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) 67254 (Completion Date 10/15/2025) and 62757 (Completion Date 08/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/15/2025 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-2770-3

The Department staff who did the on-site verification:
Kathy Heinz, Long Term Care Surveyor

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

Sincerely,

Laurie Anderson, Community 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: 181427
Compliance Determination #: 62757
Region/Unit #: RCS Region 3 / Unit D
Investigator: Kathy Heinz
Investigation Date(s): 07/17/2025 through 08/12/2025
Complainant Contact Date(s):

Allegation(s):
Concerns related to signing multiple contracts and questions about ownership of the ALF.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 3 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Family members Executive Director corporate staff
Record Reviews:	lease agreements emails State of State website Department web application

Investigation Summary:
Based on interview and record review, failed facility practice was identified and a citation was written under 388-78A-2770 for failing to notify the Department of a change of ownership.

Conclusion / Action:

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

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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 07/17/2025 of:

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

This document references the following complaint number(s): 181427

The following sample was selected for review during the unannounced on-site visit: 3 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor

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-2770 Change in licensee/change of ownership When change in licensee is required. The licensee of an assisted living facility must change whenever the following events occur, including, but not limited to:

(3) The licensee dissolves, or consolidates or merges with another legal organization and the licensee's legal organization does not survive;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to notify the Department when there was a change of ownership. This failure resulted in the Department from knowing who owned the ALF and determining if the current owner was qualified to be the licensee (owner) placing all 67 of 67 residents at risk from receiving services from an unqualified licensee.

Findings included...

Review of a Department record, dated 07/17/2025, showed the ALF was licensed under Meridian Milton LLC (Limited Liability Corporation), UBI (Unified Business Identification) #603 476 829.

Review of the Secretary of State (SOS) website on 07/18/2025 showed Milton Meridian LLC # 603 476 829 had been administratively dissolved on 07/01/2016.

Review of the Business License, dated 01/10/2025, posted on the wall in the ALF, showed Pacifica Senior Living Milton LLC #603 359 271 was the owner/operator of the ALF.

Staff A, Senior Vice President of Operations, said during an email interview on 7/30/2025 at 12:51PM , the owner of the ALF was Milton Meridian LLC UBI #605 935 574 and not #603 476 829.

Staff A said during an email interview on 08/04/2025 at 3:45 PM, he was not sure how the Business License was created under a different name.

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