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

FC Kent Senior Living, LLC
Cogir of Kent
25035 104th Ave SE
Kent, WA 98030

RE: Cogir of Kent License # 2620

Dear Administrator:

This letter addresses Compliance Determination(s) 70867 (Completion Date 01/02/2026) and 68139 (Completion Date 11/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/02/2026 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-2120-1, WAC 388-78A-2120-2-a, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-3, WAC 388-78A-2120-4, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-i, WAC 388-112A-0611-1-a-ii, WAC 388-112A-0611-1-a-iii, WAC 388-112A-0611-2, WAC 388-112A-0720-2-a, WAC 388-78A-2480-1, WAC 388-78A-2620-2-a

The Department staff who did the on-site verification:
Steven Garrett, LTC Licensor
Jane Hermano, NCI

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

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 11/04/2025 and 11/07/2025 of:

Cogir of Kent
25035 104th Ave SE
Kent, WA 98030

The following sample was selected for review during the unannounced on-site visit: 7 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Kathy Young, Licensor

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

Statement of Deficiencies	License #: 2620	Compliance Determination # 68139
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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.

Jim Sherman
Residential Care Services

11-24-2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Monica Rangel
Administrator (or Representative)

11/26/25
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to identify 2 of 7 sampled residents (Resident 2 & Resident 3) changes of conditions, monitor, and take appropriate action to resident's change of condition. This failure placed Resident 2 and Resident 3 at risk of harm, unmet care needs, and a diminished quality of life.

Findings included...

Review of the facility's policy titled, "AS01 – Resident Assessments", dated 12/13/2024, showed the facility completed and updated residents' assessments as frequently as necessary to ensure they reflected current resident care needs to develop an

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.

Jim Sherman
Residential Care Services

11-24-2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to identify 2 of 7 sampled residents (Resident 2 & Resident 3) changes of conditions, monitor, and take appropriate action to resident's change of condition. This failure placed Resident 2 and Resident 3 at risk of harm, unmet care needs, and a diminished quality of life.

Findings included...

Review of the facility's policy titled, "AS01 – Resident Assessments", dated 12/13/2024, showed the facility completed and updated residents' assessments as frequently as necessary to ensure they reflected current resident care needs to develop an

appropriate plan of care.

Review of the facility's policy titled, "CL04 – Change in Resident Status", dated 12/01/2023 showed staff responsibility was to provide care to each resident when the resident has a change in status. Review showed Resident Care Associates will notify the Health and Wellness Director or Med Tech on duty whenever there is a change in a resident's status.

Review of the facility's policy titled, "AS06 – Temporary Care Plans", dated 12/13/2024, showed that the facility used TCP to document a resident's status change or need expected to resolve within 14 days or less. Review showed that TCPs provided care staff direction for resident care during this limited period. Review showed that if the resident change or need continued past 14 days, a new complete resident assessment and updated Negotiated Service Agreement must be completed.

RESIDENT 2
Review of Resident 2's Service Plan, dated 10/06/2025, showed Resident 2 required hands-on assistance with transfers. Review of Resident 2's Task Logs, dated September 2025, October 2025, and November 2025, showed staff provided Resident 2 with transfer assistance once per shift for all 3 shifts.

Observation on 11/05/2025 at 10:14 AM showed Resident 2 seated in a wheelchair in their apartment.

During an interview on 11/06/2025 at 10:14 AM, Resident 2 stated that they were independent with transferring and did not need transfer assistance.

During an interview on 11/07/2025 at 10:38 AM, Staff A, Executive Director, stated that they followed up with Resident 2. Staff A stated that she observed Resident 2 successfully made 2 transfers independently. Staff A stated that they assessed Resident 2 as capable of independent transfers. Staff A stated that they informed Resident 2 how much money they would save monthly by not needing transfer assistance.

During an interview on 11/07/2025 at 10:40 AM, Staff H, Med Tech stated that Resident 2 had been transferring independently for about 3 weeks.

During an interview on 11/07/2025 at 10:41 AM, Staff D, Lead Med Tech AL, stated that what Staff H stated was accurate.

RESIDENT 3
Review of Resident 3's records showed that the facility admitted Resident 3 in [redacted] 2023 with multiple diagnoses, which included [redacted]

[redacted] and [redacted].

Observation on 11/05/2025 at 11:58 AM, showed a urine collecting bag strapped in front of Resident 3's motorized wheelchair. Observation showed a stool collecting pouch attached to the stoma (opening) on Resident 3's right abdomen and a horizontal surgical incision on the opposite side of the abdomen. Observation showed the incision was 6.3 inches long with Steri-Strips (sticky tape strips) applied across the staples over the wound.

During an interview at this time, Resident 3 stated that their Baclofen (muscle relaxant medication) pump was replaced at the hospital on 11/03/2025. Resident 3 stated that the device was initially implanted awhile back. Resident 3 stated that the pump was battery operated and would alarm if the battery needed to be changed. Resident 3 explained that the physician made an incision over the old pump site in the abdomen, replaced the old device, and connected the new pump to the existing tube. Resident 3 stated that the medication helped decrease their severe muscle spasms. Resident 3 stated that their healthcare provider refilled the medication periodically.

Review of Resident 3's records contained an outside physician operative summary visit note, dated 11/03/2025 and 11/04/2025. The summary note showed an "intrathecal [within the space that surrounds the spinal cord] pump replacement" procedure was performed. The summary note included discharge instructions related to activity restrictions and wound care until the 7-day physician appointment on 11/11/2025. Review showed no documentation that Resident 3's wound was monitored. Review showed no documentation that Resident 3's Temporary Care Plan (TCP) was completed for wound care.

Review of Resident 3's records showed that Resident 3's assessment and service plan were completed on 10/06/2025. Review showed documentation related to Resident 3's colostomy (an opening made in the abdominal wall that allowed stool pass from the body and collected in an attached pouch) and catheter (a small flexible tube that drains urine from the bladder) care. Review showed no documentation that Resident 3 received Baclofen medication through a pump or device.

During an interview on 11/07/2025 at 11:15 AM, Staff A, Executive Director, Staff A stated that Resident 3 has history of not sharing physician visit notes or any medical- related information with the staff. Staff A stated that Resident 3 did not provide the nursing staff with information about the pump replacement procedure. Staff A stated that Resident 3's TCP should have been completed.

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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 of Kent is or will be in compliance with this law and / or regulation on (Date) 12/22/2025 .

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

Administrator (or Representative) Monica Rangel Date 11/26/25

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 facility failed to complete for 1 of 2 staff employed for over two years (Staff E) a Washington State name and date of birth background inquiry every two years. This failure placed all 51 residents at risk of abuse, neglect, or exploitation from care staff with unknown backgrounds.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed the facility provided care and services for 51 residents.

Review of the facility's undated Staff Roster showed the facility hired Staff E on 09/19/2023 as a Care Partner to provide direct care and services to residents.

Review of Staff E's employee records showed the facility had a record of an initial Washington State name and date of birth background check on 09/15/2023. The facility had no record of a valid two-year Washington State name and date of birth background check due on 09/15/2025.

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 of Kent is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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Review of the facility's care schedules for October 2025 and November 2025 showed the facility scheduled Staff E to provide resident care for two to four shifts per week.

During an interview on 11/05/2025 at 11:15 AM, Staff G, Business Office Director, stated that they were aware Staff E was not current with their background check. Staff G stated that they attempted to review staff records each month and report to Staff A, Executive Director, staff who are not compliant with the background check regulation.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware Staff E had missed the background check. Staff A stated that the system the facility used to track staff requirements was not working.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Kent is or will be in compliance with this law and / or regulation on (Date) 12/23/25 .

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

Administrator (or Representative) Monica Rangel Date 11/26/25

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

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

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

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

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

Review of the facility's care schedules for October 2025 and November 2025 showed the facility scheduled Staff E to provide resident care for two to four shifts per week.

During an interview on 11/05/2025 at 11:15 AM, Staff G, Business Office Director, stated that they were aware Staff E was not current with their background check. Staff G stated that they attempted to review staff records each month and report to Staff A, Executive Director, staff who are not compliant with the background check regulation.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware Staff E had missed the background check. Staff A stated that the system the facility used to track staff requirements was not working.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Kent 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 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

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(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant;

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

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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

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

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 4 of 5 care staff (Staff C, Staff D, Staff E, and Staff F) met all their professional certification and training requirements required to provide resident care. These failures placed all 51 residents at risk of harm, not having care needs met, and a diminished quality of life from untrained staff.

Findings included...

Review of the facility's undated Resident Characteristic Roster showed the facility provided care and services for 51 residents.

Review of the facility's undated Staff Roster showed the facility hired Staff C, Med Technician (Med Tech) AL, on 10/18/2024; Staff D, Lead Med Tech AL, on 09/13/2024; Staff E, Care Partner, on 09/19/2023; and Staff F, Med Tech AL, on 07/03/2022 to provide care and services directly to the residents.

Review of the facility's undated Medication Technician (Med Tech) job description showed Med Techs provided direct resident care in compliance with State regulation.

Review of the facility's undated Care Partner job description showed that Care Partners maintained current First Aid certification. Review showed Care Partners completed all mandatory training.

Review of the facility's Lead Medication Care Partner showed the Lead Medication Care Partner completed all mandatory training.

CONTINUING EDUCATION (CEs)
Staff D
Review of the employee records for Staff D showed Staff D maintained a current Nursing Assistant Certified (NAC) professional credential through the Washington State Department of Health.

Review of the employee records for Staff D showed Staff D completed two of the required 12 hours of continuing education from their October 2024 birthday to their October 2025 birthday.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff D three to four shifts a week to provide direct resident care and services.

Observation on 11/05/2025 at 8:41 AM showed Staff D provided medication service to the residents.

Staff E
Review of the employee records for Staff E showed Staff E maintained a current NAC professional credential through the Washington State Department of Health.

Review of the employee records for Staff E showed Staff E completed 11.5 of the required 12 hours of continuing education from their July 2024 birthday to their July 2025 birthday.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff E to work two to four shifts a week to provide direct resident care and services.

Staff F
Review of the employee records for Staff F showed Staff F maintained a current Home Care Aide (HCA) professional credential through the Washington State Department of Health.

Review of the employee records for Staff F showed Staff F completed 4.5 of the required 12 hours of continuing education from their October 2024 birthday to their October 2025 birthday.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff F to work four shifts a week.

FIRST AID

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Review of the employee records for Staff C showed no documentation that Staff C completed the First Aid certification.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff C to provide care and services to the residents one shift a week.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware Staff C, Staff D, Staff E, and Staff F had missed completion of training requirements. Staff A stated that the system the facility used to track staff requirements did not work properly.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Kent is or will be in compliance with this law and / or regulation on (Date) 12/23/25 .

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

Monica Rangel — Administrator (or Representative)

11/26/25 — 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 observation, interview, and record review showed the facility failed to ensure 1 of 1 Lead Medication Technician (Staff D) was screened for Tuberculosis (TB) testing, within three days of hire. This failure placed all 51 residents at risk of contracting Tuberculosis, an infectious respiratory illness.

Findings included...

Review of the facility's employee roster showed the facility hired Staff D, Lead Mech Tech on 09/13/2024.

Review of the undated Lead Medication Care Partner showed Staff D performed direct

Review of the employee records for Staff C showed no documentation that Staff C completed the First Aid certification.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff C to provide care and services to the residents one shift a week.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware Staff C, Staff D, Staff E, and Staff F had missed completion of training requirements. Staff A stated that the system the facility used to track staff requirements did not work properly.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Kent 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) 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 observation, interview, and record review showed the facility failed to ensure 1 of 1 Lead Medication Technician (Staff D) was screened for Tuberculosis (TB) testing, within three days of hire. This failure placed all 51 residents at risk of contracting Tuberculosis, an infectious respiratory illness.

Findings included...

Review of the facility's employee roster showed the facility hired Staff D, Lead Mech Tech on 09/13/2024.

Review of the undated Lead Medication Care Partner showed Staff D performed direct

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resident care, supervised staff, and promoted communication between residents, families, and staff.

Review of Staff D's employee file showed Staff D tested for negative TB in September 2022. Per Washington Administrative Code (WAC) 388-78A-2482, Staff D did not qualify for no testing upon hire. Records showed no evidence the facility ensured Staff D completed TB testing upon hire in September 2024.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff D three to four shifts a week to provide direct resident care and services.

Observation on 11/05/2025 at 8:41 AM showed Staff D provided medication service to the residents.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware the facility failed to send Staff D for TB testing within three days of hire. Staff D stated that they were unaware of the regulation specifying the conditions for which staff qualified for no TB testing.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Cogir of Kent is or will be in compliance with this law and / or regulation on (Date) 12/23/25 .

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

Monica Rangel — Administrator (or Representative)

11/26/25 — Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 pets (Pet 1) had regular examinations and vaccinations appropriate for the species. This failure placed all 51 residents at risk for infectious diseases.

resident care, supervised staff, and promoted communication between residents, families, and staff.

Review of Staff D's employee file showed Staff D tested for negative TB in September 2022. Per Washington Administrative Code (WAC) 388-78A-2482, Staff D did not qualify for no testing upon hire. Records showed no evidence the facility ensured Staff D completed TB testing upon hire in September 2024.

Review of the facility's Care Staff October 2025 and November 2025 schedules showed the facility scheduled Staff D three to four shifts a week to provide direct resident care and services.

Observation on 11/05/2025 at 8:41 AM showed Staff D provided medication service to the residents.

During an interview on 11/06/2025 at 11:08 AM, Staff A, Executive Director, stated that they were unaware the facility failed to send Staff D for TB testing within three days of hire. Staff D stated that they were unaware of the regulation specifying the conditions for which staff qualified for no TB testing.

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(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that 1 of 2 pets (Pet 1) had regular examinations and vaccinations appropriate for the species. This failure placed all 51 residents at risk for infectious diseases.

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Findings included...

Review of the facility's Resident Characteristic Roster showed the facility provided care and services to 51 residents.

Review of the pet records Pet 1 showed the facility had no record of Pet 1's vaccinations appropriate for the species other than rabies. Review showed the facility had no veterinarian examination record for Pet 1.

Observation on 11/06/2025 at 1:30 PM, showed a resident-owned pet in heading into Resident 4's apartment.

During an interview on 11/05/2025 at 11:30 AM, Staff G, Business Office Director, stated that they were aware that the facility was required to ensure pets had regular veterinarian examinations. Staff G stated that they were unaware of the regulation that required each pet completed vaccinations appropriate for the species.

Plan/Attestation Statement

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Monica Rangel — Administrator (or Representative)

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

FC Kent Senior Living, LLC
Cogir of Kent
25035 104th Ave SE
Kent, WA 98030

RE: Cogir of Kent # 2620

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

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

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-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.

Review of the records showed that the facility's Medical Test Site Waiver (MTSW) license that included the Clinical Laboratory Improvement Amendment (CLIA) requirements was expired. Review showed that the facility's Respiratory Protection Program, for an annual fit test, for seven care staff were last tested in 2023. The facility applied and renewed their MTSW license. The facility completed the annual fit test for the care staff. This deficiency was corrected by the exit conference.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility's Medicaid policy was written with an incorrect font size and given to seven residents. During the licensing inspection, the facility changed the Medicaid Disclosure form template to font sized fourteen. The facility contacted the resident's representatives to obtain a new signed and dated Medicaid Disclosure form for the residents. This deficiency was corrected by the exit conference.

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

(3) Ensure the facility functional program and room list are updated to reflect the change.

The Assisted Living Facility failed to notify and obtain written approval from Department of Health Facilities and Services Licensing Construction Review Services (CRS) to change the room use of two resident rooms to another facility function rooms. During the full inspection, the facility contacted CRS for approval. This deficiency was corrected by the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Enclosure