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

Maple Creek Senior Living, LLC
Maple Creek Senior Living
10420 Gravelly Lake Dr SW
Lakewood, WA 98499

RE: Maple Creek Senior Living License # 2735

Dear Administrator:

This letter addresses Compliance Determination(s) 71914 (Completion Date 01/29/2026) and 68897 (Completion Date 11/26/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/29/2026 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-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2210-1-b

The Department staff who did the off-site verification:
Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional

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

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 the unannounced on-site full inspection and complaint investigation on 11/18/2025, 11/19/2025, 11/20/2025 and 11/21/2025 of:

Maple Creek Senior Living
10420 Gravelly Lake Dr SW
Lakewood, WA 98499

This document references the following complaint numbers: 201209, 202443, 202441.

The following sample was selected for review during the unannounced on-site visit: 10 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kathy Heinz, Long Term Care Surveyor
Susan Carmichael, Nursing Consultant Institutional
Cory Myers, NCI ALF Licensor

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.

Laurie Anderson
Residential Care Services

12/02/2025
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)

12/10/25
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop medication services for 7 of 10 residents (Resident 1, Resident 3, Resident 4, Resident 6, Resident 7, Resident 8, and Resident 10) that were safe and supported the needs of each resident, as required. This failure placed the residents at risk of illness and a decline in health if medications were not given as prescribed.

Findings included...

RESIDENT 1
Review of facility records showed the facility admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted]

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 _____

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(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop medication services for 7 of 10 residents (Resident 1, Resident 3, Resident 4, Resident 6, Resident 7, Resident 8, and Resident 10) that were safe and supported the needs of each resident, as required. This failure placed the residents at risk of illness and a decline in health if medications were not given as prescribed.

Findings included…

RESIDENT 1
Review of facility records showed the facility admitted Resident 1 on [redacted]/2024 with a diagnosis of [redacted].

Review of Resident 1's October 2025 Medication Administration Records (MAR) showed a physician order, dated 09/01/2025, for Ropinrole Hydrochloride (HCl) 0.5 milligrams (mg), two times a day for Parkinson's Disease. The MAR failed to show Ropinrole HCl was administered on 10/19/2025 at 5:00 PM.

Review of Resident 1's October 2025 MAR showed a physician order, dated 10/07/2025, for Carbidopa-Levodopa, 25-100 mg, three times a day for Parkinson's Disease. The MAR failed to show the Carbidopa-Levodopa was administered on 10/19/2025 at 5:00 PM.

During an interview on 11/20/2025 at 10:50 AM, Staff B, Director of Residential Services, stated that they did not know why the Medication Technician (Staff D) who worked 10/19/2025 at 5:00 PM failed to sign the MAR that indicated the two medications were given.

RESIDENT 3
Review of facility records showed the facility admitted Resident 3 on [redacted]/2023 with a diagnosis of [redacted].

Review of Resident 3's September 2025 MAR showed a physician order, dated 07/04/2025, for blood sugar checks and administration of Lispro insulin for diabetes as needed, one time per day by sliding scale (an amount of insulin determined by the resident's blood sugar level).

Resident 3's MAR failed to show blood sugar checks were documented 18 times, between 09/05/2025 through 09/28/2025, to ensure Resident 3 received insulin as required.

During an interview on 11/21/2025 at 10:40 AM, Staff B stated that Resident 3 had an implanted device in their arm for blood sugar readings and the resident did not tell staff the blood sugar results every day.

RESIDENT 4
Review of facility records showed the facility admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted].

Review of Resident 4's October 2025 and November 2025 MARs showed a physician order, dated 10/13/2025, for blood sugar checks four times a day before meals and at bedtime. The MARs showed an order for Lispro insulin for diabetes as needed four times a day, by sliding scale. The medication order included instructions for staff to notify Resident 4's physician when the resident's blood sugar level was above 351.

Review of Resident 4's October 2025 MAR showed staff failed to administer Lispro insulin 20 times as required, based on Resident 4's blood sugar level. The MAR showed staff failed to check Resident 4's blood sugar six times. Review of Resident 4's progress notes, dated 10/14/2025 through 10/27/2025, showed staff documented the insulin was "unavailable" 14 times. There was no evidence that staff notified Resident 4's physician eight times when the blood sugar level was above 351.

Review of Resident 4's November 2025 MAR showed staff failed to administer Lispro insulin four times as required according to Resident 4's blood sugar level. The MAR showed staff failed to check Resident 4's blood sugar three times. There was no evidence that staff notified Resident 4's physician six times when the blood sugar level was above 351.

During an interview on 11/19/2025 at 2:00 PM, Staff B stated that they were unaware ALF staff failed to monitor Resident 4's blood sugar, give insulin as ordered, and/or notify Resident 4's physician as required.

RESIDENT 6
Review of facility records showed the facility admitted Resident 6 on [redacted]/2025 with diagnoses that included [redacted].

BLOOD PRESSURE MEDICATION
Review of Resident 6's September 2025, October 2025, and November 2025 MARs showed an order, dated 05/20/2025, for Midodrine HCL for low blood pressure three times per day. The order instructed to hold the medication (not give) if Resident 6's systolic blood pressure (SBP/top number) was greater than 130.

Review of September 2025 MAR showed the medication was given 14 times when Resident 6's SBP was greater than 130. The MAR showed the medication was held 15 times when it should have been given.

Review of October 2025 MAR showed the medication was given 27 times when Resident 6's SBP was greater than 130. The MAR showed the medication was held five times when it should have been given.

Review of November 2025 MAR showed the medication was given 12 times when Resident 6's SBP was greater than 130.

INSULIN
Review of Resident 6's September 2025, October 2025, and November 2025 MARs showed a physician order, dated 05/20/2025, for Lispro insulin 12 units for diabetes, three times a day. The medication order included instructions for staff to hold the

medication if Resident 6's blood sugar was less than 150. MARs showed a physician order, dated 09/29/2025, for Glargine insulin 25 units at bedtime. The medication order included instructions for staff to hold the medication if Resident 6's blood sugar was less than 100.

Review of September 2025 MAR showed Lispro insulin was given 13 times when Resident 6's blood sugar was less than 150.

Review of October 2025 MAR showed Lispro insulin was given 30 times when Resident 6's blood sugar was less than 150. The MAR showed Glargine insulin was given on 10/30/2025 when Resident 5's blood sugar was less than 100.

Review of November 2025 MAR showed Lispro insulin was given 12 times when Resident 6's blood sugar was less than 150.

During an interview on 11/19/2025 at 11:40 AM, Staff C, Medication Technician, said they thought they were supposed to hold the blood pressure medication if Resident 6's SBP was less than 130, not greater than 130. Staff C stated that they were supposed to hold Resident 6's two insulins at different numbers, which was "confusing."

RESIDENT 7
Review of facility records showed the facility admitted Resident 7 on [redacted]/2025 with a diagnosis of [redacted].

Review of Resident 7's October 2025 MAR showed a physician order dated 10/06/2025 for Lantus insulin 50 units one time per day. There was no evidence Lantus insulin was administered to Resident 7 between 10/07/2025 and 10/15/2025.

Review of the October 2025 MAR showed a physician order, dated 10/06/2025, for Glulisine insulin, 30 units with meals and included a note that read "sliding scale needs to be clarified." The MAR failed to show the sliding scale insulin order was clarified by staff to ensure Resident 7 would receive any additional insulin as needed between 10/07/2025 and 10/20/2025. The MAR failed to show Glulisine insulin was administered on 10/19/2025 at 5:00 PM.

Review of the October 2025 MAR showed a physician order dated 10/21/2025 for Lispro insulin per sliding scale. On 10/24/2025, staff documented a blood sugar reading of 245. There was no documentation that showed staff administered four units of insulin per the sliding scale order.

During an interview on 11/20/2025 at 2:00 PM, Staff A, Lead Director of Resident Services, said that the nursing department was responsible for clarifying physician orders.

RESIDENT 8
Review of facility records showed the facility admitted showed Resident 8 on [redacted]/2014 with a [redacted] diagnosis.

Review of Resident 8's October 2025 MAR failed to show Resident 8 received Fluphenazine, 1.0 mg, used to treat mental health disorders, on 10/19/2025 at 5:00 PM.

During an interview on 11/20/2025 at 2:00 PM, Staff A said that Staff D, medication technician, worked on 10/19/2025 and failed to sign the MAR that indicated the mediations were given.

RESIDENT 10
Review of facility records showed the facility admitted Resident 10 on [redacted]/2021 with a diagnosis of [redacted].

Review of Resident 10's November 2025 MAR showed a physician order dated 07/11/2025 for Tramadol HCl 50 mg, with instructions to give one tablet to Resident 10 every eight hours as needed for pain. Tramadol HCl, a narcotic medication, required that staff document the medication was given on a Narcotic Log in addition to the MAR.

Review of Resident 10's November 2025 Narcotic Log showed Resident 10 received a total of 34 doses of Tramadol from 11/01/2025 through 11/19/2025. Review of Resident 10's November 2025 MAR showed Resident 10 received a total of 19 doses of Tramadol from 11/01/2025 through 11/19/2025, a difference of 15 doses between Resident 10's Narcotic Log and MAR.

During an interview on 11/20/2025 at 11:20 AM, Staff A stated that they were unaware staff failed to document on both the resident's MAR and Narcotic Log each time the medication was given to Resident 10 as required.

Statement of Deficiencies	License #: 2735	Compliance Determination # 58397
Plan of Correction	Maple Creek Senior Living	Completion Date
Page 7 of 7	Licensee: Maple Creek Senior Living, LLC	11/26/2025

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, Maple Creek Senior Living is or will be in compliance with this law and / or regulation on (Date) 01 - 10 - 2026

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

Administrator (or Representative) 12/10/25 Date

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, Maple Creek Senior Living 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

12/02/2025

Maple Creek Senior Living, LLC
Maple Creek Senior Living
10420 Gravelly Lake Dr SW
Lakewood, WA 98499

RE: Maple Creek Senior Living # 2735

Dear Administrator:

This document references the following complaint numbers 201209, 202443, 202441.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 11/26/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager

Residential Care Services
Region 3, Unit D
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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 Assisted Living Facility (ALF) failed to ensure they had a Medical Test Site Certificate of Waiver (MTSW) to perform blood sugar checks, COVID-19 screening tests and any other diagnostic tests. The facility submitted an application to the Department of Health for the MTSW. This deficiency was corrected by the exit conference.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The Assisted Living Facility (ALF), failed to ensure the temperature of the water in common bathrooms and resident rooms, was maintained between 105 Fahrenheit (F) and 120 F. The facility lowered the water temperature to below 120 F. This deficiency was corrected by the exit conference.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience, and other qualifications necessary to provide the care and services;

The Assisted Living Facility (ALF), failed to ensure one caregiver completed 12 hours of continuing education hours as required. The facility suspended the caregiver until they completed the required number of hours. This deficiency was corrected by the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Enclosure

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Sincerely,

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure