STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Cogir Management USA Inc
Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

RE: Cogir of Glenwood Place License # 2645

Dear Administrator:

This letter addresses Compliance Determination(s) 77204 (Completion Date 05/11/2026) and 73394 (Completion Date 03/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/11/2026 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-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

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

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2645	Compliance Determination # 73394
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 1 of 4	Licensee: Cogir Management USA Inc	03/03/2026

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 02/24/2026 and 03/03/2026 of:
Cogir of Glenwood Place
5500 NE 82nd Ave
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 15 of 204 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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Statement of Deficiencies	License #: 2645	Compliance Determination # 73394
Plan of Correction	Cogir of Glenwood Place	Completion Date
Page 2 of 4	Licensee: Cogir Management USA Inc	03/03/2026

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.

Clinton Fridley RN
Residential Care Services

03/19/2026
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)

3/19/26
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan was submitted including the minimum information required when 1 of 2 sampled residents (Resident 12) had family assisting with medications. This failure placed this resident at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

On 02/25/2026 at 1:05 PM, R12's records showed that they admitted to the facility on [redacted]2024 with various diagnoses including [redacted]

Record review of the facility's resident characteristic roster showed documentation that R12 has family assisting with medication management.

Record review of R12's negotiated service agreement (NSA) dated 11/26/2025 documented that family assists with R12's medications.

During review of R12's records, no plan for family assisting with medications was found for R12.

On 02/26/2026 at 1:51 PM, the department informed the facility of the findings and requested that a family assistance with medication plan be sent over.

On 02/28/2026 at 9:41 AM, Staff A, Executive Director, stated that a family assistance with medication plan could not be found for R12 and provided the department a new one dated and signed 02/27/2026.

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Page 4 of 4	Licensee: Cogir Management USA Inc	03/03/2026

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 Glenwood Place is or will be in compliance with this law and / or regulation on (Date) [redacted].

4/10/2026 APineda

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

Administrator (or Representative) Date 3/19/26

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