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

Greenlake Management Gig Harbor, LLC
Gig Harbor Memory Care
3025 14TH AVE NW
GIG HARBOR, WA 98335

RE: Gig Harbor Memory Care License # 2627

Dear Administrator:

This letter addresses Compliance Determination(s) 43059 (Completion Date 06/20/2024) and 39198 (Completion Date 05/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/20/2024 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-2640-1-a

The Department staff who did the on-site verification:
Michael Goulet, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Gig Harbor Memory Care
Provider Type: Assisted Living Facility
License/Cert.#: 2627
Compliance Determination #: 39198
Intake ID: 123733
Investigator: Michael Goulet
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 04/02/2024 through 05/03/2024
Complainant Contact Date(s): 04/01/2024, 05/06/2024

Allegation(s):

1) Resident found in bed with urine soaked clothing (no date or details provided)
2) Resident's clothing missing
3) POA/ physician not notified of change in condition prior to hospitalization, not notified of need for disposable briefs

Investigation Methods:

Sample:	Total residents: Resident sample size: 7 Closed records sample size: 1
Observations:	General environment Residents in their rooms Staff to resident interactions
Interviews:	Staff (named resident passed prior to investigation)
Record Reviews:	Facility Progress Notes

Investigation Summary:

1) The named resident had passed at hospital prior to start of investigation, and was not able to be observed or interviewed at the facility. Per observation of peers over several onsite visits to the facility, no lack of appropriate care was noted related to incontinence issues. Unable to substantiate allegation.
2) As above, the named resident was no longer at the facility or available for interview at the time of investigation. Per observation of peers and their clothing in the facility, no issues were noted. Per staff interview, there had been no complaint of missing clothing stated by the resident or their family. Unable to substantiate allegation.
3) Per record review of progress notes for the named resident, several issues were noted during the resident's stay at the facility which should have warranted notification to the resident's primary care physician (PCP) and POA, including multiple instances where injuries or harmful behaviors were noted, complaints of pain by the resident and inability on the part of the resident to bear weight. There was no indication per facility documents that the facility had notified the resident's POA or PCP in regard to these issues. Per interview with facility resident care coordinator (RCC), the facility's former

director of nursing services (DNS) did not document any notification to any party regarding these issues and changes in condition for the named resident.
Citer per WAC 388-78A-2640 (1a) Reporting Significant Change in a Resident's Condition

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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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Statement of Deficiencies	License #: 2627	Compliance Determination #39198
Plan of Correction	Gig Harbor Memory Care	Completion Date
Page 1 of 3	Licensee: Greenlake Management Gig Harbor, LLC	05/03/2024

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 an unannounced on-site complaint investigation on 04/02/2024 and 05/03/2024 of:

Gig Harbor Memory Care
3025 14TH AVE NW
GIG HARBOR, WA 98335

This document references the following complaint number(s): 123733

The following sample was selected for review during the unannounced on-site visit: 7 of 0 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Michael Goulet, 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.

Residential Care Services

05/07/2024
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.

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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Residential Care Services _____ Date _____

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Paulette M. Stahl
Administrator
Administrator (or Representative)

05-10-24
Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

This requirement was not met as evidenced by:

Based on interviews and record review the Assisted Living Facility (ALF) failed to provide notification to the power of attorney or primary care physician in relation to injuries and change in condition for 1 of 1 resident (R1). This failure placed the resident at risk for further physical harm and reduced the likelihood of the resident receiving needed medical care.

Findings included...

During an interview on 04/01/2024 at 3:05pm, the named resident's (R1) power of attorney (POA) stated that the resident had been walking without assistance upon admission to the facility ([redacted]/2024) and three weeks later was noted to be using a wheelchair for ambulation. The POA stated that they had not been notified of any change in the resident's condition by the facility staff and that R1 had been diagnosed at the hospital ([redacted]/2024) with [redacted] and [redacted] as well as an [redacted] (hospital records were requested from CHI Franciscan Health on 04/01/2024 by this investigator but none were received as of this writing).

During an interview on 05/03/2024 at 9:10am, Staff B, the facility Resident Care Coordinator stated that they had advised Staff A, the facility's former Director of Nursing Services to document notification to residents' physicians and family members in writing, and to utilize fax communication when feasible, to support that necessary communication had been made, but that the former DNS didn't seem to understand the importance of this action. Staff B stated there was no written record of the former DNS making any notification to either R1's PCP or POA in relation to changes in condition noted for R1 in the facility progress notes.

Record review on 04/17/2024 at 7:00am of facility progress notes for R1 showed that the resident was noted to be unable to bear weight on their own on 03/04/2024, that R1 had been 'throwing himself on the floor' and urinating on the floor on 03/07/2024, that injuries had been noted to R1 on 03/13/2024 and 03/14/2024, that R1 had complained of pain (not previously noted) on 03/19/2024 and 03/21/2024, and that R1 was having difficulty standing and continuing to complain of pain during transfers on 03/22/2024. R1

Administrator (or Representative) Date

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was sent to hospital on [redacted]2024 after being found unresponsive to stimuli other than pain.

This is a recurring deficiency previously cited on 01/29/2024.

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, Gig Harbor Memory Care is or will be in compliance with this law and / or regulation on (Date) 05.10.24

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

Paulette M. Stahl
Administrator

Administrator (or Representative)

5.10.24
Date

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_____ _____

Administrator (or Representative) Date