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) 57669 (Completion Date 04/08/2025) and 35725 (Completion Date 04/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/08/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2630-1-a, WAC 388-78A-2371-3

The Department staff who did the on-site verification:
Woodetta Maulana,

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir at The Narrows
Provider Type: Assisted Living Facility
License/Cert.#: 2654
Compliance Determination #: 35725
Intake ID: 113840
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 01/23/2024 through 04/02/2024
Complainant Contact Date(s):

Allegation(s):

1) Named resident is unkempt
2) Resident has poop and garbage in their room
3) Resident is in need of podiatry care
4) Resident is in need of dental care
5) Resident wanders the hall of the assisted living and belongs in the memory care unit. Resident's family was coerced into placing named resident in assisted living when they should have never left the memory care unit
6) Someone broke into the facility and stole from a resident

Investigation Methods:

Sample:	Total residents: 108 Resident sample size: 3 Closed records sample size: 1
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records

Investigation Summary:

1) Observed named resident who was well groomed and did not smell of urine or feces
2) Observed resident's room, and room was clean and in good repair
3) Interviewed complainant and staff who reported resident received podiatry services
4) Facility made appointment with dentist who cancelled and had a new appointment and resident moved out before she could get dental services
5) Family signed consent to have resident move to the assisted living. When identified named resident did not do well in assisted living, named resident was scheduled to move back into memory care. Per the complainant and the facility, named resident's family stated they did not want to move the resident back to memory care, because they did not want her moved again.
6) The assisted living facility failed to report to the department an incident of financial

exploitation when one resident reported missing money from their apartment...The assisted living facility failed to document measures to prevent future similar situations when someone entered the facility, broke into a resident's room and took money from their wallet.

Conclusion / Action:

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

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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 01/23/2024 and 04/02/2024 of:

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

This document references the following complaint number(s): 113064, 113840, 115045

The following sample was selected for review during the unannounced on-site visit: 3 of 108 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

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-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to report to the department an incident of financial exploitation when one resident (Resident 1) reported missing money from their apartment. This failure prevented the department from knowing if the facility ensured protection and safety of all residents.

Findings included…

Review of the facility's "Incident Report and Investigation" dated 12/17/2023, documented, "(Resident 1) notified front desk that their room had been broken into. Door unlocked, kitchen drawer with lock was broken, $60 cash missing from wallet."

On 04/02/2024 at 3:05 PM, during an interview, the Executive Director (Staff A) confirmed she did not notify the department.

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-2371 Investigations. The assisted living facility must:

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document measures to prevent future similar situations when someone entered the facility, broke into a resident's (Resident 1) room, and took money from their wallet. This failure placed all residents at risk for similar harm.

Findings included…

Review of the facility's "Incident Report and Investigation" dated 12/17/2023, documented, "I encountered an African American gentleman coming out of [a resident's room], I asked him if he was lost and who he was looking for…ten minutes later received a call from [Executive Director] that [Resident 1] reported someone had broken into their room."

Further review of the facility's "Incident Report and Investigation" showed the facility did not document what measures they put in place to prevent similar future situations.

On 4-4-2024 at 3:05 PM, during an interview, The Executive Director (Staff A) confirmed preventative measures were not documented.

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