email to SSA, FS1, and CC1 reporting that there were missing records in FR1's chart that was provided to them.

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Statement of Deficiencies	License #: 2640	Compliance Determination #38129
Plan of Correction	Cogir at the Quarry	Completion Date
Page 3 of 3	Licensee: Cogir Management USA Inc	04/26/2024

On 02/29/2024 CC1 sent an email to SSA and FS1 reiterating the request for FR1's missing records.

On 02/29/2024 FS1 sent an email to CC1 and CC2 informing them that "We are gathering the electronic records as well."

On 03/06/2024 FS2 sent an email to CC1 and CC2 stating "I was able to gather the documentation you requested.... Our corporate team is currently reviewing the documents, and I will have them to you asap."

On 03/07/2024 FS1 sent an email to CC1 and CC2 with attachments that read: "Attached is the documentation you requested."

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) 5/12/24.

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

Administrator (or Representative) — Date: 5/3/24

On 02/29/2024 CC1 sent an email to SSA and FS1 reiterating the request for FR1's missing records.

On 02/29/2024 FS1 sent an email to CC1 and CC2 informing them that "We are gathering the electronic records as well."

On 03/06/2024 FS2 sent an email to CC1 and CC2 stating "I was able to gather the documentation you requested... . Our corporate team is currently reviewing the documents, and I will have them to you asap."

On 03/07/2024 FS1 sent an email to CC1 and CC2 with attachments that read: "Attached is the documentation you requested."

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

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

04/26/2024

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

RE: Cogir at the Quarry # 2640

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 04/26/2024 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services

Region 3, Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• 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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The facility changed a residents Service Plan, resulting in an increase of monthly charges from the date of that change, without the involvement, consent, or agreement of the resident or Power of Attorney. Consultation provided.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure