STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Cogir SL Washington II, LLC
The Bellingham at Orchard
848 West Orchard Dr
Bellingham, WA 98225

RE: The Bellingham at Orchard License # 2779

Dear Administrator:

This letter addresses Compliance Determination(s) 82050 (Completion Date 08/19/2026) and 77936 (Completion Date 06/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/19/2026 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-2474-1, WAC 388-78A-2474-2, WAC 388-78A-2474-3, WAC 388-78A-2474-4

The Department staff who did the off-site verification:
Melissa Phillips, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Bellingham at Orchard
Provider Type: Assisted Living Facility

License/Cert.#: 2779
Intake ID: 225506
Compliance Determination #: 77936
Region/Unit #: RCS Region 2 / Unit J
Investigator: Helen Fisher
Investigation Date(s): 05/27/2026 through 06/16/2026
Complainant Contact Date(s): 05/22/2026

Allegation(s):

1) The four Named Residents opened vials of liquid pain medications' colors were found to had lighter colors compared to unopened vial.
2) The Named Staff (NS) was put on administrative leave due to not having training.

Investigation Methods:

Sample:	Total residents: 70 Resident sample size: 10 Closed records sample size: 0
Observations:	Residents Environment
Interviews:	Health Services Director Executive Director Nursing Staff Collateral Contact.
Record Reviews:	Residents' records Incident Investigation

Investigation Summary:

1) Observation of the liquid pain medication vials showed no count discrepancies. However, the content of three of the vials were lighter. Review of investigative records showed that the facility interviewed staff and made reports to the appropriate agencies as soon as they became aware of the report. Review of medication administration records showed liquid pain medications were administered "as needed" (PRN) doses and had no discrepancies. Interviews indicated that the three residents did not request nor receive PRN medications for pain for at least a month. Medication diversion was unsubstantiated. No failed practice was identified.
2) Review of staff credentials showed training requirement were not completed within the timeline. Failed practice. A citation was written for noncompliant with Washington Administrative Code 388-78A-2474 Training and home care aide certification requirements.

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Conclusion / Action:

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

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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 05/27/2026 of:

The Bellingham at Orchard
848 West Orchard Dr
Bellingham, WA 98225

This document references the following complaint number(s): 224598, 224901, 225537, 225506

The following sample was selected for review during the unannounced on-site visit: 10 of 70 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 2779	Compliance Determination # 77936
Plan of Correction	The Bellingham at Orchard	Completion Date
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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.

Jessica Seigen
Residential Care Services

6/23/2026
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)

6/23/26
Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interviews, and record reviews, the Assisted Living Facility (ALF) failed to ensure 3 of 5 staff (Staff A, B and C) obtained certification before performing delegated nursing tasks. This failure placed all 69 residents at risk of harm and potential medication errors for receiving medications from uncertified and unregistered staff.

Findings included...

Note: Washington Administrative Code 388-78A-0550. Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when. (1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must: (b) Be one or more of the

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following: (i) Certified home care aide under chapter 18.88B RCW; (ii) Nursing assistant certified under chapter 18.88A RCW.

Record reviews showed the ALF hired Staff A, Medication Technician (MT)/ Resident Care Coordinator on 04/30/2025.

Record review of the Medication Administration Review, dated April 2026 showed Staff A administered medications.

Staff A's records did not show they were nursing assistant or home care aid certified.

Record reviews showed the ALF hired Staff B (MT) on 05/1/2025.

Record review of the Medication Administration Review, dated May 2026 showed Staff B administered medications.

Staff B's records did not show they were nursing assistant or home care aid certified.

Record reviews showed the ALF Staff C (MT) was hired on 10/28/2025.

Record review of the Medication Administration Review, dated May 2026 showed Staff C administered medications.

Staff C's records did not show they were nursing assistant or home care aid certified.

In an interview on 06/08/2026 at 11:40 AM, Staff A acknowledged they were administering medications as a nurse delegated task.

In an interview on 06/08/2026 at 11:37AM, Staff B acknowledged they were administering medications as a nurse delegated task.

In an interview on 06/08/2025 at 2:25 PM, Staff C acknowledged they were administering medications as a nurse delegated task.

Record review on 05/28/2026, of the Washington State Provider Credential Search database confirmed Staff A, B, and C had not been certified through the Department.

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In an interview on 06/10/2025 at 2:23 PM, Staff D (Executive Director) stated that they were unaware that Staff A, B and C did not have certifications and offered no explanation.

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 Bellingham at Orchard is or will be in compliance with this law and / or regulation on (Date) 7/31/26 .

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

Administrator (or Representative) 6/23/26 Date

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