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) 35104 (Completion Date 01/22/2024) and 26690 (Completion Date 07/27/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/22/2024 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-2100-2-a

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor

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
Intake ID: 88056
Compliance Determination #: 26690
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nareet Bajwa
Investigation Date(s): 07/14/2023 through 07/27/2023
Complainant Contact Date(s):

Allegation(s):
AV's wound dressing was not changed as scheduled.

Investigation Methods:

Sample:	Total residents: Resident sample size: 1 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment wound dressing
Interviews:	Resident staff
Record Reviews:	Resident Characteristic Roster Staff progress notes home health record care plan Assessment facility policy

Investigation Summary:
Per record review, interviews with named resident, and staff, the facility took measures to manage wound but failed to complete the assessment of sampled resident when there was a change of condition. Failed facility practice identified. See Statement of Deficiency dated 07/27/2023.

Conclusion / Action:

☒ 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 # 26690
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 3	Licensee: Milton Meridian LLC	07/27/2023

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 07/14/2023 and 07/14/2023 of:

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

This document references the following complaint number(s): 88056

The following sample was selected for review during the unannounced on-site visit: 1 of 0 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 — 07/31/2023 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.

Administrator (or Representative) 8/18/23 Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to complete the assessment of 1 of 1 sampled resident (Resident 1) when there was a change of condition. This failure placed Resident 1 (R1) at risk for potential negative health outcomes.

Findings included...

Record review on 07/14/2023 showed R1 was admitted to the ALF on [redacted]/2022 with diagnoses which included [redacted] Review of R1's assessment and care plan showed that it was completed on 03/31/2023 and signed on 03/31/2023. There was no updated information for R1 s wound care.

During an interview on 07/14/2023 at 1:25pm, R1 stated that a home health nurse comes to change her wound dressing on Tuesday and Friday. R1 stated they always change her wound dressing as scheduled.

During an interview on 07/14/2023 at 1:50pm, Staff B, Resident Care Director stated on 06/20/2023 she was notified that R1 had an open wound. Staff B stated that she called Dispatch Health, and they did R1's wound dressing. Staff B stated that Dispatch Health made home health referral. Staff B stated that on 06/23/2023 home health came to evaluate R1 and scheduled wound dressing twice a week. Staff B was asked if R1's reassessment and care plan was updated. Staff B stated that wound care was not care planned because home health manages R1 s wound. Staff B was asked how would care staff know about R1 s care and repositioning. Staff B stated that it was not on the care plan, staff just knows that they must reposition R1. Staff was asked what goes on care plan. Staff B stated that anything on assessment goes to care plan.

During an interview on 07/25/2023 at 12:56pm, Staff A, Administrator stated that any change in the resident's care is verbally communicated by Staff B to the Medication Technician and then they communicate to care staff, but moving forward we will do communication in writing. Staff A was asked what you would do if there was a significant

change to a resident's status. Staff A stated that reassessment and care-plan update would be done Staff A stated that R1's wound was a change in condition. Staff A stated that reassessment and care plan should have been updated.

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) 9/14/2023 9/10/23

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

Administrator (or Representative) 08/18/23 Date

Plan of Correction

Issue	Standard or system	Action Steps	Responsible Party	Target Date
WAC 388-78A-2100 388-78A-2120	Ongoing Assessments/Change of Condition	**Immediate:** The RCD, LPN completed a reassessment for this resident and updated the care plan informing care staff of changes. **Audit:** RCD, LPN will review all residents files to ensure there are no concerns that have not been addressed. ED will review results. **Systemic:** Resident changes in conditioned are discussed each day during clinical meeting **Monitoring:** RCD, LPN will review chart notes, outside provider notes, incident reports, end of shift reports for changes of condition each day, RCD will reassess and update care plan as needed. ED is notified when new assessment has been completed.	Resident Care Director/Executive Director	~~9/14/2023~~ CR 9/10/2023