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 Mill Creek
14905 Bothell Everett Highway
Mill Creek, WA 98012

RE: Cogir Mill Creek License # 2475

Dear Administrator:

This letter addresses Compliance Determination(s) 58602 (Completion Date 04/25/2025) and 53887 (Completion Date 03/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/25/2025 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-2210-1-b, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito, Field Services Administrator
Region 2, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Cogir Mill Creek
Provider Type: Assisted Living Facility
License/Cert.#: 2475
Compliance Determination #: 53887
Intake ID: 163107
Investigator: Wesler Dumecquias
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 01/29/2025 through 03/18/2025
Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) did not follow the medication administration orders for the named residents. The ALF staff did not follow up on e-scripts from their pharmacy.
2. The ALF's care staff failed to inform the Med Tech about the named resident experiencing diarrhea and continued administering large doses of a stool softener.

Investigation Methods:

Sample:	Total residents: 102 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Medication administration
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Facility policies Care plan Progress notes MAR Emails Medication orders

Investigation Summary:

1. The MAR did not show that a new order for 12/25/2024 as activated or given. The nurse failed to follow up on the 12/25/2024 narcotic medication order to their contracted pharmacy which led to the new order not being carried out or followed. Failed practice was identified. A citation was issued for noncompliance with WAC 388-78A-2210 Medication Services.
2. Interview and records review showed documentations by Med techs holding and not giving the NR's medications for constipation as ordered. The ALF staff initiated a tracking system when the NR would have a loose stool for the Med techs to be

informed. The ALF's Wellness Director reminded the ALF's caregivers to ensure the Med Techs were informed by the caregivers of any bouts of loose stools before giving any medications to treat the NR's constipation. No failed practice was identified.

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

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 01/29/2025 of:

Cogir Mill Creek
14905 Bothell Everett Highway
Mill Creek, WA 98012

This document references the following complaint number(s): 163107

The following sample was selected for review during the unannounced on-site visit: 3 of 102 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 Resident's (Resident 1) medication orders were processed and received their medications as prescribed. These failures resulted in Resident 1 not getting their prescribed routine pain medication for 21 days.

Findings included…

Review of the Assisted Living Facility's (ALF) policy titled "Medication Services" dated 06/01/2024 showed the ALF provides medication ordering and medication assistance or administration services.

Review of the Assisted Living Facility's (ALF) policy titled "Medication Errors" dated 12/01/2023 showed Medications were to be handled by the ALF in a manner that

minimizes risk of medications errors. A medication error includes not initiating an order.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted].

Review of Service Plan dated 12/11/2024 showed the ALF staff would perform medication management Resident 1's medications.

Review of a signed medication order titled "Current Prescription" dated 12/25/2025 showed Resident 1 had an order for Morphine 100 milligram (mg)/5 milliliter (ml) concentrated solution, 0.125 ml (2.5 mg) by mouth three times daily from 12/23/2024 to 12/25/2024. The order was increased beginning on 12/25/2024, Resident 1 was to take 0.25 ml (5 mg) by mouth three times daily (Morphine).

Review of a MAR dated December 2024 and January 2025 showed Resident 1 did not have the new Routine Morphine order from 12/25/2025 to 01/15/2025. The MAR showed an as needed Morphine order which the ALF staff had administered occasionally.

On 01/23/2025 at 4:25 PM, Collateral Contact 1 (CC1), Hospice Nurse, stated that they sent the new morphine order on 12/25/2024. CC1 stated that they had to resend again the order on the same day of 12/25/2024 because the new order was not showing in Resident 1's MAR.

On 02/24/2025 at 12:52 PM, in an email, Staff B stated that they received a note from the hospice about the 12/25/2025 routine Morphine order but it was without a signature. Staff B stated that the note showed the prescription was sent to the Pharmacy. Staff B stated that they did not follow up the routine Morphine order as they should have. Staff B stated that they were not in the ALF on 12/25/2025 and 12/26/2025. Staff B stated they discovered the discrepancy late and was working on a better system to prevent a similar issue.

On 03/18/2025 at 9:44 AM, Collateral Contact 2 (CC2), Pharmacy Technician, stated that they did not have a record that the ALF called to follow up on the order.

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 Mill Creek 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