STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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

RE: Brookdale Harbor Bay License # 1912

Dear Administrator:

This letter addresses Compliance Determination(s) 77632 (Completion Date 05/22/2026) and 74149 (Completion Date 03/18/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/22/2026 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-24642, WAC 388-78A-24642-1, WAC 388-78A-2468-1, WAC 388-78A-2474, WAC 388-78A-2474-2, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-3, WAC 388-78A-2474-6, WAC 388-78A-3090, WAC 388-78A-3090-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-c

The Department staff who did the on-site verification:
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit D
Residential Care Services

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Statement of Deficiencies	License #: 1912	Compliance Determination #74149
Plan of Correction	Brookdale Harbor Bay	Completion Date
Page 1 of 7	Licensee: KGC SHORELINE OPERATOR INC	03/18/2026

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 03/11/2026 and 03/16/2026 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: 5 of 30 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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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.

Laurie Anderson
Residential Care Services

03/25/2026
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.

Angie Charley
Administrator (or Representative)

04/10/26
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a national fingerprint background check for 1 of 1 sample staff (Staff D). This failure placed all 43 residents at risk of abuse, neglect, or exploitation from a caregiver with an unknown background.

Findings included...

Review of the facility personnel records showed the facility hired Staff D, Care Partner, on 08/18/2025. The records showed no documentation that the facility submitted a National Fingerprint background check on 09/08/2026. The records showed a name and date of birth background check was completed on 09/08/2026.

In an interview on 3/18/2026 at 3:40 PM, Staff G, Executive Director, said that there was no documentation in Staff E's personnel file that showed Staff E completed a National Fingerprint background check.

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, Brookdale Harbor Bay is or will be in compliance with this law and / or regulation on (Date) 04/24/26 .

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

Angie Chaney 04/10/26

Administrator (or Representative) 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 complete a Washington State name and date of birth background check for 1 of 1 sampled staff (Staff D) within one day of the date of hire. This failure placed all 43 residents at risk of abuse, neglect, or exploitation from a caregiver with an unknown background.

Findings included...

Review of the facility personnel records showed the facility hired Staff D, Care Partner, on 08/18/2025. The records showed a name and date of birth background check was completed on 09/08/2026, 386 days after the initial date of hire.

In an interview on 03/12/2026 at 3:40 PM, Staff G, Executive Director, said that the facility completed Staff D's name and date of birth background check late.

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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, Brookdale Harbor Bay is or will be in compliance with this law and / or regulation on (Date) 04/24/26 .

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

Angie Chaney
Administrator (or Representative)

04/10/26
Date

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:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid, and

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on record reviews and interviews, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff A, Staff B, Staff C and Staff D) met al' the training requirements for long-term care workers. This failure placed all 30 residents at risk of receiving care from untrained staff.

Findings included...

CARDIOPULMONARY RESUSITATION (CPR/FIRST AID (FA)
Review of the facility's undated Staff Roster showed the ALF hired Staff A, Medication Technician, on 02/11/2008; Staff B, Care Partner, on 03/08/2026; and Staff C, Care Partner, on 01/11/2026.

Review of Staff A's undated personnel file showed no documentation that Staff A completed and maintained a valid CPR/FA training card within 30 days of their date of hire.

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Review of Staff B's undated personnel file showed no documentation that Staff B completed and maintained a valid CPR/FA training card within 30 days of their date of hire.

Review of Staff C's undated personnel file showed no documentation that Staff C completed and maintained a valid CPR/FA training card within 30 days of their date of hire.

NEW EMPLOYEE ORIENTATION
Review of Staff D's undated personnel file showed no documentation that Staff D completed the required ALF's New Employee Orientation training prior to any routine interaction with residents.

SPECIALTY TRAINING
Review of Staff D's undated personnel file showed no documentation that Staff D completed the required Mental Health specialty training within 120 days of hire.

During an interview on 03/12/2026 at 3:30 PM, Staff G, Executive Director, stated that they were unable to locate any documentation that showed Staff A, Staff B, Staff C, and Staff D completed all the required training.

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) 05/04/26.

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

Angie Chaney
Administrator (or Representative)

04/10/26
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

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

This requirement was not met as evidenced by:

Based on
observation and interviews, the Assisted Living Facility (ALF) failed to provide
30 of 30 residents (Resident 1 through Resident 30) with furnishings that are clean,

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sanitary and in good repair. This failure placed all 30 residents at an increased risk of illnesses from unsafe and
unsanitary living conditions and a decreased quality of life.

Findings
included...

Observation
on 03/11/2026 at 11:00 AM of the main dining and private dining areas showed 28 chairs with peeling and worn upholstery
on the seat of each chair.

During an interview
on 03/12/2026 at 11:00 AM, Collateral Contact 1 (CC1)
shared that they observed the
worn upholstery on the dining room chairs. CC1 stated that they observed
"wet spots" on the chairs, often saturated and soak through the worn areas of
the chairs. CC1 stated that they were concerned about the unsanitary conditions
of the chairs used by the residents. CC1 stated that they had expressed these
concerns to ALF's management.

During an interview on
03/12/2026 at 1:30 PM, Staff G, Executive Director (ED), acknowledged that the
dining room chairs were worn and needed repair or replacement. Staff G stated that they had informed
the corporate staff that the
dining room chairs needed to be repaired or replaced.

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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, Brookdale Harbor Bay is or will be in compliance with this law and / or regulation on (Date) 05/02/26

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

Angie Chaney
Administrator (or Representative)

04/10/26
Date

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