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

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

Greenlake Management Gig Harbor, LLC
Gig Harbor Memory Care
3025 14TH AVE NW
GIG HARBOR, WA 98335

RE: Gig Harbor Memory Care # 2627

Dear Administrator:

This document references Compliance Determination 69563 (12/03/2025), which included complaint number(s) 201936.

The Department completed a complaint investigation of your Assisted Living Facility on 12/03/2025 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-2930 Communication system.

(1) The assisted living facility must:

(c) Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.

Prior to the initiation of the investigation, the State investigator placed calls to the facility during "after hours" and the investigator observed the calls were answered immediately by facility staff. Per observation and interview, the facility addressed the non-answering of facility phone calls during off hours and weekends by forwarding all calls to phones carried by staff who were on duty.

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: Gig Harbor Memory Care
Provider Type: Assisted Living Facility

License/Cert.#: 2627
Intake ID: 201936
Compliance Determination #: 69563
Region/Unit #: RCS Region 3 / Unit D
Investigator: Michael Goulet
Investigation Date(s): 12/03/2025 through 12/03/2025
Complainant Contact Date(s): 11/12/2025, 12/03/2025

Allegation(s):
1) Facility did not answer the phone or respond to messages left by the named resident's family requesting return calls in order to speak with the named resident.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	General Environment Phone availability in resident common area Calls to the facility made outside of regular business hours
Interviews:	Staff
Record Reviews:	none applicable

Investigation Summary:
1) Per complainant interview, calls were placed to the facility on Saturday, August 24th, 2025, and Sunday, [redacted], 2025, by the resident's family, with no calls being answered, and messages left not returned the same day. Per complainant, the resident passed on [redacted]/2025 without being able to speak with family members prior to their demise. Per interview with facility executive director (ED), facility staff forward facility calls to the cell phones of staff members on duty, so that staff do not have to be near a land line to answer the facility phone. The ED also stated that the facility ordered cordless handset phones for staff to carry with them, but that they will continue forwarding calls until these phones are in place. Calls placed to the facility outside of regular business hours prior to investigation initiation (on Sunday 11/23/2025 and Sunday 11/30/2025) by this investigator were answered immediately by staff in the facility.
Cited as Consultation per WAC 388-78A-2930 (1c) Communication System, as the issue had been corrected at the time of the investigation.

Conclusion / Action:

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

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