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) 69323 (Completion Date 11/26/2025) and 66422 (Completion Date 10/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2025 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-2210-1-b

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,

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Lodge at Mallard's Landing
License/Cert.#: 2064
Compliance Determination #: 66422
Investigator: Michael Goulet
Provider Type: Assisted Living Facility
Intake ID: 190232
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 09/05/2025 through 10/02/2025
Complainant Contact Date(s): 08/22/2025, 09/17/2025

Allegation(s):

1) Resident given another resident's medication in error by staff, leading to adverse effects (nausea, dizziness)

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment
Interviews:	Residents Staff
Record Reviews:	Facility incident investigation report Medication administration record progress notes staff statement online dosage equivalency calculator <pharmacalculator.github>

Investigation Summary:

1) Per facility investigation report, a facility med tech requested a med tech trainee administer medication (Propranolol 120 milligrams [mg] extended release) to a facility resident. The med tech trainee gave this medication to the named resident in error, without identifying the correct resident prior to administration. Per interview, the named resident stated that they felt nauseous for four days after they received the incorrect medication. Per record review, resident was normally prescribed Metoprolol (medication used to treat high blood pressure), 12.5 milligrams (mg) twice daily, and the medication administered was Propranolol medication (primarily used for anxiety), 120 mg extended release. The administered medication was six times the strength of the two pills the named resident took daily. Dizziness and nausea were known adverse effects of the administered medication.
The facility failed to ensure this medication was administered to the correct resident. Citation issued per WAC 388-78A-2210 (1b) Medication Services.

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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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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 09/05/2025 and 09/24/2025 of:

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

This document references the following complaint number(s): 190232

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 0 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

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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.

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-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure safe medication administration for 1 of 2 residents (Resident 1). This failure caused Resident 1 to experience significant adverse effects (dizziness and nausea) after receiving wrong medications.

Findings included...

Review of a facility incident report, dated 08/07/2025, showed that Resident 1 was supposed to receive Metoprolol (medication used for blood pressure control), 12.5 milligrams (mg). The report showed that instead of Metoprolol, Resident 1 was given Propranolol (a medication used for blood pressure control), 120 mg Extended Release.

Review of an online medication equivalency calculator (pharmacalculator.github) on 09/09/2025 showed that the dosage of Propranolol (120 mg) given to Resident 1 was equivalent to six times the dosage of Metoprolol (12.5 mg twice daily), the medication Resident 1 took daily.

Review of the August 2025 medication administration records for both Resident 1 and Resident 2 showed that the Propranolol medication given to Resident 1 on 08/07/2025 (120 mg Extended Release) was only prescribed for Resident 2.

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Review of Staff B, training med tech's, undated witness statement following the medication error on 08/07/2025 supported that Staff C, Med Tech trainee, did not correctly identify Resident 1 prior to giving Resident 1 the medication intended for Resident 2.

During an interview on 09/05/2025 at 9:35 AM, Staff A, Director of Wellness (DOW), stated that during med tech training, Staff B asked Staff C to administer Resident 2 their beta blocker (Propranolol 120 mg Extended Release). Staff A stated that Staff C incorrectly administered Resident 2's medication to Resident 1.

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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