STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73448 (Completion Date 02/24/2026) and 70233 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/24/2026 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-2450-2-h-iii, WAC 388-78A-2371-1

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir at The Narrows
Provider Type: Assisted Living Facility
License/Cert.#: 2654
Compliance Determination #: 70233
Intake ID: 204270
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 12/16/2025 through 02/03/2026
Complainant Contact Date(s):

Allegation(s):
1) Newly hired staff inadequately trained on how to provide care to the residents

Investigation Methods:

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

Investigation Summary:
The assisted living facility (ALF) failed to ensure Staff received facility orientation training. Failed practice identified. Citation issued.

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 Narrows
Provider Type: Assisted Living Facility
License/Cert.#: 2654
Compliance Determination #: 70233
Intake ID: 204401
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 12/16/2025 through 02/03/2026
Complainant Contact Date(s):

Allegation(s):
1) Staff witnessed verbally abusing a resident

Investigation Methods:

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

Investigation Summary:
The assisted living facility failed to investigate an allegation of abuse for one resident. Facility failed practice determined. Citation issued.

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
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2654	Compliance Determination #70233
Plan of Correction	Cogir at The Narrows	Completion Date
Page 1 of 4	Licensee: Cogir Management USA Inc	02/03/2026

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 12/16/2025 of:

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

This document references the following complaint number(s): 204270, 204401

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

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

From:
DSHS, Home and Community Living 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.

Laurie Anderson
Residential Care Services

02/04/2026
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)

2/5/2026
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(iii) Specific duties and responsibilities;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 2 of 2 staff (Staff C and Staff D) received facility orientation training. This failure placed all residents at risk for unmet care needs and compromised safety.

Findings included...

STAFF C
Review of the facility personnel records showed that the facility hired Staff C, caregiver, on 11/14/2025. Further review showed no documentation that Staff C received the new hire orientation training prior to providing care to the residents.

On 02/03/2026 at 9:15 a.m., during an interview, Staff C stated that when they were hired, the facility gave them orientation as a medication technician on one floor, then told them to pass medication to residents on a different floor. Staff C stated that they informed Staff B, Assisted Living Director, that they were uncomfortable as a medication technician. Staff C stated that Staff B allowed them to work as a caregiver. Staff C stated that the facility provided them with no proper orientation as a caregiver. Staff C stated that the facility did not show them any resident care plans and they did not know where the care plans were located. Staff C stated that the facility did not provide them

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

02/04/2026
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-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(iii) Specific duties and responsibilities;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to ensure 2 of 2 staff (Staff C and Staff D) received facility orientation training. This failure placed all residents at risk for unmet care needs and compromised safety.

Findings included...

STAFF C
Review of the facility personnel records showed that the facility hired Staff C, caregiver, on 11/14/2025. Further review showed no documentation that Staff C received the new hire orientation training prior to providing care to the residents.

On 02/03/2026 at 9:15 a.m., during an interview, Staff C stated that when they were hired, the facility gave them orientation as a medication technician on one floor, then told them to pass medication to residents on a different floor. Staff C stated that they informed Staff B, Assisted Living Director, that they were uncomfortable as a medication technician. Staff C stated that Staff B allowed them to work as a caregiver. Staff C stated that the facility provided them with no proper orientation as a caregiver. Staff C stated that the facility did not show them any resident care plans and they did not know where the care plans were located. Staff C stated that the facility did not provide them

with adequate training before they routinely interacted with the residents.

On 12/16/2025 at 1:03 p.m., during an interview, Staff B stated that the facility provided Staff C with facility orientation training prior to providing care to the residents.

STAFF D
Review of the record showed that the facility hired Staff D, caregiver, on 11/20/2025. Further review showed no documentation that Staff D received the new hire orientation prior to providing care to the residents.

On 12/16/2025 at 1:03 p.m., during an interview, Staff A, Executive Director, stated that the facility does not have a policy about what their staff training entails. Staff A stated that the facility did not document when staff received facility training.

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) 2/5/2026 .

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

A. Livingston — Administrator (or Representative)

2/5/2026 — Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to investigate an allegation of abuse for one resident (Resident 2). This failure placed all residents at risk for continued exposure to harm.

Findings included...

On 12/16/2025 at 12:60 p.m., during an interview, Staff E, Activity Director, stated that they were informed by an employee that they overheard another employee yelling and cursing at Resident 2. Staff E stated that they informed Staff F, the unit's resident care coordinator, of the incident.

with adequate training before they routinely interacted with the residents.

On 12/16/2025 at 1:03 p.m., during an interview, Staff B stated that the facility provided Staff C with facility orientation training prior to providing care to the residents.

STAFF D
Review of the record showed that the facility hired Staff D, caregiver, on 11/20/2025. Further review showed no documentation that Staff D received the new hire orientation prior to providing care to the residents.

On 12/16/2025 at 1:03 p.m., during an interview, Staff A, Executive Director, stated that the facility does not have a policy about what their staff training entails. Staff A stated that the facility did not document when staff received facility training.

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:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to investigate an allegation of abuse for one resident (Resident 2). This failure placed all residents at risk for continued exposure to harm.

Findings included...

On 12/16/2025 at 12:50 p.m., during an interview, Staff E, Activity Director, stated that they were informed by an employee that they overheard another employee yelling and cursing at Resident 2. Staff E stated that they informed Staff F, the unit's resident care coordinator, of the incident.

On 12/16/2025 at 12:55 p.m., during an interview, Staff F stated that they were unaware the incident was about alleged abuse. Staff F stated that the incident was not described to them in that way. Staff F stated that they understood an employee was heard cursing on the unit.

Review of the facility's undated "in-service/education sign-in sheet" documented that the staff was educated on the "subject/topic", of "key, radio and appropriate language". There was no other documentation that showed the facility completed an investigation.

On 12/16/2025 at 1:03 p.m., during an interview, Staff A, Executive Director, confirmed that there was no incident report or investigation because staff did not notify them of the incident.

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) 2/5/2026.

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

A. Livingston — 2/5/2026

Administrator (or Representative) — Date

On 12/16/2025 at 12:55 p.m., during an interview, Staff F stated that they were unaware the incident was about alleged abuse. Staff F stated that the incident was not described to them in that way. Staff F stated that they understood an employee was heard cursing on the unit.

Review of the facility's undated "in-service/education sign-in sheet" documented that the staff was educated on the "subject/topic", of "key, radio and appropriate language". There was no other documentation that showed the facility completed an investigation.

On 12/16/2025 at 1:03 p.m., during an interview, Staff A, Executive Director, confirmed that there was no incident report or investigation because staff did not notify them of the incident.

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