STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

06/30/2026

Cogir SL Washington II, LLC
The Terrace at Beverly Lake
524 75th St SE
Everett, WA 98203

RE: The Terrace at Beverly Lake # 2778

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 79525 (Completion Date 06/30/2026) and 75960 (Completion Date 04/27/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/30/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

The Department staff who did the On Site verification:
Wesler Dumecquias, Community Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

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

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.

Residential Care Services
Investigation Summary Report

Provider/Facility: The Terrace at Beverly Lake **Provider Type:** Assisted Living Facility

License/Cert.#: 2778
Intake ID: 220586
Compliance Determination #: 75960
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 04/16/2026 through 04/27/2026
Complainant Contact Date(s): 04/29/2026

Allegation(s):

1. There were insufficient staff to provide care for residents.
2. The facility did not follow offloading education in the past.
3. The facility was unable to provide adequate skin care and toileting for chairfast residents to prevent pressure injuries.

Investigation Methods:

Sample:
Total residents: 44
Resident sample size: 4
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident care equipment
Staff to resident interactions

Interviews:
Identified resident
Residents
Family members
Executive Director

Record Reviews:
Hospital records
Facility policies
Staff patterns
Face sheet
Care plans
Assessments
Skin assessments
Progress notes
emails
Staff schedule
Resident Characteristic Roster

Medical records

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Investigation Summary:

1. The facility followed their staffing matrix. Record of the facility April staffing schedule showed they consistently had three caregivers for each floors, with two Medication Technicians. The facility had a License nurse on site, a Resident Care Coordinator and the Executive Director was a Certified Nurse Assistant that help during breaks and when more staff were needed on the floor during the provision of care and services. No failed practice was identified.
2. The facility followed the care plan from the sampled residents. The facility failed to conduct an assessment for one sampled resident and provide instructions for pressure management after a pressure injury was discovered and reported to the Licensed Nurse. Failed practice was identified and a citation was issued.
3. The facility failed to assess, consistently monitor, address after discovery and implement an intervention to prevent the worsening of a pressure injury for one identified resident that had a pressure injury. Failed practice was identified and a citation was issued.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 an unannounced on-site complaint investigation on 04/16/2026 of:

The Terrace at Beverly Lake
524 75th St SE
Everett, WA 98203

This document references the following complaint number(s): 220586

The following sample was selected for review during the unannounced on-site visit: 4 of 44 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Wesler Dumecquias, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 2778	Compliance Determination # 75960
Plan of Correction	The Terrace at Beverly Lake	Completion Date
Page 2 of 4	Licensee: Cogir SL Washington II, LLC	04/27/2026

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.

Jim Sherman
Residential Care Services

04-30-2026
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.

Yvonne M.L. Kinej-Lee
Administrator (or Representative)

May 15, 2026
Date

WAC 388-78A-2100 Ongoing assessments.

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(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to assess, consistently monitor and take necessary action to address the wound for 1 of 1 resident (Resident 1), who had a pressure injury on their tailbone. This failure resulted in delayed wound care treatment and placed Resident 1 at risk of wound complications.

Findings included...

Note: WAC 388-78A-2120 Monitoring Residents' Well-Being. The assisted living facility must: (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.

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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.

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 _____

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Record review of facility policy titled "Wound and Skin Care" dated 12/13/2024 showed The Community promotes good skin integrity and wound healing practices. The facility would Respond appropriately to wound or skin integrity issues: a. Whenever a Resident Care Associate observes an area of concern on a resident's skin (e.g. redness, wound, rash, swelling, bump, discoloration, etc. and/or if the resident expresses any skin discomfort, the Resident Care Associate is to note it on the End of Shift Report and report it to the Health & Wellness Director. b. The Health & Wellness Director or designee will notify the physician and family immediately. c. Request home health or wound care services from the physician. When a resident has a wound or skin integrity issue the Community nurse, or designee will meet with the resident and document skin integrity issues in the resident's electronic health records. a. The Community nurse or designee is to directly observe the skin integrity concern at least weekly until the skin issue is resolved. i. Follow-up, treatments, and interventions will be documented in the resident's record, under narrative charting. The facility would evaluate and manage resident skin care needs with individualized Negotiated service agreement including assistance with showering, cleansing, and drying at risk areas.

Review of Resident 1's face sheet showed they were admitted to the facility on [redacted]/2023 with multiple diagnoses including [redacted].

Record review of Resident 1's undated Service Plan (S) showed Resident 1 required a wheelchair for mobility. The SP documented that Resident 1 needed one staff member to provide hands-on assistance for mobility and two staff members for transfers and positioning while in the wheelchair. The SP showed Resident 1 needs physical assistance with toileting due to their incontinence.

Record review of Resident 1's most current assessment dated 02/20/2026 showed Resident 1's overall skin condition was normal and there was no skin wound identified.

Record review of Resident 1's progress note from 02/18/2026 showed Resident 1 had a pressure sore or injury on their buttocks.

Record review of Resident 1's skin condition and wound progression dated 04/16/2026 showed Resident 1 had a pressure injury/ulcer (injuries to skin and underlying tissue caused by prolonged, constant pressure, friction, or shear, restricting blood flow). The wound was documented to be located on Resident 1's inner buttock/coccyx and measured approximately 2.75 centimeters by 1.25 centimeters.

On 04/15/2026 at 1:27 PM, Staff G, Medication Technician (MT), reported that they observed an open wound that resembled a pressure injury on Resident 1's buttocks on 02/18/2026. Staff G stated that they reported their observation to Staff B, Health and Wellness Director. Staff G also stated that they did not create an Individual Support Plan

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Statement of Deficiencies	License #: 2778	Compliance Determination # 75960
Plan of Correction	The Terrace at Beverly Lake	Completion Date
Page 4 of 4	Licensee: Cogir SL Washington II, LLC	04/27/2026

(ISP). Additionally, Staff G stated that they faxed the Primary Care Physician (PCP) but could not provide documentation to confirm that the PCP had been notified.

Interview on 04/15/2026 at 2:01 PM, Staff C, Resident Care Director, stated that the RCC, Staff B, or Licensed Nurse, along with Medication Technicians, would develop an Individualized Service Plan (ISP) in response to any incidents or wounds observed in a resident. Staff C stated that no ISP had been created for staff to monitor Resident 1's pressure injury.

Interview on 04/15/2026, at 1:14 PM, Staff B stated that when skin issues, such as wounds on residents, were observed by the staff, the staff were required to report these findings to Staff B. Staff B then would perform an assessment. Staff B or Licensed Nurse, Staff C, or MTs would communicate with the residents' Primary Care Physician (PCP) via fax to request orders for skin and wound care. An Interim Service Plan (ISP) would be created to monitor skin issues or wounds. Staff B stated that an ISP was not created to monitor Resident 1's pressure injury. Staff B stated that they did not do assessment of the pressure injury after Staff G reported it to them on 02/18/2026. Staff B stated that they did not notify Resident 1's PCP.

Interview on 04/15/2026 at 11:17 AM, Staff F, Caregiver, stated that they were unaware of any skin issues, pressure injury or wounds on Resident 1, except for a recent observation of wound coverage in the tailbone area.

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, The Terrace at Beverly Lake is or will be in compliance with this law and / or regulation on (Date) 6/10/2026 .

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

Yvonne M & Kenji Kee — Administrator (or Representative)

May 15, 2026 — Date

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_____ _____

Administrator (or Representative) Date

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