



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

October 23, 2020

**CERTIFIED MAIL #7015 3010 0002 3165 3722**

Administrator  
Cogir Northgate  
11501 15th Ave NE  
Seattle, WA 98125

Assisted Living Facility License #2474  
Licensee: Cogir Management USA Inc

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On October 14, 2020, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **Cogir Northgate**, located at **11501 15th Ave NE, Seattle**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 14, 2020**.

**Civil Fine**

**WAC 388-78A-2660(1) Resident rights.** **\$2,000.00**  
**RCW 70.129.110(1)(b)(3)(a)(b)(c)(6) Disclosure, transfer, and discharge requirements.**

**The licensee failed to protect one resident's right to remain in the facility. Specifically, the facility failed to document grounds for discharge that met regulatory requirements, and failed to provide the resident with a written discharge notice. This failure caused the resident to remain at a hospital for at least 37 days until a new home could be found.**

**This is a repeated deficiency previously cited on the Statement of Deficiencies report dated March 25, 2020, and an uncorrected deficiency previously cited on the Statement of Deficiencies report dated August 12, 2020.**

***NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.***

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**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Susan Hajek, Field Manager  
Region 2, Unit J  
20816 44<sup>th</sup> Ave W, Suite 240  
Lynnwood, QA 98036  
Phone: (425) 670-6071 / Fax: (425) 672-2216

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600

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Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fine. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$2,000.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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If you have any questions, please contact Susan Hajek, Field Manager, at (425) 670-6071.

Sincerely,

FOR



Deyna E. Sagnella, CPHQ, CPPS  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit J  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
cb