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

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

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 document references Compliance Determination 73818 (03/16/2026), which included complaint number(s) 211466.

The Department completed a complaint investigation of your Assisted Living Facility on 03/16/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Michael Goulet, Complaint Investigator

Consultation:

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.

Two separate doctors entered orders for the same medication. Both orders were written into the resident's facility medication record by the resident's pharmacy without the discrepancy realized by either the pharmacy or either physician. Facility staff corrected the issue once it was discovered. No harm occurred for the resident.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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

Sincerely,

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

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Residential Care Services
Investigation Summary Report

Provider/Facility: The Lodge at Mallard's Landing
License/Cert.#: 2064
Compliance Determination #: 73818
Investigator: Michael Goulet
Investigation Date(s): 03/03/2026 through 03/16/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 211466
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1) Medication error (old order not discontinued, leading to medication being administered twice daily)

Investigation Methods:

Sample:	Total residents: Resident sample size: 5 Closed records sample size:
Observations:	General environment Resident Condition Residents in their rooms
Interviews:	Residents Staff Person not associated with the facility
Record Reviews:	Medication Error Report Incident Report Physician's orders Medication Administration Record (4)

Investigation Summary:

1) Per interview with facility director of nursing services (DNS), the named resident received an order (on 01/082026) for a medication (Donepezil/ Arricept; for dementia) from their neurologist, but this medication had already been prescribed (on 11/18/2025) by the named resident's primary care physician (PCP). This discrepancy was not noted by the resident's pharmacy staff who entered the order into the facility medication administration record (MAR), or by the resident's PCP. Facility staff did note the second medication order on 02/02/2026 and discontinued administration of the second dose of the medication. Per interviews with staff and resident, no harm was noted for the named resident, and the issue was rectified by the facility prior to investigation.
Cited as a Consultation 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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