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) 60006 (Completion Date 05/21/2025) and 48328 (Completion Date 10/28/2024).

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-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

WAC 388-78A-3040 Laundry.

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

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: 148094
Compliance Determination #: 48328
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 10/01/2024 through 10/28/2024
Complainant Contact Date(s):

Allegation(s):
Resident to resident

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 2
Observations:	staff to resident interaction resident to resident interaction residents general observation of the facility
Interviews:	staff others not associated with the facility
Record Reviews:	resident records facility investigation report

Investigation Summary:
The assisted living facility failed to follow their policies and procedures when they did not place named resident on daily alert charting each shift

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2365
Intake ID: 148623
Compliance Determination #: 48328
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 10/01/2024 through 10/28/2024
Complainant Contact Date(s):

Allegation(s):
Resident to resident

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 2
Observations:	staff to resident interaction resident to resident interaction residents general observation of the facility
Interviews:	staff others not associated with the facility
Record Reviews:	resident records facility investigation report

Investigation Summary:
The assisted living facility failed to follow their policies and procedures when they did not place named resident on daily alert charting each shift

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2365
Intake ID: 146987
Compliance Determination #: 48328
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 10/01/2024 through 10/28/2024
Complainant Contact Date(s):

Allegation(s):
Resident wet with urine for an extended amount of time

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 2
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	residents records

Investigation Summary:
The facility failed to document investigative findings and actions when there was an allegation of abuse and or neglect

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 # 48328
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 5	Licensee: Milton Meridian LLC	10/28/2024

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 10/01/2024 and 10/01/2024 of:

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

This document references the following complaint number(s): 148094, 148520, 148623, 146987

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 2 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 _____ 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-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to document investigative findings and actions when there was an allegation of abuse and or neglect for 3 of 3 residents (Residents 3, 4 and 5). This failure to document investigative findings lead to gaps in accountability and oversight and placed all residents at risk for harm.

Findings included…

On 10/01/2024 at 1:15 p.m., during an interview, Staff D, Memory Care Director stated Residents 3, 4 and 5 were wet with urine and appeared to have been wet with urine for an extended amount of time. Staff D stated she reported the incident to Staff A, Executive Director and had no further involvement with the investigation process.

On 10/01/2024 at 2:00 p.m., during an interview, Staff A confirmed Staff D reported the incident. Staff A stated she investigated the incident and neglect was unsubstantiated. When asked to provide the investigative action and findings, Staff A stated the facility did not have an incident report and stated the facility did not document investigative findings.

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

WAC 388-78A-3040 Laundry.

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

This requirement was not met as evidenced by:

Based on observation and interview the facility failed to have washing machines that have a continuous supply of hot water with a temperature of 140 degrees Fahrenheit with the addition of chemical sanitizers for 1 of 1 sampled facility laundry room. This failure to meet proper disinfection standards placed all residents at risk of infection and cross contamination.

Findings included…

Observation on 10/01/2024 at 1:40 p.m., with Staff B, Maintenance Director, showed the facility's commercial washing matchiness were out of service. Staff B stated he worked for the facility for three months and the commercial washing machines had not worked since he began working at the facility. Staff B stated housekeeping staff used the residential washing machines to do laundry. When asked about the water temperature, Staff B stated he did not know if the residential washing machines had a continuous supply of hot water with a temperature of 140 degrees Fahrenheit that automatically dispensed a chemical sanitizer. Observation with Staff B showed the residential washing machines did not have a mechanism to show the hot water temperatures, and the washing machines did not dispense a chemical sanitizer.

On 10/01/2024 at 1:45 p.m., during an interview, Staff C, Housekeeping Staff, stated they used the residential washing machines to wash everything. Staff C stated they used laundry soap and confirmed they did not use an additional chemical sanitizer.

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

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility failed to follow their policies and procedures when they did not place 1 of 2 sampled residents (Resident 1) on alert charting daily for each shift when they complained of being touched inappropriately. This failure placed the resident at risk to not receive necessary care and services for possible psychological harm.

Findings included…

The facility's policy and procedures for alert charting dated 06/18/2021 documented, "…Each resident placed on alert charting will be monitored for at least 48 hours following the initiation of alert charting. The Resident Care Director or designee will… monitor the alert charting on a daily basis. There is to be an alert charting entry in the resident record each shift."

Review of Resident 1's (R1) progress note dated 09/21/2024, showed Staff E, Director of Nursing documented, R1 reported they were touched inappropriately. Staff E documented that R1 would be placed on alert charting for potential emotional distress. Further review of the record did not show staff documented an alert charting entry for each shift following the initiation of the alert charting.

During an interview on 10/29/2024, at 10:00 a.m., Staff E confirmed staff did not complete an alert charting entry for each shift.

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