STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Cogir Management USA Inc
Cogir at The Narrows
802 N Laurel Ln
Tacoma, WA 98406

RE: Cogir at The Narrows License # 2654

Dear Administrator:

This letter addresses Compliance Determination(s) 46753 (Completion Date 09/11/2024) and 43866 (Completion Date 07/16/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2024 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-2610, WAC 388-78A-2610-1, WAC 388-78A-2610-2, WAC 388-78A-2610-2-a, WAC 388-78A-2610-2-b, WAC 388-78A-2610-2-c, WAC 388-78A-2610-2-d, WAC 388-78A-2610-2-e, WAC 388-78A-2610-2-f

The Department staff who did the on-site verification:
Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2654	Compliance Determination # 43866
Plan of Correction	Cogir at The Narrows	Completion Date
Page 1 of 4	Licensee: Cogir Management USA Inc	07/16/2024

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 follow-up on 07/10/2024 and 07/10/2024 of:

Cogir at The Narrows
802 N Laurel Ln
Tacoma, WA 98406

This document references the following SOD dated: 07/16/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 114 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

07/24/2024

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 #: 2654	Compliance Determination # 43866
Plan of Correction	Cogir at The Narrows	Completion Date
Page 2 of 4	Licensee: Cogir Management USA Inc	07/16/2024

A. Kensington
Administrator (or Representative)

7/30/2024
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 3 of 3 sampled staff (Staff C, Staff D, and Staff E) were fit tested (a process that confirms the fit of a respirator on the user's face before it is used) for an N95 respirator (a mask that filters at least 95 % of small particles). This failure placed all residents, staff and visitors at risk of potential harm if highly communicable pathogens were present.

Findings included...

Review of the facility policy titled "Respiratory Protection Program for COVID-19 Prevention at Cogir at The Narrows," dated 01/05/2023, showed the Executive Director has the duty to oversee the development and implementation of this respiratory protection program. The policy states that the ALF completed an evaluation of their job tasks and activities for who must wear an N95 respirator. It outlines that caregivers will be required to have N95 respirators, and since they are required to use N95 respirators, they must be medically evaluated and fit-tested.

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 3 of 3 sampled staff (Staff C, Staff D, and Staff E) were fit tested (a process that confirms the fit of a respirator on the user's face before it is used) for an N95 respirator (a mask that filters at least 95 % of small particles). This failure placed all residents, staff and visitors at risk of potential harm if highly communicable pathogens were present.

Findings included...

Review of the facility policy titled "Respiratory Protection Program for COVID-19 Prevention at Cogir at The Narrows," dated 01/05/2023, showed the Executive Director has the duty to oversee the development and implementation of this respiratory protection program. The policy states that the ALF completed an evaluation of their job tasks and activities for who must wear an N95 respirator. It outlines that caregivers will be required to have N95 respirators, and since they are required to use N95 respirators, they must be medically evaluated and fit-tested.

Review of the Centers for Disease Control and Prevention (CDC), "Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions," showed that whenever airborne precautions are implemented, a fit-tested, NIOSH-approved respirator, typically an N95, is required for any staff that will come into contact with the pathogen.

Record review of the DSHS Dear Provider Letter (DPL) ALF# 2021-024, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)," dated 04/30/2021, directed long term care facilities (LTCF) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Review of the DSHS Dear Provider Letter, "Provider Responsibilities for Provision of Personal Protective Equipment, Respiratory Protection Program, and changes to Department of Health RPP Resources," dated 09/14/2023, showed the guidelines for long-term care facilities (LTCF) and employer responsibilities for respiratory protection and RPP. The letter showed that LTCF providers were required to supply PPE to staff who provided care to residents with known or suspected communicable disease. The letter also showed that employers were responsible to identify respiratory hazards in the workplace, provide appropriate PPE and follow regulations pertaining to respiratory protection.

Record review of the document titled, "Labor and Industries (L & I) and Department of Health (DOH) Respirator and Personal Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE," dated 03/30/2021, showed "The long-term care facilities are required to provide initial fit tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against the COVID-19 (Corona Virus Disease 2019-an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death and other airborne hazards). A 'fit test' is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes. The 'fit test' is to be completed every 12 months."

Record review of Washington State (WA) Department of Health website document titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, under the section titled, "fit testing," showed respirator fit testing was to be done before use of N95 respirator and then every year (within 12 months of the date of the last fit test).

Record review of the DOH document, titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, showed "providing your workforce with respiratory protection against respiratory hazards, such as the virus that causes COVID-19, is a safety standard regulated and enforced by the Washington Department of Labor and Industries. Employers have an obligation to protect their employees from hazards in the

Statement of Deficiencies	License #: 2654	Compliance Determination # 43866
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workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test."

In an interview on 07/10/2024 at 10:15 AM Staff A, Executive Director reported that the facility had fit tested only six staff members. During a phone call on 07/10/2024 at 4:15 PM, Staff B, Memory Care Director, said the six employees were chosen because they are the main staff members to go into the residents' rooms. Sampled Staff C, Assistant Care Partner, Staff D, Care Partner, and Staff E, Care Partner, were not among the six staff who were fit-tested.

This is an uncorrected deficiency previously cited on 05/02/2024 for subsections 1, 2(a).

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 Narrows is or will be in compliance with this law and / or regulation on (Date) 8/12/2024.

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

A. Livingston — Administrator (or Representative)

7/30/2024 — Date

workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test."

In an interview on 07/10/2024 at 10:15 AM Staff A, Executive Director reported that the facility had fit tested only six staff members. During a phone call on 07/10/2024 at 4:15 PM, Staff B, Memory Care Director, said the six employees were chosen because they are the main staff members to go into the residents' rooms. Sampled Staff C, Assistant Care Partner, Staff D, Care Partner, and Staff E, Care Partner, were not among the six staff who were fit-tested.

This is an uncorrected deficiency previously cited on 05/02/2024 for subsections 1, 2(a).

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 Narrows 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

PO Box 99250, Lakewood, WA 98496

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 04/09/2024 and 04/15/2024 of:

Cogir at The Narrows
802 N Laurel Ln
Tacoma, WA 98406

The following sample was selected for review during the unannounced on-site visit: 12 of 108 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the designated smoking area was 25 feet away from the building per Washington State law. This failure placed all residents, staff, and visitors at risk for exposure to smoke.

Findings included...

RCW 70.160.075 “Smoking prohibited within twenty-five feet of public places or places of employment - Application to modify presumptively reasonable minimum distance.
Smoking is prohibited within a presumptively reasonable minimum distance of twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited so as to ensure that tobacco smoke does not enter the area through entrances, exits,
open windows, or other means.”

An observation on 04/09/2024 at 9:45 AM showed a cigarette ashtray/discard bin mounted to a post outside the building, near the driveway, and end of the sidewalk leading to the main door. The dark grey bin contained multiple burnt cigarette pieces.

An observation on 04/10/2024 at 3:15 PM showed that one end of each bench used for seating was within 25 feet of the building’s main door, as measured by the licensor and Staff F, Maintenance Director.

An observation on 04/10/2024 at 3:18 PM showed a grassy area across from the building entrance, on the other side of the busy driveway. A dog waste receptacle stood at the edge of the grassy area. Lifting the receptacle lid showed a burnt cigarette piece inside of the dog waste receptacle. No ashtray/discard bin was observed in this area.

An observation on 04/11/2024 at 10:30 AM showed a person lighting a cigarette as they exited the facility’s main door. The person stood in front of and next to the main door while smoking. The person continued to smoke, walking slowly away from the main door farther down the sidewalk area, remaining less than 25 feet from the facility. The person

moved over onto a concrete area in front of and right next to a resident's patio and resident room windows, smoking a cigarette the entire time.

An observation on 04/11/2024 at 10:45 AM showed that reception inside the building does not have a line of site to the unsupervised areas outside the main door entrance.

In an interview on 04/10/2024 at 3:16 PM, Staff F said that residents were told the smoking area was over in the grassy area across from the building entrance.

In an interview on 04/15/2024 at 12:45 PM, Staff A, Executive Director, said they had talked to the resident smoker about the smoking issue many times, and said they will speak to the resident's family about it. Staff A said they were trying to come up with a better solution for the smoking situation.

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 Narrows 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-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;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to provide annually signed Negotiated Service Agreements (NSA) to 3 of 12 sampled residents (Resident 5, Resident 6, and Resident 8). This failure placed residents in potential harm for not having an agreed upon care plan.

Findings included…

In an interview on 04/09/2024 at 1:30 PM Staff A, Executive Director (ED) said they did not have any signed Negotiated Service Agreements (NSA's) in the resident files.

Review of Resident 5's (R5) NSA showed R5 was admitted to the facility on [redacted]/2022 with the diagnosis of [redacted]. R5's NSA was completed on 12/14/2022 but not signed by R5 or a family member. R5's NSA was updated on 11/07/2023 and showed this was unsigned by R5 or a resident representative.

Review of Resident 6's (R6) NSA showed that R6 was admitted to the facility on [redacted]/2020 with the diagnosis of [redacted]. R6's NSA was updated on 11/08/2023 and showed no signature from R5 or a resident representative.

Review of Resident 8's (R8) NSA was admitted to the facility on [redacted]/2018 with diagnosis of [redacted]. R8's NSA was updated on 11/11/2023 and showed no signature from R8 or a resident representative.

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 Narrows 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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

(d) Provide all resident care and services according to current acceptable standards for infection control;

(e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control;

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 6 sampled staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) were fit tested for a N95 respirator (A device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances). This placed residents as well as staff and visitors to the facility at risk of potential harm if highly communicable pathogens were present.

Findings included...

Record review of the Dear Provider Letter (DPL) ALF# 2021-024, titled, “Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE),” dated 04/30/2021, directed Long Term Care Facilities (LTCF) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Record review of the document titled, “L&I (Labor and Industries) and Department of Health (DOH) Respirator and Person Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE," dated 03/30/2021, showed “The Long-term care facilities (LTCF) are required to provide initial fit tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against the COVID-19 (Corona Virus Disease 2019-an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases

difficulty breathing that could result in severe impairment or death and other airborne hazards). A 'fit test' is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes. The 'fit test' is to be completed every 12 months."

Record review of Washington State (WA) Department of Health (DOH) website document titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, under the section titled, "fit testing," showed respirator fit testing was to be done before use of N95 respirator and then every year (within 12 months of the date of the last fit test).

Record review of the Department of Health document, titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, showed "providing your workforce with respiratory protection against respiratory hazards, such as the virus that causes COVID-19, is a safety standard regulated and enforced by the Washington Department of Labor and Industries (L&I). Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test."

Review of a facility policy titled "Respiratory Protection Training Program" developed in December of 2023 showed on page one "Respirator Administrator (Executive Director or designee) reads the respirator administrator has the overall responsibility for the respiratory program, including monitoring respiratory hazards, maintaining records, and conducting program evaluations annually.

In an interview on 04/11/2024 at 4:30 PM Staff A, Executive Director reported and acknowledged that the facility's RPP program is outdated related to fit testing their staff members. Staff A reported that they are currently in the process of working with an outside vendor to get the necessary supplies to implement and get staff current with their RPP fit testing.

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 Narrows 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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation and interviews, the Assisted Living Facility (ALF) failed to secure potentially hazardous supplies accessible to assisted living residents for 1 of 1 housekeeping supply rooms on the first floor of the ALF. This failure placed all ALF residents at risk for ingesting potentially toxic materials.

Findings included…

An observation on 04/11/2024 at 10:22 AM showed the door to the housekeeping supply room was ajar and open, on the first floor of the facility. Inside the room on a shelf was a container with liquid inside, labeled Ecolab brand “Sanitizing Wash N’ Walk.” The Ecolab container was also labeled “Keep Out of Reach of Children – Danger.” Observation showed a container of “Hydrogen Peroxide General Purpose Cleaner” was also on a shelf in the open housekeeping supply room.

In an interview on 04/11/2024 at 10:25 AM, Staff A, Executive Director, said that she and Staff F, Maintenance Director, had accessed the housekeeping supply area earlier that morning and that they “must not have pushed the door shut.”

In an interview on 04/15/2024 at 12:50 PM, Staff A stated, “That was me,” when licensors brought up the 04/11/2024 issue of the housekeeping supply door being ajar. Staff A acknowledged that all chemicals were to be properly secured in the housekeeping supply room.

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 Narrows 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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 sampled staff (Staff B) had CPR and first aid training and certification. This failure potentially placed residents at harm if an emergency occurred requiring CPR and first aid.

Findings included...

Review of staff records showed Staff B, Resident Care Aid was hired on 02/21/2024 as a resident care aide. Review of Staff B’s trainings showed they did not have the CPR and first aid training.

In an interview on 04/16/2024 at 4:09 PM Staff A, Executive Director (ED) said Staff B did not have their CPR and First aid training. Staff B would be scheduled this Friday, April 19, 2024.

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 Narrows 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
PO Box 99250, Lakewood, WA 98496

Cogir Management USA Inc
Cogir at The Narrows
802 N Laurel Ln
Tacoma, WA 98406

RE: Cogir at The Narrows # 2654

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/02/2024 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:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• 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-2489 Tuberculosis Test records. The assisted living facility must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the assisted living facility;

(2) Make the records readily available to the appropriate health provider and licensing agency,

(3) Retain the records for at least two years after the date the staff person either quits or is terminated; and

Record review found Staff A, Executive Director, to not have a current tuberculosis (TB) (a communicable disease) record or test results in their personnel file.

Staff A reported through an interview that their former Wellness Director lost many of the personnel staff records. Staff A provided documentation of having been retested for TB with negative test results on 04/11/2024.

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

During outdoor environmental observation, a dirt and gravel pathway from the parking lot to the rear of the building presented a decline leading to an unmarked drop-off from the main ground to a lower forested ravine. Staff A, Executive Director, stated, “The residents know they aren’t supposed to go back there.” Staff A said she would work on a better solution to restrict access to that area.

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 (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure