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

11/05/2024

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

RE: The Meridian at Stone Creek # 2365

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49864 (Completion Date 11/05/2024) and 45907 (Completion Date 09/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/05/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

The Department staff who did the On Site verification:
Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, 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

Statement of Deficiencies	License #: 2365	Compliance Determination # 45907
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 4	Licensee: Milton Meridian LLC	09/04/2024

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 follow-up on 08/20/2024 and 08/27/2024 of:
The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

This document references the following SOD dated: 09/04/2024

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

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional

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

09/17/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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The department completed data collection for an unannounced on-site follow-up on 08/20/2024 and 08/27/2024 of:

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

This document references the following SOD dated: 09/04/2024

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

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional

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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 2 of 2 staff (Staff A & B) were qualified to medically evaluate staff prior to fit testing (a test designed to verify a respirator fits a user correctly). This failure placed all residents and staff at risk of exposure to infection during an outbreak of a communicable disease.

Findings included...

WAC 296-842-14005:
Provide medical evaluations.
Medical Evaluation Process:
Step 1: Identify employees who need medical evaluations and determine the frequency of evaluations from Table 7. Include employees who:
(a)Are required to use respirators.
Note: You may use a previous employer's medical evaluation for an employee if you can:
1. Show the employee's previous work and use conditions were substantially similar to yours; and
2. Obtain a copy of the licensed health care professional's (LHCP's) written recommendation approving the employee's use of the respirator chosen by you.
Step 2: Identify a licensed health care professional (LHCP) to perform your medical evaluations.
Step 3: Make sure your LHCP has the following information before the evaluation is completed:
(a) Information describing the respirators employees may use, including the weight and type.
(b) How the respirators will be used, including:
(i) How often the respirator will be used, for example, daily, or once a month;
(ii) The duration of respirator use, for example, a minimum of one hour, or up to twelve hours;
(iii) The employee's expected physical work effort;
(iv) Additional personal protective clothing and equipment to be worn;

(v) Temperature and humidity extremes expected during use.
(c) A copy of your written respiratory protection program and this chapter.
Step 4: Administer the medical questionnaire in WAC 296-842-22005 to employees, OR provide them a medical exam that obtains the same information.
Note: You may use online questionnaires if the questions are the same and requirements of this section are met.
(a) Administer the examination or questionnaire at no cost to employees:
(i) During the employee's normal working hours; or
(ii) At a time and place convenient to the employee.
(b) Maintain employee confidentiality during examination or questionnaire administration:
(i) Do not view employee's answers on the questionnaire;
(ii) Do not act in a manner that may be considered a breach of confidentiality.
Note: Providing confidentiality is important for securing successful medical evaluations. It helps make sure the LHCP gets complete and dependable answers on the questionnaire.
(c) Make sure employees understand the content of the questionnaire.
(d) Provide the employee with an opportunity to discuss the questionnaire or exam results with the LHCP.
Step 5: Provide follow-up evaluation for employees when:
(a) The LHCP needs more information to make a final recommendation; or
(b) An employee gives any positive response to questions 1-8 in Part 2 OR to questions 1-6 in Part 3 of the DOSH medical evaluation questionnaire in WAC 296-842-22005.
Note: Follow-up may include:
1. Employee consultation with the LHCP such as a telephone conversation to evaluate positive questionnaire responses;
2. Medical exams;
3. Medical tests or other diagnostic procedures.
Step 6: Obtain a written recommendation from the LHCP that contains only the following medical information:
(a) Whether or not the employee is medically able to use the respirator;
(b) Any limitations of respirator use for the employee;
(c) What future medical evaluations, if any, are needed;
(d) A statement that the employee has been provided a copy of the written recommendation.

Review of the Washington State Board of Nursing Website dated 09/03/2024 showed the following question and answer:
“Is it within the scope of practice of a licensed practical nurse to administer the OSHA (Occupational Safety and Health Administration) Respirator Medical Evaluation Questionnaire in accordance with the OSHA Respirator Protection Standard (29 CFR 1910.134) and perform a respiratory fit test?”

“It is within the scope of the appropriately prepared and competent licensed practical nurse (LPN) to assist an authorized health care practitioner, or the registered nurse, in performing the OSHA Respirator Medical Evaluation Questionnaire and perform a respiratory fit test, following clinical practice standards.”

During an interview on 08/20/2024 at 11:00 AM, Staff A (Executive Director) produced a

binder containing OSHA -Respirator Medical Eval Questionnaire forms filled out by staff working in the facility. Staff A said she, and Staff B (LPN), reviewed the forms and medically evaluated the staff prior to fit testing based on the answers reported on the questionnaire. Staff A said she thought she, and Staff B were qualified to medically evaluate staff to be fit tested.

Review of the facilities "Qualitative Respirator Fit Test Record", dated 07/30/2024 and 08/01/2024, showed Staff A (Executive Director) fit test 23 staff without proper medical evaluation. There were no records from the facility that showed that Staff A was a LHCP to complete the medical evaluations.

This is an uncorrected deficiency previously cited on 06/26/2024.

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, 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
Intake ID: 133789
Compliance Determination #: 42906
Region/Unit #: RCS Region 3 / Unit D
Investigator: Kathy Heinz
Investigation Date(s): 06/18/2024 through 06/26/2024
Complainant Contact Date(s):

Allegation(s):
The facility is not following COVID protocols.

Investigation Methods:

Sample:	Total residents: 69 Resident sample size: 2 Closed records sample size:
Observations:	Personal Protection Supply General tour Residents
Interviews:	Executive Director Director of Nursing
Record Reviews:	COVID policy Narrative Charting Characteristic Roster Staff list Care plan

Investigation Summary:
Based on observation and interview, the facility failed to ensure a supply of respirators (piece of equipment worn on the face to minimize exposure to airborne hazards and prevent the spread of infections) were available for use and staff were fit tested (a test to verify that a respirator correctly fits the user) during an outbreak of an infectious disease. Failure to ensure staff are fit tested and have respirators available to them, placed all residents and staff at risk of contracting an infectious disease during an outbreak.

Findings included...

Observation on 06/20/2024 at 2:00 PM showed a room on the second floor used for storage, contained face shields, gowns, and COVID test kits. There were no N-95 respirators.

Staff A said on 06/20/2024 at 2:00 PM , the facility ran out of respirators during the most recent outbreak and an order had been placed with a large distribution company for N-95 respirators.

Conclusion / Action:

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

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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 complaint investigation on 06/18/2024, 06/18/2024, 06/20/2024 and 06/20/2024 of:

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

This document references the following complaint number(s): 133789

The following sample was selected for review during the unannounced on-site visit: 2 of 69 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kathy Heinz, Long Term Care 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

06/27/2024
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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the facility failed to ensure staff were fit tested (a test designed to verify that a respirator fits the user correctly) with a respirator (piece of equipment worn on the face to minimize exposure to hazards and prevent the spread of infection) when 2 of 69 residents (Resident 1 and 2) tested positive for COVID, and ensure a supply of respirators were available for future use. This failure placed all residents, staff, and visitors at risk of contracting an infectious disease.

Findings included...

Review of Narrative Charting dated 05/31/2024 showed Resident 1 (R1) tested positive for COVID. Staff B, Medication Technician recorded R1's vitals (blood pressure, temperature, pulse) were taken on 06/01/2024, 06/02/2024 and 06/04/2024. Staff C, Medication Technician recorded on 06/02/2024, R1 was assisted with a shower.

Review of the Narrative Charting dated 05/30/2024, showed Resident 2 (R2) tested positive for COVID. Staff B documented on 06/01/2024 and 06/02/2034 R2's vitals were taken.

During an interview on 06/18/2024 at 1:00 PM, Staff A, Executive Director, said R1 and 2 tested positive for COVID. R1 was at the facility for respite and required assistance from caregivers with bathing. When asked if staff were fit tested for the use of respirators, Staff A was unable to provide any documents showing staff were fit tested for a respirator while caring for R1 and 2.

Observation on 06/20/2024 at 2:00 PM, showed a room on the second floor of the facility was used to store personal protection equipment (PPE). Gowns, face shields, gloves and COVID test kits were observed. There were no N-95 respirators.

Staff A said on 06/20/2024 at 2:00 PM the facility did not have any respirators. The respirators had been ordered through a large distribution company. Staff A said the facility ran out of respirators during the COVID outbreak.

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