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

06/15/2026

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 78742 (Completion Date 06/15/2026) and 74800 (Completion Date 04/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/15/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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

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

care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(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

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;

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

The Department staff who did the On Site verification:
Cathleen Davis, ALF Licensor

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

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 03/25/2026 and 03/30/2026 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 123 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

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

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 _____

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff's (Staff C) tuberculosis (TB, a communicable disease) first step test results were read within forty-eight to seventy-two hours of the test. This failure placed all 123 residents at risk of exposure to TB.

Findings included…

Review of Staff C's personnel records showed Staff C completed the first step of a TB test on 01/29/2025. There was no documentation that showed Staff C's first step TB test results were read within forty-eight to seventy-two hours of the initial test.

During an interview on 04/08/2026 at 9:36 AM, Staff G, Wellness Coordinator, stated that the previous Director of Wellness oversaw the facility's records management. Staff G stated that they were unaware the TB testing process was not followed.

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

Statement of Deficiencies	License #: 2064	Compliance Determination # 74800
Plan of Correction	The Lodge at Mallard's Landing	Completion Date
Page 3 of 8	Licensee: One Mallards Landing, LLC	04/10/2026

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) 4.17.26

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

Administrator (or Representative) Date 4.17.26

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff B) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. The ALF failed to ensure 1 of 6 sampled staff (Staff C) completed the second step TB test one to three weeks after their initial first step TB test. This failure placed all 123 residents at risk of exposure to TB.

Findings included...

Review of the facility's Staff Roster, dated 03/25/2026, showed the facility hired Staff B, Director of Wellness, on 07/14/2025 and Staff C, Caregiver, on 01/29/2025.

Review of Staff B's personnel records showed Staff B completed the first step TB test on 09/26/2025, 74 days after Staff B was hired by the facility.

Review of Staff C's personnel records showed Staff C completed the first step TB test on 01/29/2025. The records showed the second step TB test was completed on 03/31/2025, more than eight weeks after completion of the first step.

During an interview on 04/08/2026 at 9:36 AM, Staff G, Wellness Coordinator, stated that the previous Director of Wellness oversaw the facility's records management. Staff G stated that they were unaware the TB testing process was not followed.

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Administrator (or Representative) Date

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Findings included…

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Review of Staff B's personnel records showed Staff B completed the first step TB test on 09/26/2025, 74 days after Staff B was hired by the facility.

Review of Staff C's personnel records showed Staff C completed the first step TB test on 01/29/2025. The records showed the second step TB test was completed on 03/31/2025, more than eight weeks after completion of the first step.

During an interview on 04/08/2026 at 9:36 AM, Staff G, Wellness Coordinator, stated that the previous Director of Wellness oversaw the facility's records management. Staff G stated that they were unaware the TB testing process was not followed.

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Statement of Deficiencies	License #: 2064	Compliance Determination # 74800
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Page 4 of 8	Licensee: One Mallards Landing, LLC	04/10/2026

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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 4.17.26

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:

(a) Orientation and safety;

(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

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff C, Staff D, Staff E, and Staff F) met all the training requirements for long-term care workers. This failure placed all 123 residents at risk of receiving care from untrained staff.

Findings included...

Review of the facility's Staff Roster, dated 03/25/2026, showed the ALF hired Staff C, Caregiver, on 01/29/2025; Staff D, Caregiver, on 12/18/2024; Staff E, Caregiver, on 06/18/2023; and Staff F, Caregiver, on 11/02/2021.

CARDIOPULMONARY RESUSITATION/FIRST AID (CPR/FA)
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.

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Plan/Attestation Statement

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Findings included…

Review of the facility's Staff Roster, dated 03/25/2026, showed the ALF hired Staff C, Caregiver, on 01/29/2025; Staff D, Caregiver, on 12/18/2024; Staff E, Caregiver, on 06/18/2023; and Staff F, Caregiver, on 11/02/2021.

CARDIOPULMONARY RESUSITATION/FIRST AID (CPR/FA)
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.

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

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

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

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

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

During an interview on 03/26/2026 at 2:40 PM Staff B, Director of Wellness, said that they took Mental Health and Dementia training during nursing college coursework and thought the training they completed in college counted toward the required Department of Social and Health Services specialty training.

During an interview on 03/26/2026 at 2:30 PM, Staff G, Wellness Coordinator, stated that they were unable to locate any documentation that showed Staff B, Staff C, Staff D and Staff E 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, The Lodge at Mallard's Landing is or will be in compliance with this law and / or regulation on (Date) 4.17.26 .

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

Administrator (or Representative) 4.17.26 Date

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

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

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

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

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

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

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

_____ _____
Administrator (or Representative) Date

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

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 record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) for 2 of 6 sampled staff (Staff B and Staff C) within one day of hire. This failure placed all 123 residents at risk of abuse, neglect, or exploitation from caregivers with unknown backgrounds.

Findings included…

Review of the undated facility personnel records showed the facility hired Staff B, Director of Nursing, on 07/14/2025 and Staff C, Caregiver, on 01/29/2025.

Review of Staff B's records showed no documentation that the facility completed an initial name and date of birth background check within one day of hire, as required. The records showed the facility completed Staff B's name and date of birth background check on 07/25/2025, 11 days after Staff B's date of hire.

Review of Staff C's records showed no documentation that the facility completed an initial name and date of birth background check within one day of hire, as required. The records showed the facility completed Staff C's name and date of birth background check on 06/23/2025, 145 days after Staff C's date of hire.

During an interview on 03/26/2026 at 2:40 PM, Staff H, Assistant Executive Director, said that there was no documentation in Staff B and Staff C's personnel files that showed the facility completed an initial name and date of birth background check when Staff B and Staff C were hired.

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

Statement of Deficiencies	License #: 2064	Compliance Determination # 74800
Plan of Correction	The Lodge at Mallard's Landing	Completion Date
Page 7 of 8	Licensee: One Mallards Landing. LLC	04/10/2026

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) 4.17.26 .

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

Administrator (or Representative) [signature] Date 4.17.26

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete 1 of 6 sample staff (Staff F) Washington state name and date of birth background check every two years, as required. This failure placed all 123 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 F, Caregiver, on 11/02/2021. The records showed a completed Washington state name and date of birth background check on 01/23/2025. The records showed no other background check documentation that showed a BGC was completed in 2023.

In an interview on 04/10/2026 at 12:40 PM, Staff G, Wellness Director, said that there was no documentation in Staff F's personnel file for the previous Washington name and date of birth background checks in 2023.

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Plan/Attestation Statement

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Administrator (or Representative) Date

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Findings included…

Review of the facility personnel records showed the facility hired Staff F, Caregiver, on 11/02/2021. The records showed a completed Washington state name and date of birth background check on 01/23/2025. The records showed no other background check documentation that showed a BGC was completed in 2023.

In an interview on 04/10/2026 at 12:40 PM, Staff G, Wellness Director, said that there was no documentation in Staff F’s personnel file for the previous Washington name and date of birth background checks in 2023.

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Statement of Deficiencies	License #: 2064	Compliance Determination # 74800
Plan of Correction	The Lodge at Mallard's Landing	Completion Date
Page 8 of 8	Licensee: One Mallards Landing, LLC	04/10/2026

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) [signature] Date 4.17.26

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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

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

04/14/2026

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 04/10/2026 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 Return the Plan/Attestation Statement and report with signatures to:

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

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

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/10/2026), no later than 05/25/2026 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 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to ensure 12 of 12 sampled residents signed the Medicaid Policy Agreements. Prior to completion of the full inspection, the facility obtained the resident signatures. Deficiency corrected .

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 You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

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

• Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

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

Enclosure

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