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) 70877 (Completion Date 01/14/2026) and 67570 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/14/2026 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-b

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community 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

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 and complaint investigation on 10/23/2025, 10/24/2025, 10/27/2025 and 10/31/2025 of:

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

This document references the following complaint numbers: 197708, 199563.

The following sample was selected for review during the unannounced on-site visit: 10 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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

Statement of Deficiencies	License #: 2654	Compliance Determination #67570
Plan of Correction	Cogir at The Narrows	Completion Date
Page 2 of 3	Licensee: Cogir Management USA Inc	11/03/2026

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.

Laurie Anderson
Residential Care Services

11/03/2025
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.

A. Livingston
Administrator (or Representative)

11/7/2025
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:

(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 Assisted Living Facility (ALF) failed to ensure 1 of 2 sampled staff (Staff C) completed a valid Washington State name and date of birth background check (BGC) every two years as required. This failure placed all 93 residents at risk of harm by receiving care services from staff with an unknown background.

Findings included...

Review of the facility's personnel records showed the facility hired Staff C (caregiver) on 08/17/2023. The records showed Staff B's Washington State name and date of birth BGC expired on 08/02/2025.

During an interview on 10/24/2025 at 3:00 PM, Staff B, Business Office Director stated that the facility did not complete Staff C's Washington State name and date of birth BGC before it expired.

An email from Staff A, Memory Care Director, dated 10/31/2025 at 5:02 PM, showed the

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Residential Care Services | Date

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Statement of Deficiencies	License #: 2654	Compliance Determination # 67570
Plan of Correction	Cogir at The Narrows	Completion Date
Page 3 of 3	Licensee: Cogir Management USA Inc	11/03/2025

facility completed a new background check for Staff C on 10/31/2025, more than two months after the previous one expired

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) 11/7/2025.

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

A Levingston — Administrator (or Representative)

11/7/2025 — Date

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_____ _____

Administrator (or Representative) Date