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 of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

RE: Cogir of Glenwood Place License # 2645

Dear Administrator:

This letter addresses Compliance Determination(s) 39826 (Completion Date 04/17/2024) and 36328 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/17/2024 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-24642-1, 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-d, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, 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-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

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

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

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
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

Statement of Deficiencies	License #: 2645	Compliance Determination # 36328
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 1 of 10	Licensee: Cogir Management USA Inc	02/12/2024

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 the unannounced on-site full inspection on 02/06/2024 and 02/12/2024 of:
Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 19 of 208 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

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.

Kim O'Brien
Residential Care Services

02/13/2024
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.

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.

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Cogir of Glenwood Place
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Residential Care Services

Date

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Statement of Deficiencies	License #: 2645	Compliance Determination # 36328
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 2 of 10	Licensee: Cogir Management USA Inc	02/12/2024

[signature] - David Alexander, DOO — Administrator (or Representative)

2/22/2024 — Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff G) within 120 days of employment. This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing visit on 02/07/2024 at 10:00 AM, the department received the requested staff records.

Record review for Staff G, Medication Care Technician, showed that Staff G was hired on 01/26/2023. Review of Staff G's national fingerprint background check showed that it was completed on 09/21/2023.

During an exit interview on 02/12/2024 at 12:30 PM, Staff A, Executive Director, acknowledged that the national fingerprint background check for Staff G was completed late.

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) 03/28/2024.

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

Administrator (or Representative) Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff G) within 120 days of employment. This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included…

During an unannounced licensing visit on 02/07/2024 at 10:00 AM, the department received the requested staff records.

Record review for Staff G, Medication Care Technician, showed that Staff G was hired on 01/26/2023. Review of Staff G's national fingerprint background check showed that it was completed on 09/21/2023.

During an exit interview on 02/12/2024 at 12:30 PM, Staff A, Executive Director, acknowledged that the national fingerprint background check for Staff G was completed late.

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 Glenwood Place 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.

Statement of Deficiencies	License #: 2645	Compliance Determination # 36328
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 3 of 10	Licensee: Cogir Management USA Inc	02/12/2024

[redacted] - David Alexander, DOO 2/22/2024
Administrator (or Representative) Date

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;

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

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 necessary health support services from outside providers and specific resident identified care and service needs for 5 of 19 sampled residents (Resident 3, Resident 5, Resident 9, Resident 10, Resident 17). 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 3 (R3)
During an unannounced full inspection on 02/07/2024 at 11:15 AM, R3's records showed that R3 admitted to the facility on [redacted] 2022 with various diagnoses including [redacted]

Review of R3's NSA, dated 10/04/2023, showed no documentation of the type of diet R3 was receiving.

Resident 5 (R5)
R5's records showed that R5 admitted to the facility on [redacted] 2018 with various diagnoses including [redacted]

Administrator (or Representative) Date

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;

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

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 necessary health support services from outside providers and specific resident identified care and service needs for 5 of 19 sampled residents (Resident 3, Resident 5, Resident 9, Resident 10, Resident 17). 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 3 (R3)
During an unannounced full inspection on 02/07/2024 at 11:15 AM, R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R3's NSA, dated 10/04/2023, showed no documentation of the type of diet R3 was receiving.

Resident 5 (R5)
R5's records showed that R5 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted]).

Review of R5's NSA dated 06/26/2023 documented R5 as a low fall risk and a high fall risk.

During an interview on 02/12/2024 at 11:40 AM, Staff C, Director of Nursing, confirmed that R5 is a high fall risk and not a low fall risk.

Resident 9 (R9)
R9's records showed that R9 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] ([redacted]).

Review of R9's NSA, dated 01/31/2024, documented R9 as a low fall risk. The NSA also documented that R9's bed is on the floor due to R9 being a fall risk.

During an interview on 02/12/2024 at 11:40 AM, Staff C, Director of Nursing, confirmed that R9 is a high fall risk and not a low fall risk.

Resident 10 (R10)
R10's records showed that R10 admitted to the facility on [redacted]2023 with various diagnoses including [redacted] ([redacted]).

Review of R10's NSA, dated 09/16/2023, showed no documentation of the type of diet R10 was receiving.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the diet for R10 was not documented in the NSA.

Resident 18 (R18)
R18's records showed that R18 admitted to the facility on [redacted]2023 with various diagnoses including [redacted] ([redacted]).

Record review of the facility's Resident Characteristic Roster documented R18 was receiving home health services.

Review of R18's records showed a start of care for occupational therapy on 08/17/2023

Review of R18's NSA dated 08/24/2023 showed no documentation of R18 receiving home health services.

Review of R5's NSA dated 06/28/2023 documented R5 as a low fall risk and a high fall risk.

During an interview on 02/12/2024 at 11:40 AM, Staff C, Director of Nursing, confirmed that R5 is a high fall risk and not a low fall risk.

Resident 9 (R9)
R9's records showed that R9 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] ([redacted]).

Review of R9's NSA, dated 01/31/2024, documented R9 as a low fall risk. The NSA also documented that R9's bed is on the floor due to R9 being a fall risk.

During an interview on 02/12/2024 at 11:40 AM, Staff C, Director of Nursing, confirmed that R9 is a high fall risk and not a low fall risk.

Resident 10 (R10)
R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Review of R10's NSA, dated 09/16/2023, showed no documentation of the type of diet R10 was receiving.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the diet for R10 was not documented in the NSA.

Resident 18 (R18)
R18's records showed that R18 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]).

Record review of the facility's Resident Characteristic Roster documented R18 was receiving home health services.

Review of R18's records showed a start of care for occupational therapy on 08/17/2023.

Review of R18's NSA dated 08/24/2023 showed no documentation of R18 receiving home health services.

During an interview on 02/12/2024 at 11:45 AM, Staff C, Director of Nursing, confirmed that home health is not documented on the NSA for R18.

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) 3/28/2024 .

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

I - David Alexander, DOO 2/22/2024

~~Administrator (or Representative)~~ Date

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

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission to the facility for 2 of 9 residents (Resident 10 and 17). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 10 (R10)
During an unannounced full inspection on 02/08/2024 at 9:00 AM, R10's records showed that R10 admitted to the facility on [redacted] 2023 with various diagnoses including [redacted] ([redacted]).

Record review showed an NSA for R10 labeled "Initial", with a date of 08/17/2023, and a signature from the resident representative on 09/27/2023.

Resident 17 (R17)
R17's records showed that R17 admitted to the facility on [redacted] 2023 with various

During an interview on 02/12/2024 at 11:45 AM, Staff C, Director of Nursing, confirmed that home health is not documented on the NSA for R18.

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 Glenwood Place 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-2130 Service agreement planning. The assisted living facility must:

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission to the facility for 2 of 9 residents (Resident 10 and 17). This failure placed these residents at risk for proper care needs being unmet.

Findings included…

Resident 10 (R10)
During an unannounced full inspection on 02/08/2024 at 9:00 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Record review showed an NSA for R10 labeled "Initial", with a date of 08/17/2023, and a signature from the resident representative on 09/27/2023.

Resident 17 (R17)
R17's records showed that R17 admitted to the facility on [redacted]/2023 with various

diagnoses including [redacted]

Record review showed an NSA for R17 labeled "Initial", with a date of 11/28/2023, and a signature from the resident on 11/28/2023.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the NSA's for R10 and R17 were completed late.

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) 3/28/2024 .

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

[redacted] - David Alexander, DOO — 2/22/2024

Administrator (or Representative) — 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

diagnoses including [redacted].

Record review showed an NSA for R17 labeled "Initial", with a date of 11/28/2023, and a signature from the resident on 11/28/2023.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the NSA's for R10 and R17 were completed late.

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 Glenwood Place 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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(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;

(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:

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(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.

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(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 fourteen days of the resident's move-in date for 1 of 9 sampled residents (Residents 10). This failure placed this resident at risk of their care needs not being met.

Findings included...

Resident 10 (R10)
During an unannounced full inspection on 02/08/2024 at 8:00 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Record review showed an assessment for R10 labeled 14-day with a date of 09/08/2023.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the assessment for R10 was not completed within 14 days of admission.

Plan/Attestation Statement

(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.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 1 of 9 sampled residents (Residents 10). This failure placed this resident at risk of their care needs not being met.

Findings included…

Resident 10 (R10)
During an unannounced full inspection on 02/08/2024 at 9:00 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] ([redacted]).

Record review showed an assessment for R10 labeled 14-day with a date of 09/08/2023.

During an interview on 02/12/2024 at 11:42 AM, Staff C, Director of Nursing, confirmed that the assessment for R10 was not completed within 14 days of admission.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2645	Compliance Determination # 36328
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 9 of 10	Licensee: Cogir Management USA Inc	02/12/2024

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) 3/28/2024 .

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

[signature] - David Alexander, DOO 2/22/2024

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 2 of 3 sampled staff (Staff E and G) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing visit on 02/07/2024 at 10:00 AM, the department received the requested staff records.

Staff E
Record review for Staff E, Resident Care Associate, showed Staff E was hired on 03/02/2023.
Review of Staff E's TB records showed that Staff E had their first step TB test completed two months after employment on 05/01/2023 and results read on 05/03/2023.

Staff G
Record review for Staff G, Medication Care Technician, showed Staff G was hired on 01/26/2023.
No TB records were found for Staff G.

During an exit interview on 02/12/2024 at 12:30 PM, Staff A, Executive Director, acknowledged that the TB test for Staff E was completed late and that there was no documentation for Staff G but that they had started Staff G's first step on 02/07/2024

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 Glenwood Place 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-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 2 of 3 sampled staff (Staff E and G) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included…

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Statement of Deficiencies	License #: 2645	Compliance Determination # 36326
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page of 10	Licensee: Cogir Management USA Inc	02/12/2024

when they realized there was no record of Staff G's TB test.

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) 3/28/2024 .

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

- David Alexander, DOO — 2/22/2024

Administrator (or Representative) Date

when they realized there was no record of Staff G's TB test.

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 Glenwood Place 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

02/13/2024

Cogir Management USA Inc
Cogir of Glenwood Place
5500 NE 92nd Ave
Vancouver, WA 98662

RE: Cogir of Glenwood Place # 2645

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/12/2024 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 many deficiency listed on the enclosed report, and
- May inspect your program 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 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

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

02/13/2024

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Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

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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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

The facility failed to ensure the Negotiated Service Agreement (NSA) had dates to go along with resident or resident representative signatures for 4 of 19 sampled residents. The facility has already taken actions to correct this failure.

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; and

(2) To respond appropriately in emergency situations.

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services. The facility has already taken actions to correct this failure.

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:

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.

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  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)480-1218.

Sincerely,

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

Enclosure

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

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

Enclosure