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

PSL Associates, LLC
Gig Harbor Court, Independent Living & Assisted Living
3213 45th Street Ct NW
Gig Harbor, WA 98335

RE: Gig Harbor Court, Independent Living & Assisted Living License # 2477

Dear Administrator:

This letter addresses Compliance Determination(s) 51415 (Completion Date 12/09/2024) and 46074 (Completion Date 10/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/09/2024 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-2240

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 Court, Independent Living & Assisted Living
License/Cert.#: 2477
Compliance Determination #: 46074
Investigator: Michael Goulet
Investigation Date(s): 08/22/2024 through 10/22/2024
Complainant Contact Date(s): 08/23/2024, 10/22/2024

Provider Type: Assisted Living Facility

Intake ID: 142125
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1) Resident not administered Lasix (diuretic medication) as ordered
2) Resident not administered Brimonidine (eye drops) as ordered
3) Unclear if facility checked resident's blood glucose as ordered

Investigation Methods:

Sample:	Total residents: Resident sample size: 8 Closed records sample size:
Observations:	General environment Resident Condition Residents in their rooms
Interviews:	Residents Staff Collateral Contacts
Record Reviews:	Resident Assessment and Medication Orders Physician's Orders Medication Administration Records (2) Hospital Medical Records

Investigation Summary:

1) Per interview with facility staff and per record review of the named resident's medication administration records (MAR), the resident was not administered Lasix (diuretic medication) on 7/21/24, 7/22/24 and on 7/24/24 through 7/30/24. This issue was cited as per WAC 388-78A-2240 Nonavailability of Medications.
2) Per record review of the named resident's medication administration records (MAR), the resident was noted to have received eye drops for increased intraocular pressure as ordered, with the only missed administration being due to the resident being out of the facility with family on 8/1/24 at 3:00pm. Attempts were made to receive medical records from the resident's eye clinic (Kaiser Permanente Eye Care-Silverdale), but per Kaiser Permanente (KP) medical records staff, the date of service for the resident stated by both the resident's family, the resident's physician's office staff, and eye clinic staff (7/31/24) was "incorrect", and medical

records staff would not provide what they felt was the "correct" date of service. In lieu of medical records, the resident's eye doctor was interviewed. Per interview, the named resident's eye doctor stated that the resident did have a long history of macular edema related to diabetes mellitus and prior surgery to reduce intraocular pressure. The named resident's eye doctor stated it was not likely that the recent increase in the resident's intraocular pressure was related to any missed medication.
3) Per record review of the named resident's medication administration records (MAR), the resident's blood glucose was monitored twice daily (at 8:00am and 5:00pm) concurrent with the start of orders for Humalog Insulin which began 7/19/24 and continued through 7/31/24 when this order was discontinued. It was also noted in the resident's MAR that the resident's primary care physician (PCP) did write orders for blood glucose monitoring on 8/6/24, and that this monitoring was recorded by facility staff in the resident's MAR. Per record review of the physician's orders for the named resident provided to the facility by the PCP, insulin orders were noted but there was no specific order for blood glucose monitoring from the PCP prior to 8/6/24. Cited as per WAC 388-78A-2240 Nonavailability of Medications, detailed in 1) above.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Gig Harbor Court, Independent Living & Assisted Living
License/Cert.#: 2477
Compliance Determination #: 46074
Investigator: Michael Goulet
Provider Type: Assisted Living Facility
Intake ID: 144730
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 08/22/2024 through 10/22/2024
Complainant Contact Date(s): 09/03/2024, 10/22/2024

Allegation(s):

1) Resident not administered Lasix (diuretic medication) as ordered
2) Resident not administered Brimonidine (eye drops) as ordered
3) Facility did not monitor resident's blood glucose as ordered by their physician
4) Resident's unit not cleaned, and bedding not changed, for several weeks
5) Staff called family "freaking out", due to not knowing that resident had been sent out to hospital
6) Facility did not remind resident to eat an egg (hardboiled) every evening to control blood glucose

Investigation Methods:

Sample:	Total residents: Resident sample size: 8 Closed records sample size:
Observations:	General environment Resident Condition Residents in their rooms Facility and resident rooms (r/t cleanliness/ housekeeping)
Interviews:	Residents Staff Collateral Contacts
Record Reviews:	Resident Assessment and Medication Orders Physician's Orders Medication Administration Records (2) Hospital Medical Records

Investigation Summary:

1) Per interview with facility staff and per record review of the named resident's medication administration records (MAR), the resident was not administered Lasix (diuretic medication) on 7/21/24, 7/22/24 and on 7/24/24 through 7/30/24. This issue was cited as per WAC 388-78A-2240 Nonavailability of Medications.
2) Per record review of the named resident's medication administration records (MAR), the resident was noted to have received eye drops for increased intraocular

pressure as ordered, with the only missed administration being due to the resident being out of the facility with family on 8/1/24 at 3:00pm. Attempts were made to receive medical records from the resident's eye clinic (Kaiser Permanente Eye Care-Silverdale), but per Kaiser Permanente (KP) medical records staff, the date of service for the resident stated by both the resident's family, the resident's physician's office staff, and eye clinic staff (7/31/24) was "incorrect", and medical records staff would not provide what they felt was the "correct" date of service. In lieu of medical records, the resident's eye doctor was interviewed. Per interview, the named resident's eye doctor stated that the resident did have a long history of macular edema related to diabetes mellitus and prior surgery to reduce intraocular pressure. The named resident's eye doctor stated it was not likely that the recent increase in the resident's intraocular pressure was related to any missed medication.
3) Per record review of the named resident's medication administration records (MAR), the resident's blood glucose was monitored twice daily (at 8:00am and 5:00pm) concurrent with the start of orders for Humalog Insulin which began 7/19/24 and continued through 7/31/24 when this order was discontinued. It was also noted in the resident's MAR that the resident's primary care physician (PCP) did write orders for blood glucose monitoring on 8/6/24, and that this monitoring was recorded by facility staff in the resident's MAR. Per record review of the physician's orders for the named resident provided to the facility by the PCP, insulin orders were noted but there was no specific order for blood glucose monitoring from the PCP prior to 8/6/24.
4) Per observation of multiple facility units (7) and interviews with other residents (4) in the facility, there was no indication of any lack of cleanliness or housekeeping services in the facility. No other resident had any complaints regarding the housekeeping services at the facility. Per interview, Kaiser Permanente Home Health (outside licensed nursing staff) nurse who had seen the resident at the facility on multiple occasions stated they had noted no concerns related to the cleanliness of the resident's unit. Unable to substantiate this allegation.
5) Per interview with the staff named by the complainant as calling (executive director, ED), facility staff did know the whereabouts of the named resident as it was facility staff who had sent the resident out to hospital for evaluation. Per the ED, the call was placed to family to check on the resident, and not because the facility staff were unaware of the resident's location. Unable to substantiate this allegation.
6) Per record review of the maned resident's MAR, it was noted that staff were to remind the resident to eat a hardboiled kept in the resident's refrigerator at 9:00pm each evening starting on 7/31/24. Per the MAR, facility staff did sign off as having reminded to do so.
Cited as per WAC 388-78A-2240 Nonavailability of Medications, detailed in 1) above.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2477	Compliance Determination # 46074
Plan of Correction	Gig Harbor Court, Independent Living & Assisted Living	Completion Date
Page 1 of 2	Licensee: PSL Associates, LLC	10/22/2024

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 08/22/2024 and 10/01/2024 of:

Gig Harbor Court, Independent Living & Assisted Living
3213 45th Street Ct NW
Gig Harbor, WA 98335

This document references the following complaint number(s): 142125, 144730

The following sample was selected for review during the unannounced on-site visit. 8 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

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.

10/23/2024

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) 10/28/24 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure that 1 of 1 resident (Resident 1) received their medication as ordered. This failure placed the resident at risk of physical harm.

Findings included...

During an interview on 08/22/2024 at 10:30am, Staff A, facility Executive Director did state they were aware of issues with the medication administration of Lasix (diuretic) for Resident 1, in response to a query about missed medications for Resident 1.

Record review on 08/26/2024 at 7:00am of Resident 1's Medication Administration Record (MAR) for July 2024 showed that Resident 1 did have orders to receive Lasix (diuretic oral medication; 40mg daily), and that that this medication was noted as not being administered to the resident on 07/21/2024, 07/22/2024, 07/24/2024, 07/25/2024, 07/26/2024, 07/27/2024 and 07/30/2024.

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 Court, Independent Living & Assisted Living is or will be in compliance with this law and / or regulation on (Date) 12/5/24.

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

Administrator (or Representative) 10/28/24 Date