



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**800 NE 136th Ave Ste 200, Vancouver, WA 98684**

Cogir Management USA Inc  
Cogir at the Quarry  
415 SE 177th Ave  
Vancouver, WA 98683

RE: Cogir at the Quarry License # 2640

Dear Administrator:

This letter addresses Compliance Determination(s) 37494 (Completion Date 03/08/2024) and 34671 (Completion Date 01/08/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/08/2024 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-2260-1, WAC 388-78A-2260-2-d, WAC 388-78A-2400-2, WAC 388-78A-2950-6, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-24642-1, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2070, WAC 388-78A-2070-1, WAC 388-78A-2070-2, WAC 388-78A-2070-3, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-

Cogir at the Quarry # 2640

03/08/2024

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2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2

The Department staff who did the on-site verification:

Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,



Michael Burdick, Field Manager  
Region 3, Unit I  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**800 NE 136th Ave Ste 200, Vancouver, WA 98684**

Statement of Deficiencies	License #. 2640	Compliance Determination #34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 1 of 19	Licensee: Cogir Management USA Inc	01/08/2024

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 on 01/03/2024 and 01/08/2024 of:

Cogir at the Quarry  
415 SE 177th Ave  
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 19 of 174 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor  
Kyle Gehlen, ALF Licensor - LTC  
Jason Rose

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit I  
800 NE 136th Ave Ste 200  
Vancouver, WA 98684

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.

A handwritten signature in blue ink that reads "Michael O'Rourke".

Residential Care Services

01/12/2024

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.

Statement of Deficiencies	License # 2640	Compliance Determination # 34871
Plan of Correction	Cogir at the Quarry	Completion Date
Page 2 of 18	Licensee: Cogir Management USA, Inc	01/08/2024

*AK*  
Administrator (or Representative)

*1/22/24*  
Date

**WAC 388-78A-2260 Storing, securing, and accounting for medications.**

- (1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.
- (2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:
  - (a) In a locked compartment that is accessible only to designated responsible staff persons; and

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

Based on observation and interview, the facility failed to ensure that medications for 31 of 31 residents in medication cart seven were locked and accessible only to designated responsible staff. This failure placed all 31 memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included...

During an unannounced licensing inspection on 01/03/2024 at 10:45 AM, an unattended medication cart, labeled "medication cart seven", was observed to be locked but the department was able to open the medication cart drawers and access the medications.

On 01/03/2024 at 10:47 AM during an interview, Staff F, Resident Care Associate, stated that they had reported the broken medication cart to management two weeks prior.

During an exit interview on 01/08/2024 at 01:30 PM, Staff B, Director of Nursing Services, acknowledged that medication cart seven was broken.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 2 of 19	Licensee: Cogir Management USA Inc	01/08/2024

Administrator (or Representative)

Date

**WAC 388-78A-2260 Storing, securing, and accounting for medications.**

- (1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.
- (2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:
  - (d) In a locked compartment that is accessible only to designated responsible staff persons; and

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

Based on observation and interview, the facility failed to ensure that medications for 31 of 31 residents in medication cart seven were locked and accessible only to designated responsible staff. This failure placed all 31 memory care residents at risk of adverse reactions from consumption of medications not as intended or prescribed to them.

Findings included...

During an unannounced licensing inspection on 01/03/2024 at 10:45 AM, an unattended medication cart, labeled "medication cart seven", was observed to be locked but the department was able to open the medication cart drawers and access the medications.

On 01/03/2024 at 10:47 AM during an interview, Staff F, Resident Care Associate, stated that they had reported the broken medication cart to management two weeks prior.

During an exit interview on 01/08/2024 at 01:30 PM, Staff B, Director of Nursing Services, acknowledged that medication cart seven was broken.

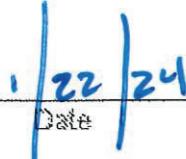
**Plan/Attestation Statement**

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

Statement of Deficiencies	License # 2640	Compliance Determination # 34571
Plan of Correction	Cogir at the Quarry	Completion Date
Page 3 of 18	Licensee: Cogir Management USA, Inc	01/08/2024

  
Administrator (or Representative)

  
Date

**WAC 388-78A-2400 Protection of resident records. The assisted living facility must:**

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.128 RCW;

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

Based on observation and interview the facility failed to maintain resident records and preserve confidentiality for 1 of 1 resident (Resident 20). This failure placed this resident at risk of their personal information being disclosed to unauthorized people.

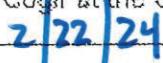
Findings included...

During an unannounced licensing visit on 01/04/2024 at 9:59 AM, the department observed an unattended medication cart outside of room 450 with the computer screen visible and open to Resident 20's chart.

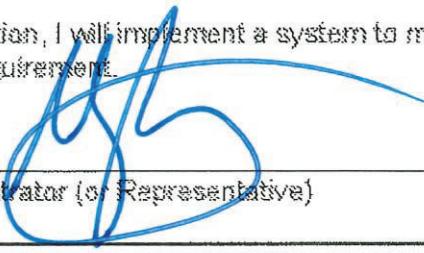
On 01/04/2024 at 9:56 AM, during an interview, Staff G, Resident Care Associate, stated that it is not okay for the computer to be open with protected health information.

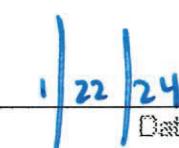
During an exit interview on 01/08/2024 at 01:30 PM, Staff B, Director of Nursing Services, stated that Staff G reported the incident to them after it happened.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date)   
2/22/24

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

  
Administrator (or Representative)

  
Date

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 3 of 19	Licensee: Cogir Management USA Inc	01/08/2024

Administrator (or Representative)

Date

**WAC 388-78A-2400 Protection of resident records. The assisted living facility must:**

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

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

Based on observation and interview the facility failed to maintain resident records and preserve confidentiality for 1 of 1 resident (Resident 20). This failure placed this resident at risk of their personal information being disclosed to unauthorized people.

Findings included...

During an unannounced licensing visit on 01/04/2024 at 9:53 AM, the department observed an unattended medication cart outside of room 450 with the computer screen visible and open to Resident 20's chart.

On 01/04/2024 at 9:56 AM, during an interview, Staff G, Resident Care Associate, stated that it is not okay for the computer to be open with protected health information.

During an exit interview on 01/08/2024 at 01:30 PM, Staff B, Director of Nursing Services, stated that Staff G reported the incident to them after it happened.

**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 Quarry 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

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 4 of 19	Licensee: Cogir Management USA, Inc	01/08/2024

**WAC 388-78A-2950 Water supply. The assisted living facility must:**

(8) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105° F and 120° F at all times; and

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

Based on observation and interview, the facility failed to ensure that the hot water temperature for the sink used by residents in the memory care unit was between 105°F and 120°F. This failure placed all residents at risk for injury due to water temperatures being too high.

Findings included...

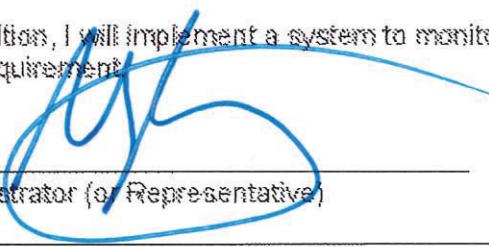
During an unannounced licensing inspection on 01/03/2024 at 10:45 AM, the department recorded the temperature of the common bathroom sink in the memory care unit to be 127.5 degrees Fahrenheit.

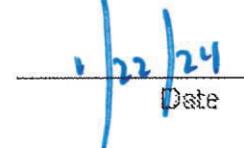
During an exit interview on 01/08/2024 at 01:30 PM, Staff A, Executive Director, acknowledged that the water temperature was above the maximum temperature of 120 degrees Fahrenheit.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

  
Date

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
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**WAC 388-78A-2950 Water supply. The assisted living facility must:**

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

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

Based on observation and interview, the facility failed to ensure that the hot water temperature for the sink used by residents in the memory care unit was between 105°F and 120°F. This failure placed all residents at risk for injury due to water temperatures being too high.

Findings included...

During an unannounced licensing inspection on 01/03/2024 at 10:45 AM, the department recorded the temperature of the common bathroom sink in the memory care unit to be 127.5 degrees Fahrenheit.

During an exit interview on 01/08/2024 at 01:30 PM, Staff A, Executive Director, acknowledged that the water temperature was above the maximum temperature of 120 degrees Fahrenheit.

**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 Quarry 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
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(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

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

Based on interview and record review, the facility failed to ensure a Washington State name and date of birth background check was completed prior to employment for 2 of 5 sampled staff (Staff A and Staff C) and/or a current Washington State name and date of birth background check was documented in the staff's personnel file for 2 of 5 sampled staff (Staff D and Staff E). These failures placed all residents and staff at risk by possibly employing staff with disqualifying criminal convictions or pending charges for a disqualifying crimes.

Findings included...

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

**Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Review of Staff A's personnel file showed no Washington State name and date of birth background check for Staff A.

**Staff C**

Record review for Staff C, Resident Care Associate, showed Staff C was hired on 02/26/2023. Review of Staff B's Washington State name and date of birth background check showed that it was completed after their hire date on 03/03/2023.

**Staff D**

Record review for Staff D, Medication Care Tech, showed Staff D was hired on 08/16/2018. Review of Staff D's Washington State name and date of birth background check showed an expiration date of 06/11/2023.

**Staff E**

Record review for Staff E, Medication Care Tech, showed Staff E was hired on 03/30/2018. Review of Staff D's Washington State name and date of birth background check showed an expiration date of 11/03/2022.

On 01/08/2024 at 1:00 PM, no additional background checks were provided for Staff A, C, D, and E.

During an exit interview on 01/08/2024 at 01:30 PM, Staff A, Executive Director, acknowledged that the Washington State name and date background check for Staff A and C were not completed prior to their employment and that the Washington State name and

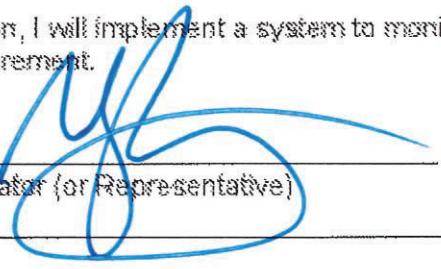
Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 6 of 18	Licensee: Cogir Management USA Inc	01/08/2024

data of birth background checks for Staff D and E were not current.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

2/22/24  
Date

**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 6 sampled staff (Staff A). This failure placed all residents and staff at risk by possibly employing staff with disqualifying criminal convictions or pending charges for a disqualifying crimes.

Findings included...

During an unannounced licensing inspection on 01/08/2024 at 11:00 AM, the department received the requested staff records.

**Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Review of Staff A's personnel file showed no National Fingerprint background check for Staff A.

On 01/08/2024 at 1:00 PM, no additional background checks were provided for Staff A.

During an exit interview on 01/08/2024 at 01:30 PM, Staff A, Executive Director, acknowledged that there was no National Fingerprint background check for Staff A.

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
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date of birth background checks for Staff D and E were not current.

**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 Quarry 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-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff A). This failure placed all residents and staff at risk by possibly employing staff with disqualifying criminal convictions or pending charges for a disqualifying crimes.

Findings included...

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

**Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Review of Staff A's personnel file showed no National Fingerprint background check for Staff A.

On 01/08/2024 at 1:00 PM, no additional background checks were provided for Staff A.

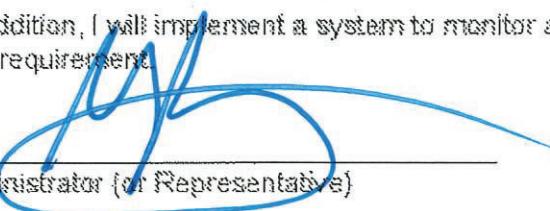
During an exit interview on 01/08/2024 at 01:30 PM, Staff A, Executive Director, acknowledged that the there was no National fingerprint background check for Staff A.

Statement of Deficiencies	License # 2840	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 7 of 18	Licensee: Cogir Management USA, Inc	01/08/2024

#### Plan/Attestation Statement

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

  
Administrator (or Representative)

1/22/24  
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 tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 1 of 3 sampled staff (Staff A) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

**Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Review of Staff A's TB records showed that Staff A had their first step TB test completed on 03/29/2023 and results read on 03/31/2023. No second step TB test was found for Staff A.

On 01/08/2024 at 12:55 PM, during an interview, Staff A stated, "I'm guilty of that. I just thought two steps meant going in twice."

#### Plan/Attestation Statement

Statement of Deficiencies	License #: 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
Page 7 of 19	Licensee: Cogir Management USA Inc	01/08/2024

### Plan/Attestation Statement

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

\_\_\_\_\_  
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 tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 1 of 3 sampled staff (Staff A) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

**Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Review of Staff A's TB records showed that Staff A had their first step TB test completed on 03/29/2023 and results read on 03/31/2023. No second step TB test was found for Staff A.

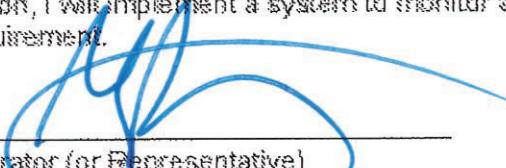
On 01/08/2024 at 12:55 PM, during an interview, Staff A stated, "I'm guilty of that. I just thought two steps meant going in twice."

### Plan/Attestation Statement

Statement of Deficiencies	License #. 2640	Compliance Determination # 34671
Plan of Correction	Cogir at the Quarry	Completion Date
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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 Quarry is or will be in compliance with this law and / or regulation on (Date) 1/22/24.

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

  
Administrator (or Representative)

1/22/24  
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:

- . (a) Orientation and safety;
- . (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

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

Based on interview and record review, the facility failed to ensure that 3 of 6 sampled staff (Staff A, Staff B, and Staff C) completed required training per regulations. This failure placed all residents at risk of being cared for by untrained staff.

Findings included...

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

#### **Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Documentation of Orientation and Safety Training was not found for Staff A.

#### **Staff B**

Record review for Staff B, Director of Nursing Services, showed that Staff B was hired on 08/28/2023. Documentation of Orientation and Safety Training was not found for Staff B.

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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 Quarry 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-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:

(a) Orientation and safety;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

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

Based on interview and record review, the facility failed to ensure that 3 of 5 sampled staff (Staff A, Staff B, and Staff C) completed required training per regulations. This failure placed all residents at risk of being cared for by untrained staff.

Findings included...

During an unannounced licensing inspection on 01/05/2024 at 11:00 AM, the department received the requested staff records.

#### **Staff A**

Record review for Staff A, Executive Director, showed Staff A was hired on 04/21/2023. Documentation of Orientation and Safety Training was not found for Staff A.

#### **Staff B**

Record review for Staff B, Director of Nursing Services, showed that Staff B was hired on 08/28/2023. Documentation of Orientation and Safety Training was not found for Staff B.

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## Staff C

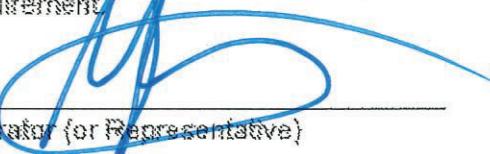
Record review for Staff C, Resident Care Associate, showed Staff C was hired on 02/26/2023. Documentation of Dementia and Mental Health was not found for Staff C.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the required training for Staff A, B, and C was not completed.

## 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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

2/22/24  
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
  - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
    - (i) The resident's preadmission assessment;
    - (ii) The resident's full assessments;
    - (iii) On-going assessments of the resident;
  - (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;
  - (c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;
  - (d) The plan to provide necessary health support services, if provided by the assisted living facility;
- (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the

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Staff C

Record review for Staff C, Resident Care Associate, showed Staff C was hired on 02/26/2023. Documentation of Dementia and Mental Health was not found for Staff C.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the required training for Staff A, B, and C was not completed.

**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 Quarry 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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:**

- (1) The care and services necessary to meet the resident's needs, including:
  - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
    - (i) The resident's preadmission assessment;
    - (ii) The resident's full assessments;
    - (iii) On-going assessments of the resident;
  - (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;
  - (c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;
  - (d) The plan to provide necessary health support services, if provided by the assisted living facility;
  - (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the

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resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

- (a) Exclusively for the individual resident, or
- (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.
- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;
- (4) The resident's preferences for activities and how those preferences will be supported;
- (5) Appropriate behavioral interventions, if needed;
- (6) A communication plan, if special communication needs are present;
- (7) The resident's ability to leave the assisted living facility premises unsupervised; and
- (8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

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

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for 4 of 19 sampled residents (Residents 10, 11, 16, 19). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R10 was documented to have various diagnoses including [REDACTED]

Review of R10's NSA, dated 10/05/2023, showed no documentation of the type of diet R10 was receiving.

**Resident 11 (R11)**

On 01/05/2024 at 1:33 PM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R10 was documented as having various diagnoses [REDACTED]

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resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

- (a) Exclusively for the individual resident; or
- (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.
- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;
- (4) The resident's preferences for activities and how those preferences will be supported;
- (5) Appropriate behavioral interventions, if needed;
- (6) A communication plan, if special communication needs are present;
- (7) The resident's ability to leave the assisted living facility premises unsupervised; and
- (8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

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

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for 4 of 19 sampled residents (Residents 10, 11, 16, 19). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R10 was documented to have various diagnoses including [REDACTED].

Review of R10's NSA, dated 10/05/2023, showed no documentation of the type of diet R10 was receiving.

**Resident 11 (R11)**

On 01/05/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R16 was documented as having various diagnoses [REDACTED]

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Record review of R11's assessments showed a medical device assessment dated 11/09/2023 for the use of a transfer pole and side rails.

Review of R11's NSA dated 11/09/2023 showed no documentation of the medical devices R11 was using for transfers and safety or the diet R11 was receiving.

**Resident 16 (R16)**

On 01/06/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on 11/18/2023 with various diagnoses including CKD.

Review of R16's NSA dated 12/10/2023 showed no documentation of the type of diet R16 was receiving and no documentation of a family plan for medication.

**Resident 19 (R19)**

On 01/06/2024 at 11:00 AM, R19's records showed that R19 admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED].

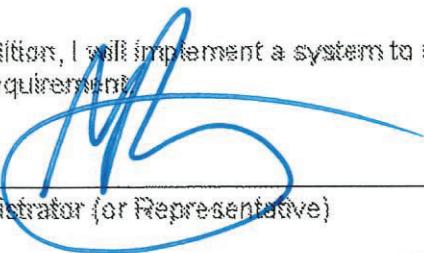
Review of R19's NSA dated 08/19/2023 showed no documentation of the type of diet R19 was receiving and no documentation of a family plan for medications.

In an exit interview on 01/09/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the NSAs for R10, 11, 16, and 19 were missing specific resident identified needs and services.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

1/22/24  
Date

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[REDACTED].

Record review of R11's assessments showed a medical device assessment dated 11/09/2023 for the use of a transfer pole and side rails.

Review of R11's NSA dated 11/09/2023 showed no documentation of the medical devices R11 was using for transfers and safety or the diet R11 was receiving.

**Resident 16 (R16)**

On 01/05/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R16's NSA dated 12/10/2023 showed no documentation of the type of diet R16 was receiving and no documentation of a family plan for medication.

**Resident 19 (R19)**

On 01/05/2024 at 11:00 AM, R19's records showed that R19 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R19's NSA dated 08/19/2023 showed no documentation of the type of diet R19 was receiving and no documentation of a family plan for medications.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the NSAs for R10, 11, 16, and 19 were missing specific resident identified needs and services.

**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 Quarry 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

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#### **WAC 398-78A-2070 Timing of preadmission assessment.**

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

(2) The assisted living facility must ensure the preadmission assessment is completed within five calendar days of the resident moving into the assisted living facility when the resident moves in under emergency conditions.

(3) For the purposes of this section, "emergency" means any circumstances when the prospective resident would otherwise need to remain in an unsafe setting or be without adequate and safe housing.

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

Based on interview and record review the facility failed to ensure a preadmission assessment was completed for 3 of 9 sampled residents (Resident 15, 16, and 18) prior to their admission to the facility. This failure placed these three residents at risk of their care needs not being identified and met.

Findings included...

#### **Resident 15 (R15)**

During an unannounced full inspection on 01/05/2024 at 12:00 PM, R15's records showed that R15 admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED]

Review of R15's records showed an assessment completed on 09/10/2023. No assessments dated on or prior to admission were found.

#### **Resident 16 (R16)**

On 01/05/2024 at 1:30 PM, R16's records showed that R16 admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED]

Review of R16's records showed an assessment completed on 11/24/2023. No assessments dated on or prior to admission were found.

#### **Resident 18 (R18)**

On 01/05/2024 at 1:35 PM, R18's records showed that R18 admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED]

Review of R18's records showed assessments completed on 07/07/2023 and 07/27/2023. No assessments dated on or prior to admission were found.

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### **WAC 388-78A-2070 Timing of preadmission assessment.**

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

(2) The assisted living facility must ensure the preadmission assessment is completed within five calendar days of the resident moving into the assisted living facility when the resident moves in under emergency conditions.

(3) For the purposes of this section, "emergency" means any circumstances when the prospective resident would otherwise need to remain in an unsafe setting or be without adequate and safe housing.

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

Based on interview and record review the facility failed to ensure a preadmission assessment was completed for 3 of 9 sampled residents (Resident 15, 16, and 18) prior to their admission to the facility. This failure placed these three residents at risk of their care needs not being identified and met.

Findings included...

#### **Resident 15 (R15)**

During an unannounced full inspection on 01/05/2024 at 12:00 PM, R15's records showed that R15 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R15's records showed an assessment completed on 09/10/2023. No assessments dated on or prior to admission were found.

#### **Resident 16 (R16)**

On 01/05/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R16's records showed an assessment completed on 11/24/2023. No assessments dated on or prior to admission were found.

#### **Resident 18 (R18)**

On 01/05/2024 at 1:35 PM, R18's records showed that R16 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R18's records showed assessments completed on 07/07/2023 and 07/27/2023. No assessments dated on or prior to admission were found.

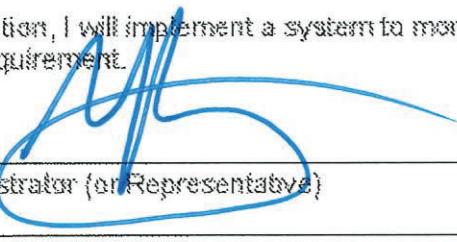
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In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the preadmission assessments were not completed for R15, R16, and R18.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

1/22/24  
Date

**WAC 398-78A-2090 Full assessment topics.** The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (1) Individual's recent medical history, including, but not limited to:
  - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
  - (b) Chronic, current, and potential skin conditions; or
  - (c) Known allergies to foods or medications, or other considerations for providing care or services.
- (2) Currently necessary and contraindicated medications and treatments for the individual, including:
  - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
  - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
  - (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.
- (3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.
- (4) Individual's sensory abilities, including:

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In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the preadmission assessments were not completed for R15, R16, and R18

**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 Quarry 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:**

- (1) Individual's recent medical history, including, but not limited to:
  - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
  - (b) Chronic, current, and potential skin conditions; or
  - (c) Known allergies to foods or medications, or other considerations for providing care or services.
- (2) Currently necessary and contraindicated medications and treatments for the individual, including:
  - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
  - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
  - (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.
- (3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.
- (4) Individual's sensory abilities, including:

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(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

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(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

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(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

- (a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;
- (b) The presence of any legal document that establishes a current substitute decision maker; and
- (c) The scope of decision-making authority of any substitute decision maker.

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

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 6 of 8 sampled residents (Residents 4, 9, 10, 14, 18, 19). This failure placed these five residents at risk of their care needs not being met.

Findings included...

**Resident 4 (R4)**

During an unannounced full inspection on 01/04/2024 at 12:00 PM, R4's records showed that R4 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] 2023. R4 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R4 labeled "14-day" with a date of 10/16/2023.

**Resident 9 (R9)**

During an unannounced full inspection on 01/04/2024 at 10:45 AM, R9's records showed that R9 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] 2023. R9 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R9 labeled "14-day" with a date of 12/06/2023.

**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] 2023. R10 was documented to have various diagnoses including [REDACTED].

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(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

- (a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;
- (b) The presence of any legal document that establishes a current substitute decision maker; and
- (c) The scope of decision-making authority of any substitute decision maker.

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

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 6 of 9 sampled residents (Residents 4, 9, 10, 14, 18, 19). This failure placed these five residents at risk of their care needs not being met.

Findings included...

**Resident 4 (R4)**

During an unannounced full inspection on 01/04/2024 at 12:00 PM, R4's records showed that R4 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R4 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R4 labeled "14-day" with a date of 10/16/2023.

**Resident 9 (R9)**

During an unannounced full inspection on 01/04/2024 at 10:45 AM, R9's records showed that R9 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R9 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R9 labeled "14-day" with a date of 12/06/2023.

**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R10 was documented to have various diagnoses including [REDACTED].

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Record review showed an assessment for R10 labeled "14-day" with a date of [REDACTED] /2023.

**Resident 14 (R14)**

On 01/06/2024 at 11:26 AM, R14's records showed that R14 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] /2023. R14 was documented to have various diagnoses including [REDACTED]

Record review showed an assessment for R14 labeled "14-day" with a date of [REDACTED] /2023.

**Resident 18 (R18)**

On 01/06/2024 at 1:36 PM, R18's records showed that R18 admitted to the facility on [REDACTED] /2023. R18 was documented to have various diagnoses including [REDACTED]

Record review showed an assessment for R18 labeled "14-day" with a date of [REDACTED] /2023.

**Resident 19 (R19)**

On 01/05/2024 at 11:00 AM, R19's records showed that R19 admitted to the facility on [REDACTED] /2023 with various diagnoses including [REDACTED]

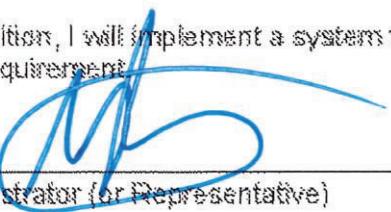
Record review showed an assessment for R19 labeled "14-day" with a date of [REDACTED] /2023.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the 14-day assessments were not completed within 14 days of admission for R4, R9, R10, R14, R18, and R19.

**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

2/22/24  
Date

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Record review showed an assessment for R10 labeled “14-day” with a date of [REDACTED]/2023.

**Resident 14 (R14)**

On 01/05/2024 at 11:25 AM, R14’s records showed that R14 admitted to the facility on [REDACTED]/2023 with a physical move in date of 11/21/2023. R14 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R14 labeled “14-day” with a date of 12/07/2023.

**Resident 18 (R18)**

On 01/05/2024 at 1:35 PM, R18’s records showed that R18 admitted to the facility on [REDACTED]/2023. R18 was documented to have various diagnoses including [REDACTED].

Record review showed an assessment for R18 labeled “14-day” with a date of 08/12/2023.

**Resident 19 (R19)**

On 01/05/2024 at 11:00 AM, R19’s records showed that R19 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Record review showed an assessment for R19 labeled “14-day” with a date of [REDACTED]/2023.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the 14-day assessments were not completed within 14 days of admission for R4, R9, R10, R14, R18, and R19.

**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 Quarry 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

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

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

- (a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;
- (b) Identifies the resident's immediate needs; and
- (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

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

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission to the facility for 5 of 9 residents (Residents 10, 14, 15, 16, 18) and/or within 30 days following admission to the facility for 3 of 9 residents (Residents 4, 9, 18). This failure placed these residents at risk of their care needs not being met.

Findings included...

**Resident 4 (R4)**

During an unannounced full inspection on 01/04/2024 at 12:00 PM, R4's records showed that R4 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] /2023. R4 was documented to have various diagnoses including [REDACTED]  
[REDACTED]

Record review showed an NSA for R4 labeled "30-day" with a date of [REDACTED] /2023.

**Resident 9 (R9)**

During an unannounced full inspection on 01/04/2024 at 10:45 AM, R9's records showed that R9 admitted to the facility on [REDACTED] /2023 with a physical move in date of [REDACTED] /2023. R9 was documented to have various diagnoses including [REDACTED].

Record review showed an NSA for R9 labeled "30-day" with a date of [REDACTED] /2023 and signed on [REDACTED] /2023.

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

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

- (a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;
- (b) Identifies the resident's immediate needs; and
- (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

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

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission to the facility for 5 of 9 residents (Residents 10, 14, 15, 16, 18) and/or within 30 days following admission to the facility for 3 of 9 residents (Residents 4, 9, 18). This failure placed these residents at risk of their care needs not being met.

Findings included...

**Resident 4 (R4)**

During an unannounced full inspection on 01/04/2024 at 12:00 PM, R4's records showed that R4 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R4 was documented to have various diagnoses including [REDACTED].

Record review showed an NSA for R4 labeled "30-day" with a date of [REDACTED]/2023.

**Resident 9 (R9)**

During an unannounced full inspection on 01/04/2024 at 10:45 AM, R9's records showed that R9 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R9 was documented to have various diagnoses including [REDACTED].

Record review showed an NSA for R9 labeled "30-day" with a date of [REDACTED]/2023 and signed on [REDACTED]/2023.

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**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED] 2023 with a physical move in date of 09/10/2023. R10 was documented to have various diagnoses including [REDACTED]

Record review showed an initial NSA dated 09/09/2023 and signed on 09/14/2023.

**Resident 14 (R14)**

On 01/05/2024 at 11:25 AM, R14's records showed that R14 admitted to the facility on [REDACTED] 2023 with a physical move in date of 11/21/2023. R14 was documented to have various diagnoses including [REDACTED]

Record review showed an initial NSA dated 11/28/2023 and signed on 11/29/2023.

**Resident 15 (R15)**

On 01/05/2024 at 12:00 PM, R15's records showed that R15 admitted to the facility on [REDACTED] 2023. R15 was documented to have various diagnoses including [REDACTED]

Record review showed an initial NSA dated 09/11/2023.

**Resident 11 (R11)**

On 01/05/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on [REDACTED] 2023 with a physical move in date of 11/21/2023. R16 was documented as having various diagnoses including [REDACTED]

Record review showed an initial NSA dated 11/24/2023.

**Resident 18 (R18)**

On 01/06/2024 at 1:35 PM, R18's records showed that R18 admitted to the facility on [REDACTED] 2023. R18 was documented to have various diagnoses including [REDACTED]

Record review showed an initial NSA dated [REDACTED]/2023 and signed on [REDACTED]/2023 and a 30-day NSA [REDACTED]/2023 and signed on [REDACTED]/2023.

In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the initial NSAs for R10, R14, R15, R16, R18 were not completed upon admission to the facility and that the 30-day NSAs for R4, R9, R18 were not completed and signed within 30 days of admission.

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**Resident 10 (R10)**

On 01/04/2024 at 1:10 PM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R10 was documented to have various diagnoses including [REDACTED].

Record review showed an initial NSA dated 09/06/2023 and signed on 09/14/2023.

**Resident 14 (R14)**

On 01/05/2024 at 11:25 AM, R14's records showed that R14 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R14 was documented to have various diagnoses including [REDACTED].

Record review showed an initial NSA dated 11/28/2023 and signed on 11/29/2023.

**Resident 15 (R15)**

On 01/05/2024 at 12:00 PM, R15's records showed that R15 admitted to the facility on [REDACTED]/2023. R15 was documented to have various diagnoses including [REDACTED].

Record review showed an initial NSA dated 09/11/2023.

**Resident 11 (R11)**

On 01/05/2024 at 1:33 PM, R16's records showed that R16 admitted to the facility on [REDACTED]/2023 with a physical move in date of [REDACTED]/2023. R16 was documented as having various diagnoses including [REDACTED].

Record review showed an initial NSA dated 11/24/2023.

**Resident 18 (R18)**

On 01/05/2024 at 1:35 PM, R18's records showed that R18 admitted to the facility on [REDACTED]/2023. R18 was documented to have various diagnoses including [REDACTED].

Record review showed an initial NSA dated [REDACTED]/2023 and signed on [REDACTED]/2023 and a 30-day NSA [REDACTED]/2023 and signed on [REDACTED]/2023.

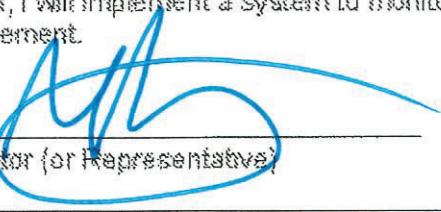
In an exit interview on 01/08/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the initial NSAs for R10, R14, R15, R16, R18 were not completed upon admission to the facility and that the 30-day NSAs for R4, R9, R18 were not completed and signed within 30 days of admission.

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**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 Quarry is or will be in compliance with this law and / or regulation on (Date) 2/22/24.

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

  
Administrator (or Representative)

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Date

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**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 Quarry 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.

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Administrator (or Representative)

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Date