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

08/04/2026

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) 81585 (Completion Date 08/04/2026) and 77634 (Completion Date 06/08/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

The Department staff who did the On Site verification:
Jodi Condyles, Nursing Consultant Institutional

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

Sincerely,

Jim Sherman

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

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

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Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2778
Intake ID: 224259
Compliance Determination #: 77634
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 05/19/2026 through 06/08/2026
Complainant Contact Date(s): 05/15/2026

Allegation(s):

1. The Named Residents' (NR) room was dirty.
2. The resident did not have any sheets, or the incorrect sheets were provided for their bed. Additionally, the resident's clothing was missing, and clothing belonging to other residents was found in the resident's apartment.
3. The facility was running out of toilet paper and residents were using paper towels.
4. There was concern if the NR was getting their medications.
5. The NR's ensure and soda in their personal refrigerator were taken out by the staff, placed in their main stocks and given to other residents.

Investigation Methods:

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

Observations:
Residents room
Residents closet with their clothes
Residents beddings labelled
Bathroom
Identified resident
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Business office manager
Housekeeping staff
Maintenance staff
Family members
Residents
Nursing staff
Identified resident
collateral contacts

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

Record Reviews:

Incident investigation
Facility policies
Staff patterns
Care plans
Progress notes
eMARS
email communications
Unsigned Diet manual
PCP orders
After visit summary

Investigation Summary:

1. The facility did not ensure that the residents' living quarters and commonly used areas were clean, free of clutter, safe, and comfortable for use. Failed provider practice was found, see Statement of Deficiencies, dated 06/08/2026.
2. Observation showed the resident's bed was made with labeled bedding. Record showed the bedding was changed weekly as scheduled. The resident's closet contained clothing that was also labeled with their names. The missing clothing items were located and confirmed by the family. No instances of failed practice were identified.
3. Observations showed the facility provided tissue paper in the residents' bathrooms. The housekeepers were responsible for refilling the tissue paper as needed. Each resident had their own supplies, with additional stock stored in the facility's basement storage until required by the residents. No instances of failed practice were identified.
4. Review of records showed the NR received their medications as ordered. No instances of failed practice were identified.
5. The facility investigated the incident. The facility was originally keeping the supplies in their medication room until the facility and the family agreed that the ensure and the soda would be kept in residents room. The facility had a system on doing inventory to ensure the supplies of the residents were accounted for. No instances of failed practice were identified.

Conclusion / Action:

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

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Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2778
Intake ID: 222966
Compliance Determination #: 77634
Region/Unit #: RCS Region 2 / Unit D
Investigator: Wesler Dumecquias
Investigation Date(s): 05/19/2026 through 06/08/2026
Complainant Contact Date(s): 05/07/2026

Allegation(s):

1. The rooms were not being cleaned.
2. The Residents at the second floor were left out of activities and the calendar was not being followed.
3. The facility did not have enough supplies for gloves, wipes and briefs/pull ups. Other residents' supplies were used for other residents because they did not have enough supplies.
4. The food served were in small portions. No snacks available when residents need it.

Investigation Methods:

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

Observations:
Dining
Residents
Activities
Kitchen
supplies
snacks

Interviews:
Nursing staff
Residents
Family members
Kitchen staff
activity director
Carestaff
Housekeeping staff
Maintenance staff

Record Reviews:
menu
Facility policies
Staff patterns
Care plans
Progress notes
eMARS

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

email communications
unsigned Diet manual

Investigation Summary:

1. The facility did not ensure that the residents' living quarters and commonly used areas were clean, free of clutter, safe, and comfortable for use. Failed provider practice was found, see Statement of Deficiencies, dated 06/08/2026
2. There were activities offered which were participated by a few residents who were willing to join. The facility continued to encourage residents of the second floor to participate in the activities offered. The Executive Director issued provided corrective direction to the Activities Director to ensure activities are consistently offered on both floors throughout the day that were appropriate to residents' cognition levels and abilities. No citation was issued. The facility meets the minimum regulatory requirement.
3. The facility orders and acquires supplies for their residents and would be delivered directly to the facility. The supplies would arrive with residents names and placed in the facility's storage at their basement for safekeeping until each residents need them. Unable to substantiate use by care staff of residents supplies to other residents. No failed practice identified.
4. The facility followed their menu. Resident were allowed to order alternative foods if they did not like the food served. There were snacks that were in a basket at the first floor of the memory care facility. The facility ensured that a snack would be available at the second floor that would be accessible to all residents 24 hours as residents' needed to. The facility did not have an approved diet manual from a dietitian. A written consultation 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 an unannounced on-site complaint investigation on 05/19/2026 of:

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

This document references the following complaint number(s): 224259, 223471, 222966

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

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

Statement of Deficiencies	License #: 2778	Compliance Determination # 77634
Plan of Correction	The Terrace at Beverly Lake	Completion Date
Page 2 of 4	Licensee: Cogir SL Washington II, LLC	06/08/2026

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

06-09-2026
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 R Knight
Administrator (or Representative)

6/11/2026
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain a clean and safe personal living quarters for 2 of 2 residents (Resident 1 and 2), failed to ensure a clutter-free, safe, sanitary and comfortable common areas for 1 of 2 main dining areas (dining area 2), and 3 of 9 common bathrooms (bathroom 1, 2, and 3). These failures resulted in an unsafe and uncomfortable living area and a decreased quality of life for residents.

Findings included...

Resident Living Quarters (Apartments)

Resident 1

Review of a facesheet showed Resident 1 was admitted to the facility on [redacted]/2026 with multiple diagnoses including [redacted]

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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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Findings included…

Resident Living Quarters (Apartments)

Resident 1

Review of a facesheet showed Resident 1 was admitted to the facility on [redacted]/2026 with multiple diagnoses including [redacted]

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[redacted].

Review of Resident 1's Service plan (equivalent to negotiated service agreement) dated 05/15/2026 showed Resident 1 required assistance with their activities of daily living from the staff including housekeeping.

Observation on 05/19/2026 at 2:35 PM showed Resident 's private apartment with bathroom floor had visible dried particles, brownish in color. The apartment floor was unvacuumed, with visible crumbs and particles scattered about. There was a chair with a light grey cloth cover that had smudges of dried brown substance on the seat, which appeared to be feces. When staff G, Caregiver, was asked about the smudged brown particles on the chair, they replied, "That definitely looked like dried poop."

Resident 2

Review of a facesheet showed Resident 1 was admitted to the facility on [redacted]/2025 with multiple diagnoses including [redacted]

Review of Resident 1's Service plan dated 11/24/2025 showed Resident 1 required assistance with their activities of daily living from the staff including housekeeping.

Observation on 05/19/2026 at 2:38 PM showed Resident 2's private apartment bathroom had a nebulizer machine (a device that turns liquid medicine into mist that is inhaled). There were shampoos, lotion and beauty cream products laying on the counter of their bathroom.

Second Floor Memory Care Main Dining Area

Observation on 05/19/2026 at 2:12 PM at the second-floor dining area showed the refrigerator contained a pitcher of juice. There were widespread juice spills, some of them sticky dry liquid spills, on the shelving and drawers below the pitcher. Under the sink, there was a trash can, and soiled bibs were found on the floor next to it. A dustpan and broom were positioned beside the sink, along with a black container filled with soiled bibs and towels. The dining room was disorganized, with chairs and tables scattered. The vinyl floor had not been cleaned and had food crumbs, brown food particles, and dried rice visible on the surface. Stains from dried fluids were also present on the floor. A sofa near the TV had a crumpled disposable sheet resting on top of it.

Common Area Bathrooms

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

Statement of Deficiencies	License #: 2778	Compliance Determination # 77634
Plan of Correction	The Terrace at Beverly Lake	Completion Date
Page 4 of 4	Licensee: Cogir SL Washington II, LLC	06/08/2026

On 05/19/2026 at 2:26 PM, it was observed that bathroom 1 had food debris on the floor that appeared to have been chewed. The bathroom floor had not been swept or mopped. There were brown spots on the bathroom floor that looked like dried fluids. Observation of bathroom 2, showed there was no tissue paper available, the toilet bowl had not been flushed, and it showed a urine color. Bathroom 2 floor had not been swept or mopped. Observation of bathroom 3 showed indoor footwear was found under the sink counter. There was no toilet paper, and the floor had not been swept or mopped.

In an interview on 05/19/2026 at 1:42 PM, Staff C, Housekeeper, stated that they were the only housekeeper working on 05/19/2026. Staff C stated that they were instructed by Staff B, Business office Manager, to only clean the first floor of the memory care unit. Staff C stated they were not to clean the second floor of the Memory care unit. Staff C stated that Staff E, maintenance and housekeeping director, would clean the second floor.

In an interview on 05/19/2026 2:14 PM, Staff E, Maintenance Director, stated that they supervise the housekeepers, but Staff B was responsible for creating the housekeeping schedule. Staff E stated that they would assist with cleaning only if their schedule allowed, as they may be occupied with maintenance tasks. Staff E also expressed the understanding that the care staff would assist with cleaning when necessary.

In an interview on 05/19/26 2:21PM, Staff F, Resident Care Coordinator, stated that the care staff were expected to clean the second floor dining area after providing care, since there was only one housekeeper working on 5/19/2026.

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, The Terrace at Beverly Lake is or will be in compliance with this law and / or regulation on (Date) 07/23/2026 .

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

Administrator (or Representative) — Date: 06/11/2026

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On 05/19/2026 at 2:26 PM, it was observed that bathroom 1 had food debris on the floor that appeared to have been chewed. The bathroom floor had not been swept or mopped. There were brown spots on the bathroom floor that looked like dried fluids. Observation of bathroom 2, showed there was no tissue paper available, the toilet bowl had not been flushed, and it showed a urine color. Bathroom 2 floor had not been swept or mopped. Observation of bathroom 3 showed indoor footwear was found under the sink counter. There was no toilet paper, and the floor had not been swept or mopped.

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

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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:

The Department completed a complaint investigation of your Assisted Living Facility on 06/08/2026 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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

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

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/08/2026), no later than 07/23/2026 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-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

The facility did not have a diet manual approved by a dietitian for use by kitchen staff involved in food preparation. 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

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

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

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

Enclosure

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