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

05/21/2025

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) 59991 (Completion Date 05/21/2025) and 45650 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

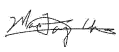
(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

The Department staff who did the On Site verification:
Woodetta Maulana,

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

Sincerely,



Manfay Chan, Allied Health 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:** 141806
**Compliance Determination #:** 45650
**Region/Unit #:** RCS Region 3 / Unit D
**Investigator:** Woodetta Maulana
**Investigation Date(s):** 08/14/2024 through 08/29/2024
**Complainant Contact Date(s):**

**Allegation(s):**

1) named resident who was on hospice did not receive routine showers.
2) named resident was neglected towards the end of their stay at the facility

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents:<br>Resident sample size:<br>Closed records sample size: |
| **Observations:** | staff to resident interaction<br>residents<br>general observation of visit |
| **Interviews:** | staff<br>others not associated with the facility |
| **Record Reviews:** | resident records |

**Investigation Summary:**

1) Unable to substantiate failed facility practice
2) Based on interview and record review the assisted living facility failed to update the negotiated service agreement for named resident following a change in condition.

**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 # 45650 |
|---|---|---|
| Plan of Correction | The Meridian at Stone Creek | Completion Date |
| Page 1 of 3 | Licensee: Milton Meridian LLC | 08/29/2024 |

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 complaint investigation on 08/14/2024 and 08/27/2024 of:

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

This document references the following complaint number(s): 140859, 141806, 141491

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 investigated the Assisted Living Facility:

Woodetta Maulana,

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

08/29/2024
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) 9/9/2024 Date

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

**This requirement was not met as evidenced by:**

Based on interview and record review the assisted living facility (ALF) failed to update the negotiated service agreement for 1 of 3 sampled residents (Resident 1 [R1]) following a change in condition. This failure placed the resident at risk for harm.

Findings included...

Review of R1's records showed that R1 was admitted to the facility on [redacted]/2019, with multiple diagnoses to include [redacted].

Review of the progress notes for May and June 2024 showed R1 had falls on 05/30/2024, 06/03/2024, 06/04/2024, 06/07/2024 and 06/20/2024.

Review of the facility's "Needs and Service Plan" dated 5/1/2024, under the title of "safety," documented R1 had no falls.

In an interview on 08/27/2024 at 12:50 p.m., Staff A, the Executive Director confirmed the "Needs and Service Plan" was the facility's negotiated service agreement. Staff A confirmed the negotiated service agreement had not been updated to include the resident's falls.

| Statement of Deficiencies | License #: 2365 | Compliance Determination # 45650 |
|---|---|---|
| Plan of Correction | The Meridian at Stone Creek | Completion Date |
| Page 3 of 3 | Licensee: Milton Meridian LLC | 08/29/2024 |

**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) 10/13/2024 .

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

Administrator (or Representative) — Date: 9/9/2024