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) 28137 (Completion Date 08/17/2023) and 25402 (Completion Date 06/16/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/17/2023 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-2040-2, WAC 388-78A-2040-1

The Department staff who did the off-site verification:
Nareet Bajwa, NCI-ALF 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: The Meridian at Stone Creek **Provider Type:** Assisted Living Facility

License/Cert.#: 2365
Compliance Determination #: 25402
Investigator: Nareet Bajwa
Investigation Date(s): 06/14/2023 through 06/16/2023
Complainant Contact Date(s):

Intake ID: 85631
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):
The facility failed their 3rd fire and life safety inspection on 06/05/23.

Investigation Methods:

Sample:	Total residents: 97 Resident sample size: Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions
Interviews:	Maintenance Director Executive Director
Record Reviews:	Resident Characteristic Roster facility record

Investigation Summary:
Per record review, interviews with staff and administrator, the facility failed 3rd fire and life safety inspection. Failed facility practice identified. See Statement of Deficiency dated 06/16/2023.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2365	Compliance Determination # 25402
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 4	Licensee: Milton Meridian LLC	06/16/2023

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 06/14/2023 and 06/14/2023 of:

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

This document references the following complaint number(s): 85631

The following sample was selected for review during the unannounced on-site visit: 0 of 97 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF 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.

Residential Care Services

06/26/2023
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 # 25402
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Administrator (or Representative) 7/7/23 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to stay in compliance with local and state fire ordinances when the facility failed the fire and life safety inspections on 02/06/2023, 04/11/2023, and 06/05/2023. This failure placed 97 of 97 residents' life and safety at risk in the event of a fire.

Findings included...

Record review on 06/14/2023 of the Washington State Patrol Fire Protection Bureau's Inspection Report dated 06/05/2023 showed that the facility failed the following violations:

"Facility has failed to conduct quarterly inspections of the fire sprinkler system. Sprinkler contractor confirmed that they have not performed quarterly inspections, as they do not have a contract with the facility to perform them."

"Smoking debris observed outside the main entrance."

"Unable to provide cleaning reports for both semi-annual cleanings performed in the past 12 months. Staff stated that service company does not provide reports. Invoice shows that the service report was uploaded to local compliance engine. Facility shall obtain an electronic copy of report to maintain on the premises, per IFC 108.3."

"Unable to provide documentation showing that annual fire-resistance-rated construction inspection was re-conducted per the initial inspection on 02/06/2023.

"Facility failed to have all fire-resistive-rated construction inventoried to use as a reference

for the required annual inspection.

"Unable to provide the list of fire stop materials used by staff to repair each through-penetration serving as evidence of compliance with the building's required fire-resistive rating."

"Fire doors found propped open:
1) Fire door to room E318 - unapproved mag holder installed.
2) Fire door that opens to Legaciesm - door signage required stating 'Fire Door - do not prop open by order of the fire marshal' on both sides of this door."

"FIRE DOORS THAT FAILED TO CLOSE AND LATCH:
1) West Med Room - second floor
2) In door to kitchen from dining room
3) Outdoor to dining room from kitchen"

"Fire alarm pull station by Stairwell 4 was blocked by lounge furniture on Second and Third floors."

"Facility has failed to document monthly load testing of the emergency generator."

During an interview on 06/16/2023 at 2:53pm, Staff A, Executive Director stated that the facility failed the 3rd fire marshal inspection on 06/05/2023 and gave 30 days to fix things.

During an interview on 06/16/2023 at 3:04pm, Staff B, Maintenance Director stated that the Fire Marshal did inspection and found some issues. Staff B stated that the facility failed the 3rd fire marshal inspection. Staff B stated that now all the issues are resolved, and re-inspection was scheduled after 30 days.

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) 7/30/2023 .

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

Statement of Deficiencies	License #: 2365	Compliance Determination # 25402
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Administrator (or Representative) — Date: 7/7/2023

Plan of Correction

Issue	Standard or system	Action Steps	Responsible Party	Target Date
WAC 388-78-2040	Facility should remain in compliance at all times.	**Immediate:** The Executive Director and Maintenance Director took immediate steps to address violations listed on Fire Marshal report **Audit:** On a weekly basis, Executive Director will review building Fire Protection Bureau binder to ensure the required inspections, required reports etc, are in compliance. **Systemic:** The Executive Director has created a binder consisting of Fire Safety required Inspection information and equipment reports. **Monitoring:** Maintenance Director, on a weekly basis, will inspect building to ensure fire safety standards are maintained and address any issues expeditiously. Executive Director will oversee the completion of this task each week.	Executive Director/ Maintenance Director	7/30/2023