STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

GIG HARBOR RETIREMENT INVESTORS LLC
HARBOR PLACE AT COTTESMORE
1016 29TH STREET NW
GIG HARBOR, WA 98335

RE: HARBOR PLACE AT COTTESMORE License # 1809

Dear Administrator:

This letter addresses Compliance Determination(s) 66298 (Completion Date 09/29/2025) and 63189 (Completion Date 08/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/29/2025 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-2468-1, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2480-1, WAC 388-78A-2474-2-d, WAC 388-112A-0720-2-a, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-iii, WAC 388-78A-2474-4, WAC 388-112A-0105-1, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 and complaint investigation on 07/28/2025, 07/29/2025 and 07/31/2025 of:

HARBOR PLACE AT COTTESMORE
1016 29TH STREET NW
GIG HARBOR, WA 98335

This document references the following complaint numbers: 188433.

The following sample was selected for review during the unannounced on-site visit: 10 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 1809	Compliance Determination # 63189
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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.

08/06/2025

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)

8-14-2025
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff (Staff D) had a Washington State name and date of birth background check authorization form submitted within one business day from the date of hire as required. This failure placed all 58 of 58 residents at risk of harm by receiving care services from an unqualified individual.

Findings included...

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired on 09/25/2024. There was no evidence a background check authorization form was submitted within one business day from the date of hire. Staff D's Washington State name and date of birth background check results were dated 01/24/2025, more than three months after hire.

During an interview on 07/29/2025 at 11:00 AM Staff A, Executive Director, stated Staff D was removed from the ALF staff schedule.

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…

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired on 09/25/2024. There was no evidence a background check authorization form was submitted within one business day from the date of hire. Staff D's Washington State name and date of birth background check results were dated 01/24/2025, more than three months after hire.

During an interview on 07/29/2025 at 11:00 AM Staff A, Executive Director, stated Staff D was removed from the ALF staff schedule.

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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, HARBOR PLACE AT COTTESMORE is or will be in compliance with this law and / or regulation on (Date) Sept 18 2025.

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

Administrator (or Representative) [signature] Date 8-14-2025

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 3 sampled staff who worked at the ALF for more than two years (Staff J, H, and G) had a valid Washington State name and date of birth background check every two years as required. This failure placed all 58 of 58 residents at risk of harm by receiving care and/or housekeeping services from unqualified individuals.

Findings included...

Review of the personnel file for Staff J, Medication Technician, showed they were hired on 12/07/2022. Staff J's Washington State name and date of birth background check showed it expired on 11/29/2024.

Review of the personnel file for Staff H, Housekeeper, showed they were hired on 04/19/2023. Staff H's Washington State name and date of birth background check showed it expired on 04/12/2025.

Review of the personnel file for Staff G, Medication Technician, showed they were hired

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on 05/09/2023. Staff G's Washington State name and date of birth background check showed it expired on 05/08/2025.

During an interview on 07/29/2025, Staff C, Business Office Director stated Staff J, Staff H, and Staff G did not have current Washington State name and date of birth background checks.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 8-14-25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 4 sampled staff (Staff D, E, and F) were screened/tested for tuberculosis (TB) within three days of hire as required. This failure placed all 58 of 58 residents at risk of receiving care from staff not screened for TB, a communicable disease.

Findings included...

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired on 09/25/2024. The file failed to show evidence of TB screening either by skin test or blood test.

Review of the personnel file for Staff E, Medication Technician, showed they were hired on 04/16/2025. The file failed to show evidence of TB screening either by skin test or blood test.

Review of the personnel file for Staff F, Resident Assistant/Caregiver, showed they were

on 05/09/2023. Staff G's Washington State name and date of birth background check showed it expired on 05/08/2025.

During an interview on 07/29/2025, Staff C, Business Office Director stated Staff J, Staff H, and Staff G did not have current Washington State name and date of birth background checks.

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Administrator (or Representative) Date

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Findings included…

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired on 09/25/2024. The file failed to show evidence of TB screening either by skin test or blood test.

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Review of the personnel file for Staff F, Resident Assistant/Caregiver, showed they were

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hired on 06/11/2025. The file failed to show evidence of TB screening either by skin test or blood test.

During an interview on 07/29/2025 at 2:00 PM, Staff C, Business Office Director, stated that the nursing department was responsible for letting them know when the health care staff was screened for TB, but stated that did not happen.

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Administrator (or Representative) 8-14-25 Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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

(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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff D, E, F, and G) had and maintained a valid Cardiopulmonary and First Aid (CPR/FA) card. Additionally, the ALF failed to ensure 6 of 6 expanded sampled staff (Staff I, J, K, L, M, and N) had a valid First Aid card. This failure placed all 58 of 58 residents at risk of receiving care from untrained staff.

Findings included...

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired on 09/25/2024. The file failed to show evidence of a valid CPR/FA card.

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Administrator (or Representative) Date

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Review of the personnel file for Staff F, Resident Assistant/Caregiver, showed they were hired on 06/11/2025. The file failed to show evidence of a valid CPR/FA card.

Review of the personnel file for Staff G, Medication Technician, showed they were hired on 05/09/2023. The file showed evidence of a CPR/FA card which expired 05/2025.

Review of the personnel file for Staff I, Resident Assistant/Caregiver, showed they were hired on 04/16/2025. The file failed to show evidence of a valid FA card.

Review of the personnel file for Staff J, Medication Technician, showed they were hired on 12/07/2022. The file showed evidence of a CPR/FA card which expired 04/2024.

Review of the personnel file for Staff K, Resident Assistant/Caregiver, showed they were hired on 11/02/2023. The file showed no evidence of a valid FA card.

Review of the personnel file for Staff L, Medication Technician, showed they were hired on 04/24/2006. The file showed no evidence of a valid FA card.

Review of the personnel file for Staff M, Medication Technician, showed they were hired on 05/22/2024. The file showed no evidence of a valid FA card.

Review of the personnel file for Staff N, Medication Technician, showed they were hired on 06/25/2025. The file showed no evidence of a valid FA card.

During an interview on 07/29/2025 at 4:00 PM, Staff O, Resident Care Coordinator, stated the ALF used to have someone come in to train the staff in CPR/FA but that had not happened for a while. Staff O stated they were certified to teach CPR and First Aid but that they had never taught a class since they were certified two years ago.

Plan/Attestation Statement

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

Administrator (or Representative) 8-14-25 Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

Review of the personnel file for Staff E, Medication Technician, showed they were hired on 04/16/2025. The file failed to show evidence of a valid CPR/FA card.

Review of the personnel file for Staff F, Resident Assistant/Caregiver, showed they were hired on 06/11/2025. The file failed to show evidence of a valid CPR/FA card.

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Administrator (or Representative) Date

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(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

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

(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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled staff (Staff J) with a Department of Health credential completed continuing education as required. This failure placed all 58 of 58 residents at risk from receiving care from untrained staff.

Findings included...

Review of the personnel file for Staff J, Certified Nursing Assistant/Medication Technician, showed they were hired on 05/09/2023 and their date of birth was December 27. Staff J's file failed to show the required 12 hours of continuing education from 12/2023 to 12/2024.

During an interview on 07/29/2025 at 2:00 PM, Staff C, Business Office Director, stated that the nursing department was responsible for letting them know when the health care staff took continuing education hours, but stated that did not happen.

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Findings included...

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Administrator (or Representative) Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled staff (Staff D and G), obtained a Washington State Department of Health (DOH) Home Care Aide (HCA) certification within 200 days of hire. This failure placed all 58 of 58 residents at risk of receiving care from unqualified staff.

Findings included...

Review of the personnel file for Staff D, Resident Assistant/Caregiver, showed they were hired by the ALF on 09/25/2024. The file failed to include documentation Staff D had an HCA credential by 04/13/2025, within 200 days of the date of hire as required.

Review of the personnel file for Staff G, Medication Technician, showed they were hired on 05/09/2023. The file included a current DOH Nursing Assistant Registration (NAR) credential. The file failed to include a current HCA credential by 11/25/2023, within 200 days of the date of hire as required.

During an interview on 07/29/2025 at 11:00 AM Staff A, Executive Director, stated Staff D and Staff G were removed from the ALF staff schedule.

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

Administrator (or Representative) [signature] Date 8-14-25

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sample residents (Resident 7 [R7]) was delegated by a Registered Nurse for the administration of medications by staff. This failure potentially placed all residents receiving nurse delegation service at risk for potential harm.

Findings included...

Review of the ALF Characteristic Roster, provided to the licensors on 07/28/2025, showed R7 was admitted to the facility on [redacted]/2025 and received nurse delegation services.

Review of the July 2025 Medication Administration Record (MAR) showed Staff E, Medication Technician, Staff G, Medication Technician, Staff J, Medication Technician, Staff N, Medication Technician, Staff O, Resident Care Coordinator/ Medication Technician, Staff P, Medication Technician, and Staff Q, Medication Technician, administered insulin by injection, applied medication patches, checked blood sugar and administered oral medications to R7.

Review of the Nurse Delegation binder dated 2025, failed to show Staff E, G, J, N, O, P, and Q were delegated to administer medications to R7.

Staff O was interviewed on 07/29/2025 at 2:00 PM. Staff O said she emailed the facility delegating nurse on 07/03/2025 requesting delegation services for R7 and stated the nurse delegator did not respond to the request.

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(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sample residents (Resident 7 [R7]) was delegated by a Registered Nurse for the administration of medications by staff. This failure potentially placed all residents receiving nurse delegation service at risk for potential harm.

Findings included…

Review of the ALF Characteristic Roster, provided to the licensors on 07/28/2025, showed R7 was admitted to the facility on [redacted]/2025 and received nurse delegation services.

Review of the July 2025 Medication Administration Record (MAR) showed Staff E, Medication Technician, Staff G, Medication Technician, Staff J, Medication Technician, Staff N, Medication Technician, Staff O, Resident Care Coordinator/ Medication Technician, Staff P, Medication Technician, and Staff Q, Medication Technician, administered insulin by injection, applied medication patches, checked blood sugar and administered oral medications to R7.

Review of the Nurse Delegation binder dated 2025, failed to show Staff E, G, J, N, O, P, and Q were delegated to administer medications to R7.

Staff O was interviewed on 07/29/2025 at 2:00 PM. Staff O said she emailed the facility delegating nurse on 07/03/2025 requesting delegation services for R7 and stated the nurse delegator did not respond to the request.

Statement of Deficiencies	License #: 1809	Compliance Determination # 63189
Plan of Correction	HARBOR PLACE AT COTTESMORE	Completion Date
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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, HARBOR PLACE AT COTTESMORE is or will be in compliance with this law and / or regulation on (Date) Sept 18, 25.

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

Administrator (or Representative) _____ Date 8-14-25

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 2 of 7 Residents (Resident 3 and 7 [R3 and 7]) received their medications as prescribed. This failure placed the residents at risk of a potential decline in their health status.

Findings included...

Resident 3
Review of the June and July 2025 Medication Administration Records (MAR) showed an order for Furosemide 20 milligram (mg) 0.5 tablet daily for leg swelling with instructions to hold (not give) the medication if the systolic blood pressure (top number) was below 100. The MARs did not include daily blood pressure checks before the medication was given to R3 from 06/01/2025 through 07/29/2025.

During an interview on 07/28/2025 at 3:15 PM, Staff B, Resident Care Director, stated they were unaware of the blood pressure parameter on the medication order and would add a section to R3's MAR for staff to record the blood pressure.

Review of R3's July 2025 MAR showed an order for Venlafaxine HCl 225 mg daily for depression. On 07/22/2025 through 07/30/2025, ALF staff documented R3 received a "partial administration" of the medication. A progress note dated 07/22/2025 showed

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 2 of 7 Residents (Resident 3 and 7 [R3 and 7]) received their medications as prescribed. This failure placed the residents at risk of a potential decline in their health status.

Findings included…

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"partial dose refill ordered."

During an interview on 07/31/2025 at 9:45 AM, Staff L, Medication Technician stated the ALF had Venlafaxine HCl 150 mg capsules in R3's medication supply, but that the ALF ran out of Venlafaxine HCl 75 mg tablets which would total 225 mg when given together. Staff L stated they were unaware if R3's physician had been notified that the resident did not receive the entire dose of the medication for nine days.

Resident 7
Review of the MAR for July 2025 showed an order for Amlodipine Besylate 5 mg tablet to be taken one time a day for high blood pressure. The order included instructions to hold the medication if the systolic blood pressure was less than 110. There were no recorded blood pressures between 07/02/2025 and 07/24/2025.

During an interview on 08/04/2025 at 12:25, Staff B, Resident Care Director, said the order to take the blood pressure was on the MAR but there was no place to record the result.

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Administrator (or Representative) [signature] Date 8-14-25

“partial dose refill ordered.”

During an interview on 07/31/2025 at 9:45 AM, Staff L, Medication Technician stated the ALF had Venlafaxine HCl 150 mg capsules in R3’s medication supply, but that the ALF ran out of Venlafaxine HCl 75 mg tablets which would total 225 mg when given together. Staff L stated they were unaware if R3’s physician had been notified that the resident did not receive the entire dose of the medication for nine days.

Resident 7
Review of the MAR for July 2025 showed an order for Amlodipine Besylate 5 mg tablet to be taken one time a day for high blood pressure. The order included instructions to hold the medication if the systolic blood pressure was less than 110. There were no recorded blood pressures between 07/02/2025 and 07/24/2025.

During an interview on 08/04/2025 at 12:25, Staff B, Resident Care Director, said the order to take the blood pressure was on the MAR but there was no place to record the result.

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_____ _____
Administrator (or Representative) Date