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) 67473 (Completion Date 10/20/2025) and 64927 (Completion Date 08/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/20/2025 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-b, WAC 388-78A-2474-3, WAC 388-78A-2474-4

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

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir of Kirkland
Provider Type: Assisted Living Facility
License/Cert.#: 2686
Compliance Determination #: 64927
Intake ID: 192580
Investigator: Michelle Yip
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 08/26/2025 through 08/29/2025
Complainant Contact Date(s):

Allegation(s):
Staff Improperly Qualified

Investigation Methods:

Sample:	Total residents: 34 Resident sample size: 1 Closed records sample size: 0
Observations:	Common areas Staff to resident interactions
Interviews:	Administrator
Record Reviews:	Staff roster Staff work schedule Personnel files Staff training records

Investigation Summary:
Record review showed the Named Staff did not complete the Home Care Aide training or the Nursing Assistant training program within 120 days of hire. The record showed the Named Staff did not complete and receive the Home Care Aide certification or the Nursing Assistant certification over 483 days after hire. Facility interview and record review showed that the Named Staff provided direct care and services to residents without the proper qualifications after passing the training and certification deadlines. Failed practice was identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2686	Compliance Determination # 64927
Plan of Correction	Cogir of Kirkland	Completion Date
Page 1 of 3	Licensee: Cogir Management USA Inc	08/29/2025

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 an unannounced on-site complaint investigation on 08/26/2025 of:

Cogir of Kirkland
6505 Lakeview Dr
Kirkland, WA 98033

This document references the following complaint number(s): 192580

The following sample was selected for review during the unannounced on-site visit: 1 of 34 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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

Statement of Deficiencies	License #: 2686	Compliance Determination # 64927
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Page 2 of 3	Licensee: Cogir Management USA Inc	08/29/2025

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.

James Sherman for
Residential Care Services

09-08-2025
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.

Dina White
Administrator (or Representative)

9/9/25
Date

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:

(b) Basic;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 1 sampled care staff (Staff A) completed the Home Care Aide or Certified Nursing Assistant training and certification as required and was qualified to work with vulnerable adult residents. This failure placed all 34 residents at risk for receiving care from an unqualified staff.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed that as of 08/26/2025, the facility admitted 34 assisted living residents.

Review of the facility's undated employee roster showed that the facility hired Staff A, Assistant Care Partner, on 04/30/2024. Review of Staff A's employee records showed no completion of the Basic training as required. The records showed that as of 08/26/2025,

483 days after hire, there was no documentation that showed Staff A completed and received the Home Care Aide (HCA) Certification or Nursing Assistant Certification (NAC).

Review of Staff A's work schedule showed that between March 2025 and August 2025, Staff A worked to provide care and services to residents in the facility every week.

During an interview on 08/26/2025 at 12:55 PM, Staff B, Executive Director, stated that they did locate Staff A's HCA or NAC training completion certificate in their personnel files. Staff B stated that they did not locate Staff A's HCA or NAC credential documents.

During an interview on 08/28/2025 at 1:05 PM, Staff B stated that Staff A did not complete HCA training or NAC training. Staff B stated that as of 08/28/2025, Staff A was not certified as an HCA or a NAC. Staff B stated that Staff A provided care and services to the residents without the proper qualifications.

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) 10/12/25 .

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

Anna White — Administrator (or Representative)

9/9/25 — Date