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

08/12/2025

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) 63668 (Completion Date 08/12/2025) and 51738 (Completion Date 05/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

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: 154721
Compliance Determination #: 51738
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 12/12/2024 through 05/16/2025
Complainant Contact Date(s):

Allegation(s):
Named resident sent to the hospital for open wounds and not allowed to return to the facility

Investigation Methods:

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

Investigation Summary:
The assisted living facility failed to coordinate services for named resident who required wound care.

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 #: 51736
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 4	Licensee: Milton Meridian LLC	05/16/2025

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 12/12/2024 and 01/16/2025 of:

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

This document references the following complaint number(s): 158986, 154721, 153439

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

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1111 S 376th St
Milton, WA 98354

This document references the following complaint number(s): 158985, 154721, 159439

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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 — 05/28/2025 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) — 5/29/2025 ~~6/29/2025~~ Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to coordinate services for 1 of 1 sampled resident (Resident 2 [R2]) who required wound care. R2 was not referred to home health services as required by the facility's policy and procedures. R2 did not receive follow up care for suture removal as directed by the physician, and R2 did not receive timely treatment for a documented wound. Failure to facilitate necessary external services placed the resident at increased risk for delayed healing, infection and further health complications.

Findings included...

Review of the undated face sheet documented, R2 was admitted to the ALF on [redacted] 2022, and the resident had multiple diagnoses to include [redacted] and [redacted].

Record review of the progress note dated 07/04/2024 documented, "Resident paged due to a fall. After approaching the resident, I noticed heavy amounts of blood on the ground near the resident. I examined the resident and noticed a large cut on resident's lower right leg." Further review of the progress note showed that R2 was transported to

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Residential Care Services | Date

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Administrator (or Representative) | Date

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Record review of the progress note dated 07/04/2024 documented, "Resident paged due to a fall. After approaching the resident, I noticed heavy amounts of blood on the ground near the resident. I examined the resident and noticed a large cut on resident's lower right leg." Further review of the progress note showed that R2 was transported to

the hospital and returned with 13 stitches to the back of their right calf.

Review of the hospital's "After Visit Summary" dated 07/04/2024, instructed R2 to "follow up with MD (Medical Doctor) in 10 days (around 07/14/2024) for suture removal."

Review of the facility's "wound and skin care" policy and procedures dated 6/18/21, directed staff to "Respond appropriately to wound or skin integrity issues: a) The Resident Care Director or designee will notify the physician and family immediately b) Request home health services from the physician."

Review of the progress notes documented the following for the following dates:

07/04/2024, "resident returned from the hospital via ambulance transport at 0313..."
07/04/2024, "resident refused 8am medication but requested that leg be rebandaged due to leaking..."
07/05/2024, "resident bandage falling off and was bloody..."
07/07/2024, "leg is still leaking a good amount will notify the nurse tomorrow to look at it..."
07/08/2024, "it's still leaking..."
07/12/2024, "I informed him (PCP) of residents leg that is weeping still..."
07/16/2024, "cleaned resident wound it was leaking..."
07/17/2024, "cleaned the wound wrapped in a clean bandage notified the nurse, she will have a look tomorrow."

Review of the progress note dated 07/19/2024, Staff B, Resident Care Director, documented, "re-evaluated wound to right lower leg. The site is noted to be reddened and swollen, has purulent colored scabbing and staff have reported drainage to the area. Advised resident to make appointment with MD or go to urgent care/ER for evaluation."

Review of the progress note dated 07/23/2024, Staff B documented, "Resident wound cleaned put a clean bandage, called dispatch health..." Review of the progress note dated 07/25/2024, Staff B documented, "dispatch health in to see resident this shift to assess wound to right lower leg. Per note left by provider, resident is to be transported to ER for evaluation..."

Record reviews showed R2 was seen by a provider 21 days after sustaining the wound. Review of the provider's note, Collateral Contact (CC1), Dispatch Health, dated 07/25/2024, documented, R2 "reports he's had no follow up with his primary care provider and has no referral to wound care or surgery. Of noted concern is that he is home bound, wheelchair bound, unable to drive himself to appointments and has no reliable source of transportation from immediate relatives or his assisted living." Further review of the 07/25/2024 visit by CC1, documented, "ED (emergency department)

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Review of the progress notes documented the following for the following dates:

07/04/2024, "resident returned from the hospital via ambulance transport at 0313...."
07/04/2024, "resident refused 6am medication but requested that leg be rebandaged due to leaking...."
07/05/2024, "resident bandage falling off and was bloody…."
07/07/2024, "leg is still leaking a good amount will notify the nurse tomorrow to look at it…."
07/08/2024, "it's still leaking…."
07/12/2024, "I informed him (PCP) of residents leg that is weeping still…."
07/16/2024, "cleaned resident wound it was leaking…."
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escalation was advised for higher level of care after thoughtful risk assessment and medical decision-making during today's visit... I determined the patient will benefit from ED evaluation, additional testing, consultation with specialists, and/or potential hospital admission."

On 05/13/2025 at 3:32p.m., during an interview, when asked why the facility didn't refer R2 to home health for wound care and why didn't the facility notify CC1 of R2's wound deterioration sooner, Staff B stated R2 refused care. When asked, Staff B confirmed the facility did not document that the provider was informed of R2's refusal to have wound care and Staff B confirmed the facility did not document in R2's progress notes or care plan that R2 refused wound care to their leg. When asked about the "after visit summary" that instructed R2 to follow up with the physician for suture removal, Staff B stated she did not see it.

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) 6/29/2025.

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

Administrator (or Representative) 5/29/2025 Date

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Administrator (or Representative) Date