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

08/05/2025

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) 63621 (Completion Date 08/05/2025) and 60522 (Completion Date 06/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/05/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

The Department staff who did the Off Site verification:
Nikolas Jennings, Community Nurse Complaint Investigator

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

STATE OF WASHINGTON

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 follow-up on 06/04/2025 of:

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

This document references the following SOD dated: 06/09/2025

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:

Nikolas Jennings, Community Nurse 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 _____ 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-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.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the facility failed to maintain compliance with the State Fire Marshal codes for Long Term Care facilities. This failure placed 76 of 76 residents, visitors, and all staff in the facility at risk for harm in the event of an emergency.

Findings included…

On 06/04/2025 at 6:06 PM, the Department received a report from the State Fire Marshal office by email. The report dated 06/04/2025 with a status of “Disapproved” showed the facility was out of compliance with the following fire and life safety codes:

“2) Duct and Air Transfer Openings – Maintaining Protection
Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.
(IFC 706.1 2018)
Violation:
Findings during the re-inspection were:
The facilities damper report shows that the following dampers failed:

1. 3rd floor storage
2. 3rd floor laundry
The facility failed to label all damper access panels with the words “Fire Damper”. Letters should be not less than 1 in. (25 mm) in height.

3) Testing and Maintenance
Sprinkler systems shall be tested and maintained in accordance with Section 901.
(IFC 903.5 2021)
Violation:
Findings during the re-inspection were:
Unable to provide fire sprinkler system documentation for the following:
1. Annual standpipe confidence report
2. 3-year full flow trip test report"

Record review of fire marshal non-compliance letter, dated 06/04/2025 showed signed receipt by Staff A, Executive Director.

In an interview on 06/10/2024 at 11:05AM, Staff A, Executive Director, stated that they had received the report of the deficiencies from the state fire marshal and that they were working to correct them.

This is a recurring deficiency on 12/09/2024 and an uncorrected violation previously cited on 03/06/2025.

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

STATE OF WASHINGTON

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 follow-up on 02/26/2025 of:

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

This document references the following SOD dated: 03/06/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Nikolas Jennings, Community Nurse 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 | 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-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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the State Fire Marshal codes for Long Term Care facilities. This placed 76 residents at risk for harm in the event of an emergency.

Findings included…

On 02/13/2025 at 8:43AM, the Department received a report from the State Fire Marshal office by email. The report dated 02/12/2025, with an Approval Status of “Disapproved,” showed the facility was out of compliance with the following codes:

“1) Duct and air transfer openings – maintaining protection
Dampers protecting ducts and air transfer openings shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Other products or materials used to protect the openings for ducts and air transfer openings shall be securely attached to or bonded to the construction containing the duct or air transfer opening, without visible openings through or into the cavity of the construction. Any damaged products or materials protecting duct and air transfer openings shall be repaired, restored or replaced.
(IFC 706.1 2018)
Violation:
Findings during the re-inspection were:
1) Unable to provide documentation showing that all automatic and fusible link fire/smoke dampers in the facility have received inspection and testing in the past four

years, per NFPA 80, 19.5.3. If fusible link dampers have not received inspection/testing in the past four years, service scheduling shall be required.
2) Facility shall label all damper access panels with the words “Fire Damper” in letters not less than 1 in. (25 mm) in height.

2) Testing and Maintenance
Sprinkler systems shall be tested and maintained in accordance with Section 901.
(IFC 903.5 2021)
Violation:
Findings during the re-inspection were:
Unable to provide fire sprinkler system documentation for the following:
- Last annual standpipe confidence report
- Last 3-year full flow trip test report
- Last 5-year inspection/test report(s)
- Last 5-year FDC hydro test report - unknown if conducted, scheduling required

3) Extinguishing System Service
Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.
(IFC 904.13.5.2 2021)
Violation:
Findings during the re-inspection were:
The 10/9/24 kitchen hood suppression system report indicated that the cooking appliances were out of line with the suppression system nozzles, affecting system performance and coverage in the event of an activation. Staff stated that a new range was purchased after the fire in September that was larger than the original one.
Facility shall work with DOH Construction Review Services to ensure that system design provides the correct coverage/protection.
No corrective Cintas report approving appliance location, clearing yellow tag.

4) Maintenance
Emergency and standby power systems shall be maintained in accordance with NFPA 110 and NFPA 111 such that the system is capable of supplying service within the time specified for the type and duration required.
(IFC 1203.4 2021)
Violation:
Findings during the re-inspection were:
1) Unable to provide documentation showing that annual servicing of the emergency backup generator has been performed in the past 12 months.
2) Unable to provide documentation showing that diesel fuel is in compliance with manufacturer’s recommendations – no fuel sample report available.
3) Unable to provide documentation showing the emergency generator has received monthly load tests for the past 12 months.”

In an interview on 02/26/2025 at 10:11AM, Staff A, Executive Director, stated that

following the fire marshal visit on 02/12/2025, they had received a report from the State Fire Marshal showing that they were out of compliance in several key areas.

This is an uncorrected citation previously cited on 12/09/2024.

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: 151302
Compliance Determination #: 50450
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nikolas Jennings
Investigation Date(s): 12/05/2024 through 12/09/2024
Complainant Contact Date(s):

Allegation(s):
1) Life safety: Facility is out of compliance with fire marshal regulations

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 3 Closed records sample size: 0
Observations:	Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Executive Director Fire Marshal Resident Care Director Maintenance Mechanic
Record Reviews:	Fire Marshal non compliance letter

Investigation Summary:
1) Life safety: Facility is out of compliance with fire marshal regulations. Facility had its initial visit in July from the fire marshal, and after a second visit from the fire marshal remains out of compliance. Failed practice identified.

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 # 50450
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 4	Licensee: Milton Meridian LLC	12/09/2024

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 12/05/2024 and 12/05/2024 of:

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

This document references the following complaint number(s): 150521, 151302

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse 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 _____ 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-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.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the facility failed to stay in compliance with the State Fire Marshal codes for Long Term Care facilities. This failure placed 76 of 76 residents, visitors, and all staff at the facility at risk for harm in the event of a fire.

Findings included…

Per record review of the State Fire Marshal's Office Letter of Non-Compliance from the State Fire Marshal's office, it states that on 09/25/2024 the Office of the State Fire Marshal conducted a re-inspection of the Meridian at Stone Creek with the violations listed below that had not been corrected.

1) Circuit Identification and Assessibility
Findings during the re-inspection were:
Fire alarm circuit breaker in the main electrical room--Panels--was found missing the required lock device--locking breaker in the "ON" position.

2) Owner's Responsibility
Findings during the re-inspection were:
Unable to provide last annual inspection of all fire-resistant-rated construction assemblies in the building, or record of repairs.

3) Inspection and maintenance
Findings during the re-inspection were:
Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months.

4) Door Operation
Findings during the re-inspection were:
Both 'in' and 'out' fire-rated doors between kitchen and dining room have had the lever/latch hardware removed and replaced with keyed deadbolt lock; doors no longer

latch.

5) Duct and air transfer openings – maintaining protection
Findings during the re-inspection were:
1) Unable to provide documentation showing that all automatic and fusible link fire/smoke dampers in the facility have received inspection and testing in the past four years, per NFPA 80, 19.5.3. If fusible link dampers have not received inspection/testing in the past four years, service scheduling shall be required.
2) Facility shall label all damper access panels with the words “Fire Damper” in letters not less than 1 in. (25 mm) in height.

6) Testing and Maintenance
Findings during the re-inspection were:
Unable to provide fire sprinkler system documentation for the following:
- Last annual forward flow test report - not conducted, scheduling required
- Last annual standpipe confidence report
- Last 3-year full flow trip test report - conducted May 2023
- Last 5-year inspection/test report(s) - conducted Feb. 2020
- Last 5-year FDC hydro test report - unknown if conducted, scheduling required

7) Extinguishing System Service
Findings during the re-inspection were:
Found kitchen hood suppression system past due for semi-annual servicing - last performed in May 2023.

8) Maintenance
Findings during the re-inspection were:
1) Unable to provide documentation showing that annual servicing of the emergency backup generator has been performed in the past 12 months.
2) Unable to provide documentation showing that diesel fuel is in compliance with manufacturer’s recommendations – no fuel sample report available.
3) Unable to provide documentation showing the emergency generator has received monthly load tests for the past 12 months.

Record review of the Fire Marshal Non-Compliance Letter, dated 09/25/2024, showed signed receipt by a facility representative.

Record review of the Fire Marshal Non-Compliance Letter, dated 12/10/2024, showed that facility remains in non-compliance with fire safety codes.

In an interview on 12/05/2024 at 11:05AM Staff A, Executive Director, stated that they were aware of the deficiencies from the initial survey, but were not aware of what concerns still needed to be addressed following the follow up due to a lack of correspondence from the fire marshal.

In an interview on 12/10/2024 at 11:19AM with CC1, stated whenever they leave a facility, they have the facility sign the non-compliance letter. Further stated that this letter was provided to Staff B, Maintenance director, at the time of exit on 09/25/2024.

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