STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Cogir Management USA Inc
Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

RE: Cogir of Kirkland License # 2686

Dear Administrator:

This letter addresses Compliance Determination(s) 64706 (Completion Date 08/27/2025) and 61475 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2025 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0720-2-a, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-b, WAC 388-112A-0611-1-d-i, WAC 388-112A-0611-1-d-ii, WAC 388-112A-0611-1-d, WAC 388-112A-0611-2

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

*Laurie Anderson*

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 06/24/2025 of:

Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

This document references the following SOD dated: 06/25/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 32 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

| Statement of Deficiencies | License # 2686 | Compliance Determination #61475 |
|---|---|---|
| Plan of Correction | Cogir of Kirkland | Completion Date |
| Page 2 of 4 | Licensee: Cogir Management USA Inc | 06/25/2025 |

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

07/09/2025
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.

Lana White
Administrator (or Representative)

7/9/25
Date

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC.

(d) If exempt from certification under RCW 18.88B.041 , a long-term care worker must complete and provide documentation of twelve hours of continuing education within forty-five calendar days of being hired by the assisted living facility or by the long-term care worker's birthday in the calendar year hired, whichever is later; and

(i) Must complete twelve hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

(ii) If the forty-five calendar day time period allows the long-term care worker to complete continuing education in January or February of the following year, the credit hours earned will be applied to the calendar year in which the long-term care worker was hired.

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

**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

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 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC.

(d) If exempt from certification under RCW 18.88B.041 , a long-term care worker must complete and provide documentation of twelve hours of continuing education within forty-five calendar days of being hired by the assisted living facility or by the long-term care worker's birthday in the calendar year hired, whichever is later; and

(i) Must complete twelve hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

(ii) If the forty-five calendar day time period allows the long-term care worker to complete continuing education in January or February of the following year, the credit hours earned will be applied to the calendar year in which the long-term care worker was hired.

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

**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.

**WAC 388-78A-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 2 of 2 sampled care staff (Staff F and Staff G) completed all training, as required. These failures placed all 32 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/06/2025 and a second citation on 05/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 06/20/2025.

CONTINUING EDUCATION (CE)
Review of the facility's Medication Technicians (MTs) Job Descriptions showed the facility required MTs to provide direct care and medication services to residents. The document showed MTs were required to complete education requirements per the state regulations.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, (unlicensed staff who dispense medications) on 02/12/2024. Review of the facility's Care Staff Schedule showed Staff F worked in the facility in April 2025 and May 2025 as a Medication Technician. The June 2025 schedule showed Staff F worked 17 shifts as a Medication Technician.

Review of Staff F's employee records showed Staff F's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 12/28/2021. The records showed the certification was last renewed on 12/20/2024. The records showed no documentation that Staff F completed any CE training between their January 2023 and January 2024 birthdays and between their January 2024 and January 2025 birthdays, as required. The records showed that as of 06/24/2025, Staff F completed

zero hours of the Department of Social and Health Services (DSHS) approved CE training.

STAFF G
Review of the facility's Employee Roster showed the facility hired Staff G, Medication Technician, on 03/05/2024. Review of the facility's Care Staff Schedule showed Staff G worked in the facility in April 2025 and May 2025. The June 2025 schedule showed Staff G worked 22 shifts as a Medication Technician and caregiver.

Review of Staff G's employee records showed that Staff G's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 09/16/2019. The records showed the certification was last renewed on 05/24/2024. The records showed no documentation that Staff G completed any CE training between their April 2023 and April 2024 birthdays and between their April 2024 and April 2025 birthdays, as required. The records showed that as of 06/24/2025, Staff G completed zero hours of the DSHS approved CE training.

During an interview on 06/24/2025 at 1:10 PM, Staff A, Executive Director, stated that Staff F only completed three online courses which were not approved by DSHS. Staff A stated that the online continuing education courses that were completed by Staff G showed they were not approved by DSHS. Staff A stated that they understood both Staff F and Staff G were not allowed to provide direct care to residents.

This is an uncorrected deficiency previously cited on 05/06/2025 for WAC 388-78A-2474 subsection (2)(e) and WAC 388-112A-0811 subsections (1)(a)(i), (1)(b), (1)(d)(i), (1)(d)(ii), and (2), and a recurring deficiency previously cited on 03/06/2025 for WAC 388-78A-2474 subsection (2)(e) and WAC 388-112A-0811 subsections (1)(a)(i), (1)(b), (1)(d)(i), (1)(d)(ii), and (2).

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 8/9/25.

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

Anna White — 7/9/25

Administrator (or Representative) — Date

zero hours of the Department of Social and Health Services (DSHS) approved CE training.

STAFF G
Review of the facility's Employee Roster showed the facility hired Staff G, Medication Technician, on 03/05/2024. Review of the facility's Care Staff Schedule showed Staff G worked in the facility in April 2025 and May 2025. The June 2025 schedule showed Staff G worked 22 shifts as a Medication Technician and caregiver.

Review of Staff G's employee records showed that Staff G's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 09/16/2019. The records showed the certification was last renewed on 05/24/2024. The records showed no documentation that Staff G completed any CE training between their April 2023 and April 2024 birthdays and between their April 2024 and April 2025 birthdays, as required. The records showed that as of 06/24/2025, Staff G completed zero hours of the DSHS approved CE training.

During an interview on 06/24/2025 at 1:10 PM, Staff A, Executive Director, stated that Staff F only completed three online courses which were not approved by DSHS. Staff A stated that the online continuing education courses that were completed by Staff G showed they were not approved by DSHS. Staff A stated that they understood both Staff F and Staff G were not allowed to provide direct care to residents.

This is an uncorrected deficiency previously cited on 05/06/2025 for WAC 388-78A-2474 subsection (2)(e) and WAC 388-112A-0611 subsections (1)(a)(i), (1)(b), (1)(d)(i), (1)(d)(ii), and (2), and a recurring deficiency previously cited on 03/06/2025 for WAC 388-78A-2474 subsection (2)(e) and WAC 388-112A-0611 subsections (1)(a)(i), (1)(b), (1)(d)(i), (1)(d)(ii), and (2).

**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 Kirkland 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
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 05/05/2025 of:
Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

This document references the following SOD dated: 05/06/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 05-13-2025

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) Dina White Date 6/2/25

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(b) A long-term care worker, who is a certified home care aide must comply with continuing education requirements under chapter 246-980 WAC.

(d) If exempt from certification under RCW 18.88B.041 , a long-term care worker must complete and provide documentation of twelve hours of continuing education within forty-five calendar days of being hired by the assisted living facility or by the long-term care worker's birthday in the calendar year hired, whichever is later; and

(i) Must complete twelve hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

(ii) If the forty-five calendar day time period allows the long-term care worker to complete continuing education in January or February of the following year, the credit hours earned will be applied to the calendar year in which the long-term care worker was hired.

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

**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.

**WAC 388-78A-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 2 of 2 sampled care staff (Staff F and Staff G) completed all training, as required. This failure placed all 34 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/20/2025.

CONTINUING EDUCATION (CE)
Review of the facility's Medication Technicians (MTs) Job Descriptions showed the facility required MTs to provide direct care and medication services to residents. The document showed MTs were required to complete education requirements per the state regulations.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, on 02/12/2024. Review of the facility's Care Staff Schedule showed Staff F worked in the facility in April 2025 and May 2025.

Review of Staff F's employee records showed Staff F's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 12/28/2021. The records showed the certification was last renewed on 12/20/2024. The records showed no documentation that Staff F completed any CE training between their January 2023 and January 2024 birthdays and between their January 2024 and January 2025 birthdays, as required. The records showed that as of 05/05/2025, Staff F completed zero hours of the Department of Social and Health Services (DSHS) approved CE training.

STAFF G
Review of the facility's Employee Roster showed the facility hired Staff G, Medication Technician, on 03/06/2024. Review of the facility's Care Staff Schedule showed Staff G worked in the facility in April 2025 and May 2025.

Review of Staff G's employee records showed that Staff G's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 09/16/2019. The records showed the certification was last renewed on 05/24/2024. The records showed no documentation that Staff G completed any CE training between their April 2023 and April 2024 birthdays and between their April 2024 and April 2025 birthdays, as required. The records showed that as of 05/05/2025, Staff G completed zero hours of the DSHS approved CE training.

During an interview on 05/05/2025 at 1:30 PM, Staff S, Business Office Director, stated that they were unable to find any CE certificates and documents in Staff F and Staff G's personnel files. Staff S stated that they were unsure if Staff F and Staff G completed any required CE training.

This is an uncorrected deficiency previously cited on 03/06/2025, for WAC 388-78A-2474 subsection (2)(e).

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 6/20/2025 .

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

Olivia White — Administrator (or Representative)

6/2/2025 — 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 3 of 3 sampled staff (Staff F, Staff H, and Staff W) skin test or blood test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 34 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included....

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/20/2025.

Review of the facility's document titled "Tuberculosis; Care Staff", dated 12/01/2023, showed that the facility followed the state regulations to screen and test staff for TB within three days of employment.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, on 02/12/2024. Review of the facility's Care Staff Schedule showed Staff F worked in the facility in April 2025 and May 2025. Review of Staff F's employee records showed that as of 05/05/2025, 448 days after hire, there was no documentation that Staff F was tested for TB.

STAFF H
Review of the facility's Employee Roster showed the facility hired Staff H, Medication Technician, on 02/13/2024. Review of the facility's Care Staff Schedule showed Staff H worked in the facility in April 2025 and May 2025. Review of Staff H's employee records showed that as of 05/05/2025, 447 days after hire, there was no documentation that Staff H was tested for TB.

STAFF W
Review of the facility's Employee Roster showed the facility hired Staff W, Executive Director, on 04/14/2025. Review of Staff W's employee records showed documentation of a negative Quantiferon-TB Gold Plus test (a blood test for TB) done on 04/25/2025, 11 days after hire.

During an interview on 05/05/2025 at 11:50 AM, Staff W stated that they were unaware they were required to complete the TB test within 3 days of employment.

During an interview on 05/05/2025 at 1:30 PM, Staff S, Business Office Director, stated that they did not know why Staff W completed their TB test late. Staff S stated that they were unable to find any TB test results in Staff F and Staff H's personnel files. Staff S

stated that they were unsure if Staff F and Staff H completed the required TB tests.

This is an uncorrected deficiency previously cited on 03/06/2025, subsections (1) and (2).

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 6/20/2025 .

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

Anna White — Administrator (or Representative)

6/2/2025 — Date

**WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:**

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that 1 of 1 sampled staff (Staff E) completed all requirements for Tuberculosis (TB) screening following a positive result to a TB skin test. This failure placed all 34 residents at risk of exposure to tuberculosis, an infectious disease.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/06/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 04/20/2025.

Review of the facility's document titled "Tuberculosis: Care Staff", dated 12/01/2023, showed that the facility followed the state regulations for TB test.

Review of the facility's employee roster showed the facility hired Staff E, Cook, on 08/15/2024. Review of Staff E's employee records showed that on 08/08/2024, Staff E was evaluated for past medical history of TB. The records showed Staff E completed a two-step TB skin test, the first step completed on 08/10/2024 and the second step completed on 08/29/2024. The first TB test showed a negative result, and the second TB test showed a positive result. The records showed no documentation that Staff E completed a chest X-ray, within seven days following a positive TB result. As of 05/05/2025, there was no documentation that showed Staff E completed a chest X-ray. There was no documentation that showed Staff E was evaluated for TB signs and symptoms. There was no documentation that showed Staff E followed up with their health care provider.

During an interview on 05/05/2025 at 1:30 PM, Staff S, Business Office Director, stated that they were unable to find any TB documents for Staff E. Staff S stated that they were unsure whether Staff E completed a chest X-ray.

This is an uncorrected deficiency previously cited on 03/06/2025, subsections (1), (2), and (3).

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 6/20/2025 .

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

Olivia White
Administrator (or Representative)

6/2/2025
Date

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Cogir of Kirkland
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2686
**Compliance Determination #:** 55521
**Intake ID:** 167077
**Investigator:** Thomas Forkgen
**Region/Unit #:** RCS Region 2 / Unit D
**Investigation Date(s):** 02/28/2025 through 03/06/2025
**Complainant Contact Date(s):**

**Allegation(s):**
Executive Director/Administrator of record did not complete the required fingerprint background check through the Department of Social and Health Services and did not obtain a Health Care Aide certification six months after hire.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 21<br>Resident sample size: 5<br>Closed records sample size: 0 |
| **Observations:** | Observed Alleged Perpetrator interact with residents of the facility on 03/03/2025 and 03/04/2025. |
| **Interviews:** | Interviewed Business Office Director and Executive Director. |
| **Record Reviews:** | Reviewed Executive Director's employee file. |

**Investigation Summary:**
Investigation took place during the full inspection 02/28/2025, 03/03/2025, and 03/04/2025.
1. Executive Director also listed as the Administrator of Record, assigned a designee who maintained a licensed practical nurse certification in the state of Washington that met the requirement of Health Care Aid certification (HCA). No failed practice found for failure to obtain HCA credential.
2. Executive Director failed to complete a fingerprint background check through the Department of Social and Health Services 286 days after hire and therefore was not allowed to have unsupervised access to residents. Failed practice found, facility cited in the full inspection. See Statement of Deficiency 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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

| Statement of Deficiencies | License #: 2686 | Compliance Determination #55521 |
|---|---|---|
| Plan of Correction | Cogir of Kirkland | Completion Date |
| Page 1 of 13 | Licensee: Cogir Management USA Inc | 03/06/2025 |

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 02/28/2025 and 03/04/2025 of:
Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

This document references the following complaint numbers: 168483, 167077.

The following sample was selected for review during the unannounced on-site visit: 5 of 21 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

03/13/2025
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.

[signature], RVPO
Administrator (or Representative)

3/20/2025
Date

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

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the facility failed to update 2 of 6 sampled residents (Resident 2 and Resident 3) service plans. This failure placed Resident 2 and Resident 3 at risk of unmet care needs and a diminished quality of life.

Findings included...

RESIDENT 2
Review of the facility's Characteristics Roster showed that the facility admitted Resident 2 in [redacted] of 2024.

Observation on 03/03/2025 at 11:40 AM, Showed Resident 2 seated on a foam cushion in a manual wheelchair. Observation showed Resident 2 maneuvered the wheelchair without assistance.

Review of Resident 2's December 2024, January 2024, and February 2024 electronic medication administration records (eMARs) showed Resident 2 received Aspirin, 81

milligrams, every day for heart health.

Review of Resident 2's Assessment, dated 12/19/2024, showed Resident 2 required hands on assistance for mobility and stand-by assistance for transfers. The assessment showed Resident 2 required extensive hands-on assistance with showers and incontinence care.

Review of Resident 2's Service Plan, dated 01/02/2025, showed that Resident 2 required moderate hands-on assistance to dress/undress, with mobility, and transfers. The service plan showed that Resident 2 required "extensive" hands-on assistance with showers and incontinence care. The service plan showed that facility staff provided laundry services twice a week. Review of Resident 2's Service Plan did not show Resident 2 received medication with blood thinning properties There was no documentation that provided care staff with guidance about the possible side effects from the medication, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 2 experienced any side effects from the medication.

During an interview on 03/03/2025 at 11:40 AM, Resident 2 stated that they were independent with wheelchair mobility, showers, toileting, dressing, and transfers. Resident 2 stated that the only care services provided by the facility staff were meal deliveries, medication management, and housekeeping services.

During an interview on 03/03/2025 at 11:40 AM, Collateral 1 [(CC1), Family Representative, present during Resident 2's interview] stated that when Resident 2 first moved in, they required assistance with dressing, toileting, transfers, and showers and now they no longer required the same level of care. CC1 stated that Resident 2 was now independent with care needs and only required meal deliveries, medication management, and housekeeping services. CC1 stated that when they visited, they often did some housekeeping. CC1 stated that they did Resident 2's laundry. CC1 stated that they discussed the services that Resident 2 no longer required with the administrative staff related to the costs of care. CC1 stated that Resident 2 was independent with their care needs for approximately a month.

During an interview on 03/03/2025 at 12:30 PM, Staff D, Licensed Practical Nurse, Health and Wellness Director, stated that they spoke with Resident 2 and CC1 about Resident 2's service plan, dated 01/02/2025. Staff D stated that they were aware the service plan no longer reflected Resident 2's care needs. Staff D stated that they did not know how long Resident 2 was independent with most of their care needs.

During an interview on 03/04/2025 at 12:15 PM, Staff O, Resident Care Coordinator, stated that Resident 2 independently dressed and undressed themselves, showered, toileted and transferred themselves for "about a month". Staff O stated that the facility staff only provided meal services, garbage removal, and housekeeping services. Staff O stated that Resident 2's family member did the laundry for Resident 2.

RESIDENT 3
Review of Resident 3's records showed the facility admitted Resident 3 in [redacted] 2025. The records showed on 02/24/2025, the facility completed Resident 3's assessment. The assessment showed Resident 3 was independent with medication management. Review of Resident 3's February 2024 Medication Administration Record (MAR) showed Resident 3 received Eliquis (a drug with blood thinning properties), 2.5 milligrams, by mouth two times per day.

Review of Resident 3's Service Plan, dated 05/07/2024, showed no documentation that Resident 3 received any medication with blood thinning properties. There was no documentation that provided care staff with guidance about the possible side effects from the medication, such as increased risk for bruising and easy bleeding. There were no instructions for staff about what actions were needed if Resident 3 experienced any side effects from the medication.

During an interview on 03/04/2025 at 3:45 PM, Staff D, Health and Wellness Director, stated that they were aware Resident 3 received medication with blood thinning properties. Staff D stated that they were unaware they were required to update the monitoring plan for residents who were self-administered medication.

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 4/20/25 SdL

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

RVPD

Administrator (or Representative)

3/20/2025

Date

**WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:**

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to submit 6 of 19 sampled staff (Staff F, Staff G, Staff M, Staff N, Staff O, and Staff V) Washington state name and date of birth background inquiry (BGI) within one business day after their start date. This failure placed all 21 residents as risk for abuse and neglect from caregivers and staff persons with unknown background.

Findings included...

Note: WAC 388-78A-2464 Background checks—Process—Background authorization form.
Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:
(1) Require the person to complete a DSHS background authorization form; and
(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

STAFF F
Review of the facility's employee roster showed that the facility hired Staff F, Medication Technician, on 02/12/2024. Review of Staff F's employee records showed the facility completed a Washington state name and date of birth BGI on 02/24/2024, 12 days after hire.

STAFF G
Review of the facility's employee roster showed that the facility hired Staff G, Medication Technician, on 03/05/2024. Review of Staff G's employee records showed the facility completed a Washington state name and date of birth BGI on 03/18/2024, 13 days after hire.

STAFF M
Review of the facility's employee roster showed that the facility hired Staff M, Lead Cook, on 11/22/2024. Review of Staff M's employee records showed the facility completed a Washington state name and date of birth BGI, on 01/12/2025, 51 days after hire.

STAFF N
Review of the facility's employee roster showed that the facility hired Staff N, Housekeeper, on 11/12/2024. Review of Staff N's employee records showed no documentation that a Washington state name and date of birth BGI was completed.

Observation on 02/28/2025 at 9:30 AM, showed Staff N used a cart to move furniture down the hallway. Observation on 03/05/2024 at 2:30 PM, showed Staff N cleaned Resident 6's apartment.

STAFF O

Review of the facility's employee roster showed that the facility hired Staff O, Resident Care Coordinator, on 11/19/2024. Review of Staff O's employee records showed the facility competed a Washington state name and date of birth BGI on 12/22/2024, 33 days after hire.

STAFF V
Review of the facility's employee records showed that the facility hired Staff V, Registered Nurse Delegator, on 04/12/2023. Review of the nurse delegation documentation showed that in December 2024, Staff V provided resident assessment and delegated staff medication administration for Resident 5.

The records showed that on 03/07/2023, the facility completed Staff V's background check through a third-party company. The records showed that as of 03/04/2025, 692 days after the date of hire, there was no documentation that the facility completed the background check through the department's background check central unit.

During an interview on 03/03/2025 at 10:30 AM, Staff S, Business Office Director (BOD), stated that they were new to the position. Staff S stated that they had not audited the employees' files. Staff S stated that they were aware the staff background checks 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 Kirkland will be in compliance with this law and / or regulation on (Date) 4/20/25 SD

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

[signature], RVP — 3/20/25

Administrator (or Representative) — Date

**WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(b) A long-term care worker, who is a certified home care aide must comply with

continuing education requirements under chapter 246-980 WAC.

(d) If exempt from certification under RCW 18.88B.041 , a long-term care worker must complete and provide documentation of twelve hours of continuing education within forty-five calendar days of being hired by the assisted living facility or by the long-term care worker's birthday in the calendar year hired, whichever is later; and

(i) Must complete twelve hours of continuing education by the long-term care worker's birthday each calendar year worked thereafter; or

(ii) If the forty-five calendar day time period allows the long-term care worker to complete continuing education in January or February of the following year, the credit hours earned will be applied to the calendar year in which the long-term care worker was hired.

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

**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.

**WAC 388-78A-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 3 of 4 sampled care staff (Staff C, Staff F, and Staff G) completed all trainings, as required. This failure placed all 21 residents at risk for decreased quality of care provided by caregivers with incomplete training.

Findings included...

FIRST AID
Review of the facility's Job Descriptions showed that the facility required all Resident Care Associates (Caregivers) to have and maintain first aid and CPR certification per state regulations.

STAFF C
Review of the facility's Employee Roster showed that the facility hired Staff C, Assistant Care Partner, on 10/01/2024. Review of the facility's Care Staff Schedule showed that Staff C worked in January 2025, February 2025, and was scheduled to work in March 2025. Review of the employee records showed Staff C's first aid card expired on 09/14/2024. As of 02/28/2025, there was no documentation that showed Staff B held a valid first aid card.

During an interview on 03/03/2025 at 10:30 AM, Staff S, Business Office Director, stated that Staff C did not provide a current first aid/CPR card to the facility.

CONTINUING EDUCATION (CE)
Review of the facility's Job Descriptions showed the facility required Medication Technicians to provide direct care medication services to residents. The document showed Medication Technicians were required to complete the education per state regulations.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, on 02/12/2024. Review of the facility's Care Staff Schedule showed in January 2025, February 2025, and March 2025, Staff F worked in the facility.

Review of the Staff F's employee records showed Staff F's Home Care Aide (HCA) Certification was initially issued on 12/28/2021 and was last renewed on 12/20/2024 by the Department of Health (DOH). The records showed no documentation that Staff F completed any CE trainings between their January 2023 and January 2024 birthdays, as required. There was no documentation that showed Staff F completed any CE trainings between their January 2024 and January 2025 birthdays, as required.

STAFF G
Review of the facility's Employee Roster showed the facility hired Staff G, Medication Technician, on 03/05/2024. Review of the facility's Care Staff Schedule showed in January 2025, February 2025, and March 2025, Staff G worked in the facility.

Review of the Staff F's employee records showed that Staff F's Home Care Aide (HCA) Certification was initially issued by the Department of Health (DOH) on 09/16/2019 and was last renewed on 05/24/2024. The records showed no documentation that Staff F completed any CE trainings between their April 2023 and April 2024 birthdays, as required.

During an interview on 03/04/2025 at 3:30 PM, Staff S stated that they did not find any CE certificates and documents in Staff F and Staff G's personnel files. Staff S stated that they were unsure if Staff E and Staff G completed any required CE trainings.

**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 actio[illegible] Cogir of Kirkland is or will be in compliance with this law and / or regulation on (Date) 4/20/25 SD

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

[illegible], RVP — 3/27/25

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 4 of 14 sampled staff (Staff A, Staff F, Staff G, and Staff H) skin test or a blood test for Tuberculosis (TB), within three days of hire, as required. This failure placed all 21 residents at risk of potential exposure to tuberculosis, an infectious disease.

Finding included...

Review of the facility's document titled "Tuberculosis: Care Staff", dated 12/01/2023, showed that the facility followed the state regulations to screen and test staff for TB within three days of employment.

STAFF A
Review of the facility's Employee Roster showed the facility hired Staff A, Executive Director, on 05/22/2024. Review of Staff A's employee records showed documentation of a negative Interferon Gamma Release Assays (IGRA) test (a blood test for TB) done on 01/13/2025, 236 days after hire.

STAFF F
Review of the facility's Employee Roster showed the facility hired Staff F, Medication Technician, on 02/12/2024. Review of Staff F's employee records showed no documentation that Staff F was tested for TB.

Staff G
Review of the facility's Employee Roster showed the facility hired Staff G, Medication Technician, on 03/05/2024. Review of Staff G's employee records showed that Staff G completed the two-step TB tests with negative results, when hired. The records showed that the first TB test was administered on 03/11/2024, six days after hire.

STAFF H
Review of the facility's Employee Roster showed the facility hired Staff H, Medication Technician, on 02/13/2024. Review of Staff H's employee records showed no documentation that Staff H was tested for TB.

During an interview on 03/03/2025 at 10:30 AM, Staff S, Business Office Director (BOD), stated that whatever staff documents were available would be in the employee's files. Staff S stated that if the documents were not there, then the facility did not have them. Staff S stated that Staff A provided them their IGRA results which showed Staff A's blood test was done on 01/25/2025. Staff S stated that they did not realize Staff A's TB documents were out of compliance.

During an interview on 03/04/2025 at 10:00 AM, Staff A stated that a TB test was done when they were hired. Staff A stated that they were unable to find their initial TB test documents. Staff A stated that an IGRA blood draw was done on 01/13/2025.

During an interview on 03/04/2025 at 3:30 PM, Staff S stated that they were unable find any additional TB documents in the personnel files for the sampled staff.

**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 act~~ion~~ Cogir of Kirkland is or will be in compliance with this law and / or regulation on (Date) 4/20/2582.

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

RVP

Administrator (or Representative)

3/20/25

Date

**WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:**

(1) Ensure that the staff person has a chest X-ray within seven days;

(2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the resident or staff person's health care provider.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that 1 of 1 sampled staff (Staff E) completed a chest X-ray within seven days following a positive result to a Tuberculosis (TB) skin test. This failure placed all 21 residents at risk of exposure to tuberculosis, an infectious disease.

Findings included...

Review of the facility's document titled "Tuberculosis: Care Staff", dated 12/01/2023, showed that the facility followed the state's regulations for TB test.

Review of the facility's employee roster showed the facility hired Staff E, Cook, on 08/15/2024. Review of the facility's schedule showed in January 2025, February 2025, and March 2025, Staff E worked every week.

Review of Staff E's employee records showed that on 08/08/2024, Staff E was evaluated for past medical history of TB. The records showed Staff E completed a two-step TB skin test, the first step completed on 08/10/2024 and the second step completed on 08/29/2024. The first TB test showed a negative result, and the second TB test showed a positive result. The records showed no documentation that Staff E completed a chest X-ray, within seven days following a positive TB result. There was no documentation that showed Staff E was evaluated for TB signs and symptoms. There was no documentation that showed Staff E followed up with their health care provider.

During an interview on 03/03/2025, at 10:45 AM, Staff S, Business Office Director, stated they were aware of the TB requirements. Staff S stated that they were unsure whether Staff E completed a chest X-ray. Staff S stated that they did not find any additional TB documents for Staff E.

**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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 4/20/25

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

RVP 3/20/25

Administrator (or Representative) Date

**WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the facility failed to complete 2 of 19 sampled staff (Staff A and Staff F) national fingerprint background checks. This failure placed all 21 residents at risk for potential abuse and neglect from staff with an unknown background.

Findings included...

STAFF A
Observation on 03/03/2025 at 2:00 PM and 03/04/2025 at 10:30 AM, showed Staff A, Executive Director, interacted with residents and staff.

Review of the facility's staff roster showed the facility hired Staff A on 05/22/2024. Review of Staff A's employee records showed on 05/22/2024 and 02/18/2025, a Washington State name and date of birth background check was completed with no disqualifying results. The records showed that 241 days after hire, there was no documentation that Staff A completed a fingerprint check to allow Staff A unsupervised access to residents.

During an interview on 03/03/2025 at 10:30 AM, Staff S, Business Office Director, stated

that they believed Staff A's fingerprints were done.

During an interview on 03/04/2025 at 10:00 AM, Staff A stated that they were sure they completed the fingerprint check. Staff A stated that they did not know why the fingerprint background check was missed.

During an interview on 03/04/3035 at 4:15 PM, Staff S and Staff A stated that they were unable to find any documentation of Staff A's fingerprint background check. Staff S stated that it looked as though Staff A's fingerprint background check was not done.

STAFF F
Review of the facility's staff roster showed the facility hired Staff F, Medication Technician (an unlicensed person who assists and administers medications), on 02/12/2024. Review of Staff F's employee records showed a Washington State name and date of birth background check was completed on 02/24/2024 with no disqualifying results. The records showed that 386 days after hire, there was no documentation that Staff F completed a fingerprint check to allow Staff F unsupervised access to residents.

Review of the facility's staff schedule showed in January 2025, February 2025, and March 2025, Staff F worked as Medication Technician every week in the facility.

During an interview on 03/04/2025 at 3:30 PM, Staff S stated that they were unable to find Staff F's fingerprint documentation. Staff S stated that they were unsure if Staff F completed the required national fingerprint check.

**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, [illegible] is or will be in compliance with this law and / or regulation on (Date) 4/20/25 SD

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

Administrator (or Representative) — Date: 3/20/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

03/13/2025

Cogir Management USA Inc
Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

RE: Cogir of Kirkland # 2686

Dear Administrator:

This document references the following complaint numbers 168483, 167077.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 03/06/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services

Region 2, Unit D
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The facility failed to properly test the quaternary sanitizer to ensure the solution was at the correct potency level for effective sanitization of the surface areas in the main kitchen. For two months or more the dietary staff used the wrong type of test strips and documented incorrect results that were outside the parameters of what the quaternary test strip container showed was the correct range. During the full inspection, the facility Executive Chef provided an in-service for all dietary staff and provided the correct test strips for the quaternary sanitizer.

**WAC 246-217-015 Applicability.**

(1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment.

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

Two facility staff (Staff T and Staff U) did not maintain a current food worker card. During the full inspection, Staff T and Staff U completed the food handler training and obtained a valid food worker card.

**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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

**If You Have Any Questions:**

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure