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

Milton Meridian LLC
The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

RE: The Meridian at Stone Creek License # 2365

Dear Administrator:

This letter addresses Compliance Determination(s) 26388 (Completion Date 08/04/2023) and 22842 (Completion Date 05/10/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2023 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-2483-1, WAC 388-78A-2483-2, WAC 388-78A-2483

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 follow-up on 04/20/2023 and 04/20/2023 of:

The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

This document references the following SOD dated: 05/10/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor
Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor

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.

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-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff C and D) completed the required tuberculosis (TB) testing for new employees. This failure placed all 74 residents at a health risk of TB (a communicable disease).

Findings included...

On 05/10/2023 record review showed the facility “Infection Control 14-Tuberculosis-Care Staff, Policy date: 12-14-2020," stated “#6, (a) staff only takes one test if the staff person has any of the following. (b) negative result from a previous two step. (c) a documented negative result from one skin or blood test in the previous twelve months.”

Record review showed Staff C, Cook, was hired on 04/03/2023 with documentation of one negative TB test on 04/03/2023 and no documentation of a two-step test. Staff D, Caregiver, was hired on 03/15/2023 with documentation of one negative TB test on 03/15/2023 and no documentation of a two-step test.

On 04/20/2023 at 11:45 am, an interview with Staff E, Administrator said she hoped the staff records were completed.

On 04/20/2023 an email was received from Staff E, Administrator, that said she had been trying to get staff to complete TB testing.

This is an uncorrected deficiency previously cited on 02/06/2023.

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 Meridian at Stone Creek 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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Meridian at Stone Creek **Provider Type:** Assisted Living Facility

License/Cert.#: 2365
Compliance Determination #: 19544
Investigator: Lisa Mason
Investigation Date(s): 02/01/2023 through 02/06/2023
Complainant Contact Date(s):

Intake ID: 69185
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
Missing documentation for TB test allowed 1 step of new employees since Nov. 1 2022

Investigation Methods:

Sample:	Total residents: 74 Resident sample size: 0 Closed records sample size: 0
Observations:	General tour
Interviews:	Administrator
Record Reviews:	Staff records for TB tests

Investigation Summary:
During a revisit for licensing deficiencies noted missing documentation for the 1-step TB test requirements.
Failed Practice WAC 388-78A-2483(1)(2) Tuberculosis-One Test

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2365	Compliance Determination # 19544
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 3	Licensee: Milton Meridian LLC	02/06/2023

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 02/01/2023 and 02/01/2023 of:

The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

This document references the following complaint number(s): 69185

The following sample was selected for review during the unannounced on-site visit: 0 of 74 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor

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.

-- Residential Care Services

02/13/2023
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.

Statement of Deficiencies	License #: 2365	Compliance Determination # 19544
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 2 of 3	Licensee: Milton Meridian LLC	02/06/2023

C Schafer
Administrator (or Representative)

2/15/23
Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 10 of 16 staff (Staff C, D, E, F, G, H, I, J, K, and N) was screened to meet the TB second test or documentation requirements of a previous TB test within the last 12 months. This failure placed all 74 ALF residents at risk of TB infection, a communicable disease.

Findings included...

Review of provided records revealed Staff C, Server, received a TB test on 11/08/2022. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff D, Housekeeper, received a TB test on 11/17/2022. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff E, Receptionist, received a TB test on 01/21/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff F, Housekeeper, received a TB test on 12/05/2022. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff G, receptionist, received a TB test on 01/03/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff H, Server, received a TB test on 01/06/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff I, Server, received a TB test on 01/10/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff J, Housekeeper, received a TB test on 01/21/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff K, Activities Director, received a TB test on 01/11/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

Review of provided records revealed Staff N, Server, received a TB test on 01/10/2023. Records failed to reveal results of a second TB test, or a previous TB test given within the last 12 months.

On 02/03/2023, an additional request for TB test results was made by secure email. Staff A, Executive Director, responded by email, stating the facility had sent over all the information they had regarding TB tests.

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 Meridian at Stone Creek is or will be in compliance with this law and / or regulation on (Date) March 15, 2023.

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

C Schafer — Administrator (or Representative)

2/17/23 — Date