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) 71256 (Completion Date 01/21/2026) and 68373 (Completion Date 11/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/21/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2480-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2040-1

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

This document was prepared by Residential Care Services for the Locator website.

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 the unannounced on-site full inspection on 11/06/2025 and 11/12/2025 of:
Cogir Mill Creek
14905 Bothell Everett Highway
Mill Creek, WA 98012

The following sample was selected for review during the unannounced on-site visit: 9 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Kindle, Nursing Consultant Institutional
Jodi Condyles, Nursing Consultant Institutional
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

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

This document was prepared by Residential Care Services for the Locator website.

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-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

(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 Assisted Living Facility (ALF) failed to ensure 1 of 2 staff (Staff E) had a valid Washington State name and date of birth background check completed every two years. This resulted in Staff E not having cleared background checks and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included…

Review of the ALF's employee files showed the following:

Staff E, Medication Technician (MT), was hired on 01/03/2022. Staff E had a Washington State name and date of birth background check dated 01/02/2022 that was valid until 01/02/2024. Review of a new Washington State name and date of birth background

This document was prepared by Residential Care Services for the Locator website.

check showed it was not completed until 02/07/2024, which was 36 days late.

On 11/07/2025 at 2:40 PM, Staff E, MT, stated that they could not remember the circumstances regarding their background checks.

On 11/12/2025 at 1:21 PM, Staff G, Assistant Executive Director, stated that the individual responsible for completing background checks lacked an appreciation of the background check timeline and completed the background check after the expiration date for Staff E's two-year background 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, Cogir Mill Creek is or will be in compliance with this law and / or regulation on (Date) ~~1-2-26~~ 12-28-25

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

Administrator (or Representative) 11/21/25 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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 staff (Staff B) completed tuberculosis (TB) testing within three days of hire. This failure placed all residents at risk of exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed the following:

Staff B, Care Partner, was hired on 03/25/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

This document was prepared by Residential Care Services for the Locator website.

check showed it was not completed until 02/07/2024, which was 36 days late.

On 11/07/2025 at 2:40 PM, Staff E, MT, stated that they could not remember the circumstances regarding their background checks.

On 11/12/2025 at 1:21 PM, Staff G, Assistant Executive Director, stated that the individual responsible for completing background checks lacked an appreciation of the background check timeline and completed the background check after the expiration date for Staff E's two-year background 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, 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

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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 staff (Staff B) completed tuberculosis (TB) testing within three days of hire. This failure placed all residents at risk of exposure to a communicable disease.

Findings included…

Review of the ALF's employee files showed the following:

Staff B, Care Partner, was hired on 03/25/2025. There was no documentation in Staff B's file that they had TB testing within three days of hire.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2475	Compliance Determination # 68373
Plan of Correction	Cogir Mill Creek	Completion Date
Page 4 of 7	Licensee: Cogir Management USA Inc	11/13/2025

On 11/06/2025 at 2:52 PM, Staff H, Administrative Assistant, stated that they didn't do any TB testing within three days of hire for Staff B because they thought a chest Xray that was done previously was good enough.

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) ~~1-2-26~~ 12/28/25

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

Administrator (or Representative) 11/21/25 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:

(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 Assisted Living Facility (ALF) failed to ensure 2 of 6 Staff (Staff C and E) completed the training requirements prior to providing care with residents. This failure resulted in Staff C not completing First Aid training and Staff E not completing 12 hours of continuing education. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

CPR and First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid CPR/first aid card or certificate within 30 days of their hire date.

This document was prepared by Residential Care Services for the Locator website.

On 11/06/2025 at 2:52 PM, Staff H, Administrative Assistant, stated that they didn't do any TB testing within three days of hire for Staff B because they thought a chest Xray that was done previously was good enough.

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

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 Assisted Living Facility (ALF) failed to ensure 2 of 6 Staff (Staff C and E) completed the training requirements prior to providing care with residents. This failure resulted in Staff C not completing First Aid training and Staff E not completing 12 hours of continuing education. This failure caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included…

CPR and First Aid Training

Review of WAC 388-122A-0720(2)(a) showed all long-term care workers must have and maintain a valid CPR/first aid card or certificate within 30 days of their hire date.

This document was prepared by Residential Care Services for the Locator website.

Review of WAC 388-112A-0710 showed CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

Review of the ALF's employee files showed the following:

Staff C, Care Partner, was hired on 05/27/2025. Staff C's file showed no documentation of a completed First Aid training.

On 11/07/2025 at 9:30 AM, Staff H, Administrative Assistant, stated that they had looked through Staff C's file and cannot find a First Aid card.

On 11/12/2025 at 1:23 PM, Staff G, Assistant Executive Director, stated that the ALF's employee tracking sheet had not been utilized correctly and Staff C's first aid training had been missed.

Continuing Education

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of continuing education by their birthday each year.

Review of the ALF's employee files showed the following:

Staff E, Medication Technician (Med Tech), was hired 01/03/2022. Staff E's file showed 3.5 hours of Department of Social and Health Services (DSHS) approved continuing education completed for the timeframe of 08/18/2024 – 08/18/2025.

On 11/07/2025 at 9:30 AM, Staff H, Administrative Assistant, stated that Staff E had continuing education but did not realize it was not approved through DSHS.

On 11/12/2025 at 1:25 PM, Staff G, Assistant Executive Director, stated that they had not been aware that only DSHS approved continuing education would be considered.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2475	Compliance Determination # 68373
Plan of Correction	Cogir Mill Creek	Completion Date
Page 6 of 7	Licensee: Cogir Management USA Inc	11/13/2025

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) ~~1-2-26~~ 12/28/25

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

Administrator (or Representative) 11-21-25 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a Medical Test Site Waiver (MTSW) license was obtained to allow the ALF to perform medical testing on 2 of 2 residents (Resident 4 and Resident 7). This failure resulted in the ALF not being in compliance with Washington State MTSW licensure requirements. This failure placed Resident 4 and Resident 7 at risk for having inaccurate and unreliable clinical laboratory services and test results.

Findings included...

Review of the Washington State Department of Health website https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/medical-test-sites-mts, on 11/12/2025, showed a medical test site license is a certification that allowed a facility in Washington state to perform tests on a person for the purpose of diagnosis, treatment, or prevention of disease.

Review of WAC 246-338-024 (1)(a)(b) showed the license renewal/reapplication process was that (1) The department will issue a renewal license for a medical test site when the owner:
(a) At least thirty days prior to the expiration date of the current license, submits a completed renewal application form, available from the department, in compliance with WAC 246-338-022(1) and submits the designated fee; and (b) Meets the requirements of chapter 70.42 RCW and this chapter.

Review of the ALF's Medical Test Certificate of Waiver License showed it was expired as

This document was prepared by Residential Care Services for the Locator website.

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

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a Medical Test Site Waiver (MTSW) license was obtained to allow the ALF to perform medical testing on 2 of 2 residents (Resident 4 and Resident 7). This failure resulted in the ALF not being in compliance with Washington State MTSW licensure requirements. This failure placed Resident 4 and Resident 7 at risk for having inaccurate and unreliable clinical laboratory services and test results.

Findings included…

Review of the Washington State Department of Health website https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/medical-test-sites-mts, on 11/12/2025, showed a medical test site license is a certification that allowed a facility in Washington state to perform tests on a person for the purpose of diagnosis, treatment, or prevention of disease.

Review of WAC 246-338-024 (1)(a)(b) showed the license renewal/reapplication process was that (1) The department will issue a renewal license for a medical test site when the owner:
(a) At least thirty days prior to the expiration date of the current license, submits a completed renewal application form, available from the department, in compliance with WAC 246-338-022(1) and submits the designated fee; and (b) Meets the requirements of chapter 70.42 RCW and this chapter.

Review of the ALF's Medical Test Certificate of Waiver License showed it was expired as

This document was prepared by Residential Care Services for the Locator website.

of 06/30/2025.

Resident 4

Resident 4 admitted to the ALF on [redacted]/2021 with diagnoses to include [redacted].

Review of Resident 4's November 2025 Medication Administration Records (MARS) showed an order for the ALF to test the resident's blood sugar every morning.

Resident 7

Resident 7 admitted to the ALF on [redacted]/2018 with diagnoses to include [redacted].

Review of Resident 7's November 2025 MARS showed an order for the ALF to test the resident's blood sugar four times daily.

On 11/07/2025 at 1:15 PM, Resident 7 stated that the staff test their blood sugars four times a day, prior to each meal and at bedtime and give their insulin as ordered.

On 11/12/2025 11:28 PM, Staff A, Executive Director, stated that the corporate office is responsible for the MTSW application, payment and tracking for the facility and did not realize it had expired.

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) 1-2-26 12/28/25

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

Administrator (or Representative) 11-21-25 Date

This document was prepared by Residential Care Services for the Locator website.

of 06/30/2025.

Resident 4

Resident 4 admitted to the ALF on [redacted]/2021 with diagnoses to include [redacted].

Review of Resident 4's November 2025 Medication Administration Records (MARS) showed an order for the ALF to test the resident's blood sugar every morning.

Resident 7

Resident 7 admitted to the ALF on [redacted]/2018 with diagnoses to include [redacted].

Review of Resident 7's November 2025 MARS showed an order for the ALF to test the resident's blood sugar four times daily.

On 11/07/2025 at 1:15 PM, Resident 7 stated that the staff test their blood sugars four times a day, prior to each meal and at bedtime and give their insulin as ordered.

On 11/12/2025 11:28 PM, Staff A, Executive Director, stated that the corporate office is responsible for the MTSW application, payment and tracking for the facility and did not realize it had expired.

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

This document was prepared by Residential Care Services for the Locator website.