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

One Mallards Landing, LLC
The Lodge at Mallard's Landing
7083 Wagner Way NW
Gig Harbor, WA 98335

RE: The Lodge at Mallard's Landing License # 2064

Dear Administrator:

This letter addresses Compliance Determination(s) 55257 (Completion Date 02/24/2025) and 52272 (Completion Date 12/30/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/24/2025 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b

The Department staff who did the on-site verification:
Kathy Heinz, Long Term Care Surveyor

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

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

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

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 an unannounced on-site follow-up on 12/27/2024 and 12/27/2024 of:

The Lodge at Mallard's Landing
7083 Wagner Way NW
Gig Harbor, WA 98335

This document references the following SOD dated: 12/30/2024

The following sample was selected for review during the unannounced on-site visit: 7 of 0 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

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.

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.

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

Administrator (or Representative) Date

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

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 2 of 9 staff (Staff B and C) were delegated by a Registered Nurse (RN) delegator to administer two types of insulin to 1 of 4 sampled residents (Resident 1 [R1]). This failure resulted in residents receiving medications from staff untrained to administer them and placed residents at risk of harm and decline in their health status.

Findings included...

Review of the Nurse Delegation: Nursing Visit form dated 11/25/2024, showed R1 required delegated staff to administer insulin and check blood sugars.

Review of the December 2024 Medication Administration record (MAR) for R1 showed an order for Basaglar (insulin) to be administered at 8:00 am. Staff B, Caregiver, administered the insulin eight times and Staff C, Caregiver, administered the insulin one time.

Review of the December 2024 MAR for R1 showed an order for Novolog (insulin) to be administered three times a day before meals per the sliding scale. Staff B checked R1's blood sugar and administered the insulin 10 times and Staff C checked R1's blood sugar and administered the insulin three times.

Staff A was interviewed on 12/27/24 at 11:00 AM. Staff A said she thought Staff B was delegated by the previous delegating RN. Staff A said Staff C was being trained to administer medications and was not delegated.

This is an uncorrected deficiency previously cited on 10/15/2024.

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

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 Lodge at Mallard's Landing 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
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 on 09/30/2024, 09/30/2024, 10/01/2024, 10/03/2024, 10/04/2024, 10/07/2024 and 10/08/2024 of:

The Lodge at Mallard's Landing
7083 Wagner Way NW
Gig Harbor, WA 98335

The following sample was selected for review during the unannounced on-site visit: 12 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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.

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.

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Administrator (or Representative) Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observations, record reviews, and interview, the Assisted Living Facility (ALF) failed to ensure assessments for the safe use of medical devices (bed canes and side rails) were completed for 6 of 9 sampled residents (Resident 1 [R1], Resident 2 [R2], Resident 5 [R5], Resident 6 [R6], Resident 7 [R7], and Resident 8 [R8]). This failure placed the residents at risk of physical injury and decreased quality of life.

Findings included...

R1
Observation on 10/03/2024 at 2:30 PM showed bilateral (both sides of the bed) side rails attached to R1’s bed. Review of R1's record failed to show an assessment for the use of the side rails.

R2
Observation on 10/01/2024 at 11:00 AM showed a bed cane attached to R2’s bed. Review of R2's record failed to show an assessment for the use of the bed cane.

R5
Observation on 09/30/2024 at 1:30 PM showed a bed cane attached to R5’s bed. Review of R5's record failed to show an assessment for the use of the bed cane.

R6
Observation on 09/30/2024 at 2:00 PM showed bilateral side rails attached to R6’s bed. Review of R6's record failed to show an assessment for the use of the side rails.

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R7
Observation on 10/03/2024 at 3:00 PM showed bilateral side rails attached to R7's bed. Review of R7's record failed to show an assessment for the use of the side rails.

R8
Observation on 09/30/2024 at 2:15 PM, showed bilateral side rails attached to R8's bed. Review of R8's record failed to show an assessment for the use of the side rails.

Staff B, Director of Wellness said during an interview on 10/03/2024 at 11:00 AM, "there were no assessments for the use of the bed canes or side rails."

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

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

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to ensure 13 Staff (Staff D, E, F, G, H, I, J, K, L, M, N, O and P) were delegated by a Registered Nurse (RN) to administer medications to 6 of 6 sampled Residents (Resident 1[R1], Resident 5 [R5], Resident 6 [R6], Resident 7 [R7], Resident 8 [R8], and Resident 9 [R9]). These residents required staff to crush their medications, administer oral medications, administer behavior medications as needed, instill eye drops, and/or apply medication to their skin (topical) after the RN verified staff qualifications and provided staff training. This failure placed the residents at risk of decline in their health status from receiving medications incorrectly by unqualified and/or untrained staff.

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

Findings included...

R1
Review of R1's Medication Administration Record (MAR) dated September 2024 showed orders for multiple oral medications, eye drops, nasal sprays and topicals. The MAR showed the following:
Staff L, Caregiver, administered Acetaminophen, Buspirone, Gabapentin, Hydrocodone, Methocarbamol, Rosuvastatin on 09/05/2024.
Staff O, Medication Technician, administered Acetaminophen, Buspirone, Gabapentin, Hydrocodone, Methocarbamol and Rosuvastatin on 09/11/2024, 09/12/2024 and 09/13/2024.
Staff P, Medication Technician, administered Acetaminophen, Allopurinol, Buspirone, Clopidogrel, Ferrous Sulfate, Finasteride, Fluoxetine, Gabapentin, Hydrocodone, Methocarbamol, Pantoprazole, Tamsulosin, Torsemide and Vitamin B on 09/10/2024, 09/11/2024, 09/12/2024, 09/13/2024, 09/28/2024, 09/29/2024 and 09/30/2024.

Review of the Nurse Delegation: Nurse Delegation form dated 02/22/2024 failed to show Staff L, O, and P were delegated to administer oral medications to R1 by Staff B, RN/Wellness Director.

R5
Review of R5's MAR for September 2024, showed an order for routine and sliding scale insulin to be administered three times per day. Between 09/01/2024 and 09/30/2024, Staff G, Medication Technician, administered insulin six times, Staff J, Medication Technician, administered insulin seven times, Staff K, Medication Technician, administered insulin eight times, Staff L and Staff M, Caregiver, administered insulin one time, and Staff N, Caregiver, administered insulin three times.

Review of the Nurse Delegation: Nurse Visit Form dated 02/22/2024 failed to show Staff G, J, K, L, M, and N were delegated to administer insulin to R5 by Staff B.

R6
Review of R6's September 2024 MAR showed Triamcinolone Acetonide 0.1%, a medicated cream, with instructions to apply the medication two times a day to R6's skin. The MAR showed the following: Staff D, Caregiver, applied the cream 13 times; Staff E, Medication Technician, applied the cream nine times; and Staff F, Medication Technician, applied the cream 13 times.

Review of a document "Nurse Delegation: Nursing Visit" dated 02/22/2024 showed Nurse Delegation was required for staff to administer medications to R6. The document failed to show Staff D, Staff E, and Staff F were delegated by Staff B to administer the medication to R6.

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R7
Review of R7's September 2024 MAR showed Calmoseptine, a medicated ointment, with instructions to apply the ointment two times a day to R7's skin. The MAR showed the following: Staff D applied the ointment two times; Staff E applied the ointment two times; Staff F applied the ointment two times; Staff G applied the ointment one time; Staff H, Medication Technician, applied the ointment one time; Staff I, Medication Technician, applied the ointment three times.

Review of R7's September 2024 MAR showed Triamcinolone Acetonide 0.1%, a medicated cream, with instructions to apply the medication two times a day to R7's skin. The MAR showed Staff E applied the cream nine times.

Review of a document "Nurse Delegation: Nursing Visit" dated 02/22/2024 showed Nurse Delegation was required for staff to administer topical medications to R7. The document failed to show Staff D, E, F, G, H, and I were delegated by Staff B to administer the medications to R7.

R8
Review of R8's September 2024 MAR showed Olopatadine HCL 0.2%, medicated eye drops, to be administered daily to R8's eyes. The MAR showed Staff G administered the eye drops to R8 on 09/25/2024.

Review of a document "Nurse Delegation: Nursing Visit" dated 02/22/2024 showed R8 required staff to administer the eye drops to their eyes. The document failed to show Staff G was delegated by Staff B to administer the medication to R8.

R9
Review of R9's September 2024 MAR showed Hydroxyzine HCL 10 milligram tablet with instructions to administer the medication to R9 as needed for anxiety. The MAR showed Staff D administered the medication to R9 on 09/11/2024.

Review of a document "Nurse Delegation: Nursing Visit" dated 02/22/2024 showed R9 required Nurse Delegation for staff to administer the medication as needed for anxiety. The document failed to show Staff D was delegated by Staff B to administer the medication to R9.

During an interview on 10/03/2024 at 11:00 AM, Staff B stated that she delegated all staff who gave medications, but stated she did not update the Nurse Delegation forms after 02/22/2024 with staff names.

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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 Lodge at Mallard's Landing 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

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

This requirement was not met as evidenced by:

Based on records review and interview, the facility failed to ensure staff checked 3 of 3 sampled residents (Resident 5 [R5] , Resident 7 [R7] and Resident 9 [R9's]) blood pressure prior to giving medications used to treat high blood pressure. This failure placed residents at risk of a decline in their health status.

Findings included…

R5
Review of the Medication Administration Record (MAR) showed an order for Lisinopril 10 milligrams (mg) tablet to be given one time a day. The order read to hold the medication if the systolic blood pressure (top number of a blood pressure reading) was less than 100. The start date was 06/28/2024. Staff failed to take R5’s blood pressure prior to administering the medication between 07/01/2024 and 07/18/2024.

R7
Review of R7’s July 2024 and August 2024 MARs showed Losartan Potassium 50 mg daily for blood pressure with instructions to hold (not give) the medication if R7’s systolic blood pressure was less than 110, and/or if R7’s heart rate was less than 60. The MARs showed R7’s Losartan Potassium was given by staff from 07/01/2024 through 08/25/2024 when R7’s blood pressure and heart rate were not measured.

R9
Review of R9’s July 2024 and August 2024 MARs showed Losartan Potassium 50 mg daily for blood pressure with instructions to hold the medication if R9’s systolic blood

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pressure was less than 110, or if R9's diastolic (bottom number) blood pressure was less than 60. The MARs showed R9's Losartan Potassium was given by staff from 07/01/2024 daily through 08/16/2024 when R9's blood pressure was not measured.

During an interview on 10/03/2024 at 11:00 AM, Staff B, Wellness Director stated she added the blood pressure and pulse sections to R5, R7, and R9's MARs when she noticed they were missing.

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 Lodge at Mallard's Landing 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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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One Mallards Landing, LLC
The Lodge at Mallard's Landing
7083 Wagner Way NW
Gig Harbor, WA 98335

RE: The Lodge at Mallard's Landing # 2064

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/15/2024 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 many deficiency listed on the enclosed report; and
- May inspect your program 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 Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, 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 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Enhanced services facilities.

Staff C was hired on 05/17/2024 by the Assisted Living Facility as a caregiver. Staff C did not complete caregiver training by the 120 days after date of hire. Staff C began caregiver training on 10/14/2024.

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 Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

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If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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