STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

01/09/2026

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) 71240 (Completion Date 01/09/2026) and 68687 (Completion Date 11/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/09/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

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

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2365
Intake ID: 198832
Compliance Determination #: 68687
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 11/13/2025 through 11/13/2025
Complainant Contact Date(s):

Allegation(s):

1) Staff was inappropriate with residents
2) Named staff observed dispensing resident medication without checking dose or what medication

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: Closed records sample size:
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	staff records facility investigation

Investigation Summary:

1) Based on observation, interview and record review, the assisted living facility failed to ensure completion of the required national fingerprint background check for named staff. Citation issued.
2) Facility re-educated and counseled named staff on appropriate medication pass techniques

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 # 68687
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 3	Licensee: Milton Meridian LLC	11/13/2025

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 11/13/2025 of:

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

This document references the following complaint number(s): 198832

The following sample was selected for review during the unannounced on-site visit: 0 of 40 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

Statement of Deficiencies	License #: 2365	Compliance Determination # 68687
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 2 of 3	Licensee: Milton Meridian LLC	11/13/2025

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.

Laurie Anderson
Residential Care Services

11/20/2025
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)

11/24/2025
Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility (ALF) failed to ensure completion of the required national fingerprint background checks within 120 days of hire for 1 of 3 sampled staff (Staff B). This failure placed all 40 residents at risk of abuse, neglect or financial exploitation from individuals with unknown background.

Findings included...

On 11/13/2025 at 12:30 p.m., observation showed Staff B, medication technician, worked in the facility's memory care unit.

Review of the facility's staff personnel records showed Staff B was hired on 05/28/2024. The records showed Staff B did not complete a national fingerprint background check within the required timeframe. Staff B continued to work beyond 120 days of their hire date.

On 11/13/2025 at 12:45 p.m., during an interview, Staff A, Executive Director, confirmed that Staff B worked independently and had unsupervised access to residents. Staff A

stated that Staff B's national fingerprint background check was never done. Staff A stated that Staff B was informed that they would be taken off the schedule if they did not complete their national fingerprint background check.

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) 12/12/2025

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

Administrator (or Representative) 11/24/2025 Date