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

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

RE: Gig Harbor Memory Care License # 2627

Dear Administrator:

This letter addresses Compliance Determination(s) 72099 (Completion Date 01/28/2026) and 69226 (Completion Date 12/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/28/2026 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-2980-1

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

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: Gig Harbor Memory Care
Provider Type: Assisted Living Facility

License/Cert.#: 2627
Intake ID: 199631
Compliance Determination #: 69226
Region/Unit #: RCS Region 3 / Unit D
Investigator: Michael Goulet
Investigation Date(s): 11/24/2025 through 12/03/2025
Complainant Contact Date(s):

Allegation(s):

1) Facility power outage on 10/25/2025 from 9:00pm to 11:30am on 10/26/2025
2) Portable genrator used for one resident who periodically uses oxygen concentrator

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 5 Closed records sample size:
Observations:	General environment Resident Condition Residents in facility Availability of food, supplies, utilities, etc. Back up lighting devices for use in power outage
Interviews:	Residents Staff
Record Reviews:	Facility incident report

Investigation Summary:

1) Per resident and staff interviews there were no issues noted concerning heating or food, or provision of care and services by facility staff during the power outage, but both residents and staff did state that there were limited back up lighting devices for use by staff and residents, and that there were not enough back up lighting devices for each resident room to have light as per regulatory requirement (see below). This was supported by observation of back up lighting devices available in the facility, which totaled five battery lanterns and seven flashlights. The facility was noted to have three units with ten (double) bedrooms in each (30 total).
2) Per staff interview, a portable generator was acquired to ensure power supply for the one resident using an oxygen concentrator, and several (five) back up oxygen bottles were also observed in facility storage as a secondary back up.
Cited as per WAC 388-78A-2980 (1) Lighting.

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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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Residential Care Services
Investigation Summary Report

Provider/Facility: Gig Harbor Memory Care
Provider Type: Assisted Living Facility

License/Cert.#: 2627
Intake ID: 201613
Compliance Determination #: 69226
Region/Unit #: RCS Region 3 / Unit D
Investigator: Michael Goulet
Investigation Date(s): 11/24/2025 through 12/03/2025
Complainant Contact Date(s):

Allegation(s):

1) Facility power outage on 11/01/2025 from 9:00pm to 1:00pmam on 11/02/2025
2) No facility generator, so staff have to use their own cell phones to create hot spots to upload medication administration records from facility computers
3) Cold food for breakfast and no hot water for showers

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 5 Closed records sample size:
Observations:	General environment Resident Condition Residents in facility Availability of food, supplies, utilities, etc. Back up lighting devices for use in power outage
Interviews:	Residents Staff
Record Reviews:	none applicable

Investigation Summary:

1) Per resident and staff interviews there were no issues noted concerning heating or food, or provision of care and services by facility staff during the power outage, but both residents and staff did state that there were limited back up lighting devices for use by staff and residents, and that there were not enough back up lighting devices for each resident room to have light as per regulatory requirement (see below). This was supported by observation of back up lighting devices available in the facility, which totaled five battery lanterns and seven flashlights. The facility was noted to have three units with ten (double) bedrooms in each (30 total). Cited as noted below.
2) Per facility executive director (ED) the facility does have paper charts for use in noting medication administration, but facility can use cell phone hot spot (for internet access) to be able to upload data from facility laptop computers as long as there is battery power to the computers. There was no indication of any failed

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practice associated with this action.
3) Per facility ED, food (cold cereal, sandwiches) and hot beverages (cocoa, coffee and soup) were available to residents during the power outage, as gas was still available to heat soup and liquids. Per ED, staff did have enough back up lighting devices to be able to provide for resident care needs (lanterns, flash lights and head lamps for resident care needs, toileting, etc.). Residents interviewed did not state any lack of care and services.
Cited as per WAC 388-78A-2980 (1) Lighting.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2627	Compliance Determination # 69226
Plan of Correction	Gig Harbor Memory Care	Completion Date
Page 1 of 3	Licensee: Greenlake Management Gig Harbor, LLC	12/03/2025

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 11/24/2025 and 12/03/2025 of:

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

This document references the following complaint number(s): 199631, 201613, 200035

The following sample was selected for review during the unannounced on-site visit: 5 of 56 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

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.

Laurie Anderson
Residential Care Services

12/09/2025
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.

Virginia Kurde
Administrator (or Representative)

12-23-2025
Date

WAC 388-78A-2980 Lighting.

(1) The assisted living facility must provide emergency lighting in residents units, dining and activity rooms, laundry rooms, and other spaces where residents may be at the time of a power outage.

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to provide backup lighting devices for 56 of 56 residents (Resident 1 through Resident 56) rooms. This failure placed all 56 residents at risk of potential harm and a decreased quality of life in the event of a power outage.

Findings included...

Observation of resident wings in the facility on 11/24/2025 at 10:20 AM showed that each of the three facility wings contained ten double-occupancy bedrooms, for a total of thirty bedrooms, in addition to bathrooms and common areas.

Observation on 11/24/2025 at 10:20 AM of back up lighting devices (flashlights and battery-operated lanterns) in the facility showed that only a total of seven flashlights and ten battery operated lanterns were available for staff and residents use in the event of a power outage.

During an interview on 11/24/2025 at 10:35 AM, Resident 3 stated that there was no back up lighting in their room during the recent facility power outage.

During an interview on 11/24/2025 at 10:40 AM, Resident 4 stated that there was no back up power, and no back up lighting in their room during the recent facility power outage.

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-2980 Lighting.

(1) The assisted living facility must provide emergency lighting in residents units, dining and activity rooms, laundry rooms, and other spaces where residents may be at the time of a power outage.

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to provide backup lighting devices for 56 of 56 residents (Resident 1 through Resident 56) rooms. This failure placed all 56 residents at risk of potential harm and a decreased quality of life in the event of a power outage.

Findings included...

Observation of resident wings in the facility on 11/24/2025 at 10:20 AM showed that each of the three facility wings contained ten double-occupancy bedrooms, for a total of thirty bedrooms, in addition to bathrooms and common areas.

Observation on 11/24/2025 at 10:20 AM of back up lighting devices (flashlights and battery-operated lanterns) in the facility showed that only a total of seven flashlights and ten battery operated lanterns were available for staff and residents use in the event of a power outage.

During an interview on 11/24/2025 at 10:35 AM, Resident 3 stated that there was no back up lighting in their room during the recent facility power outage.

During an interview on 11/24/2025 at 10:40 AM, Resident 4 stated that there was no back up power, and no back up lighting in their room during the recent facility power outage.

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During an interview on 11/24/2025 at 10:45 AM, Resident 5 stated that there was no back up lighting in their room during the recent facility power outage.

During an interview on 12/03/2025 at 11:40 AM, Staff A (anonymous staff) stated that there were not enough back up lighting devices for each resident room during any facility power outage. Staff A stated that the facility did not take any measures to ensure that more lighting devices were available in the event of any further power outages.

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 Memory Care is or will be in compliance with this law and / or regulation on (Date) 1-17-2026

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

Virginia Kunde — Administrator (or Representative)

12-23-2025 — Date

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

During an interview on 11/24/2025 at 10:45 AM, Resident 5 stated that there was no back up lighting in their room during the recent facility power outage.

During an interview on 12/03/2025 at 11:40 AM, Staff A (anonymous staff) stated that there were not enough back up lighting devices for each resident room during any facility power outage. Staff A stated that the facility did not take any measures to ensure that more lighting devices were available in the event of any further power outages.

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 Memory Care 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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