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

12/11/2024

KGC SHORELINE OPERATOR INC
Brookdale Harbor Bay
9324 NORTH HARBORVIEW DR
GIG HARBOR, WA 98332

RE: Brookdale Harbor Bay # 1912

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51349 (Completion Date 12/11/2024) and 47826 (Completion Date 10/08/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/11/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

The Department staff who did the On Site verification:
Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

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

Sincerely,

Manfay Chan, 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

Statement of Deficiencies	License #: 1912	Compliance Determination # 47826
Plan of Correction	Brookdale Harbor Bay	Completion Date
Page 1 of 4	Licensee: KGC SHORELINE OPERATOR INC	10/08/2024

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 on 09/26/2024 and 09/27/2024 of:
Brookdale Harbor Bay
9324 NORTH HARBORVIEW DR
GIG HARBOR, WA 98332

The following sample was selected for review during the unannounced on-site visit: 6 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

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

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.

10/21/2024

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.

Statement of Deficiencies	License #: 1912	Compliance Determination # 47826
Plan of Correction	Brookdale Harbor Bay	Completion Date
Page 2 of 4	Licensee: KGC SHORELINE OPERATOR INC	10/08/2024

Angie Chaney
Administrator (or Representative)

10/30/24
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure a Washington State Name and Date of Birth Background Check was submitted for 1 of 6 sampled staff (Staff B) within one business day of hire. This failure placed 28 of 28 residents at risk of having care and services provided by staff with a potential disqualifying crime.

Findings included ..

Review of staff records showed Staff B, Medical Technician, was hired on 06/13/2024. The Washington State Name and Date of Birth Background Check showed a completion date of 06/28/2024.

In an interview on 09/27/2024 at 2:15 PM with Staff A, Executive Director (ED) a request was made for Staff B's Washington State Name and Date of Birth Background Check. Staff A, ED, said this would be sent electronically.

A Record Review of an email received at 5:09 PM on 09/27/2024 from Staff A, Executive Director, showed the Washington State Name and Date of Birth Background Check for staff B was completed on 06/28/2024.

Plan/Attestation Statement

Statement of Deficiencies	License #: 1912	Compliance Determination # 47826
Plan of Correction	Brookdale Harbor Bay	Completion Date
Page 3 of 4	Licensee: KGC SHORELINE OPERATOR INC	10/08/2024

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, Brookdale Harbor Bay is or will be in compliance with this law and / or regulation on (Date) 10/30/24 .

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

Angie Chavez 10/30/24

Administrator (or Representative) Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to keep 1 of 11 fire extinguisher encasements in safe and good repair. This failure placed 28 of 28 residents at risk of a potential injury from exposure to cracked and sharp plexiglass edges from a fire extinguisher encasement.

Findings included...

An observation on 09/26/2024 at 9:49 AM of the second-floor hallway, left of the nurse's station, showed cracked, jagged broken plexiglass in the fire extinguisher encasement. The sharp jagged edges of the broken plexiglass were exposed to residents.

In an interview on 09/27/2024 at 3:55 PM Staff A, Executive Director (ED) said the residents frequently hit the fire extinguisher encasements causing damage to the encasements. Staff A, ED, said the broken Plexi-glass encasement located on the first floor would be replaced.

Statement of Deficiencies	License #: 1912	Compliance Determination # 47826
Plan of Correction	Brookdale Harbor Bay	Completion Date
Page 4 of 4	Licensee: KGC SHORELINE OPERATOR INC	10/08/2024

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, Brookdale Harbor Bay is or will be in compliance with this law and / or regulation on (Date) 10/30/24.

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

Angie Chaney
Administrator (or Representative)

10/30/24
Date