STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 62586 (Completion Date 07/22/2025) and 59329 (Completion Date 05/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/22/2025 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-2040-1

The Department staff who did the on-site verification:
Lisa Mason, NCI ALF Licensor

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: Maple Creek Senior Living
Provider Type: Assisted Living Facility

License/Cert.#: 2735
Intake ID: 176760
Compliance Determination #: 59329
Region/Unit #: RCS Region 3 / Unit D
Investigator: Lisa Mason
Investigation Date(s): 05/08/2025 through 05/08/2025
Complainant Contact Date(s):

Allegation(s):
A Assisted Living Facility failed the first reinspection from the Fire Marshall

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: Closed records sample size:
Observations:	Residents
Interviews:	Identified staff
Record Reviews:	Maintenance logs

Investigation Summary:
A facility failed the first reinspection of the annual fire and life safety inspection. Record review and interview showed plan were in process however not completed.

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 # 2735	Compliance Determination # 593029
Plan of Correction	Maple Creek Senior Living	Completion Date
Page 1 of 4	Licensee: Maple Creek Senior Living, LLC	05/08/2025

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 05/08/2025 of:

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

This document references the following complaint number(s): 176760

The following sample was selected for review during the unannounced on-site visit: 0 of 88 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
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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 — 05/14/2025 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.

Zonaida Otero — Administrator (or Representative) — 5/20/25 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 Assisted Living Facility (ALF) failed to maintain compliance with the State Fire Marshal codes for Long Term Care facilities. This failure placed 68 residents at risk of harm in the event of an emergency.

Findings included. .

Record review of the Washington State Patrol Fire Protection Bureau non-compliance letter dated 04/21/2025 showed the facility failed the reinspection on 04/21/2025 with the following findings:

"1 Owner's Responsibility
PREVIOUSLY CITED DEFICIENCIES REMAIN
1) SFMO previously cited facility on 7/30/2023 for: Facility shall conduct an annual inspection of all fire-resistant-rated construction assemblies and maintain records of all repairs and materials used, where originally required during the time of construction.
2) On the initial, yearly inspection conducted on 7/1/24, the facility failed to produce documentation to correct the citation above.
3) Multiple unprotected penetrations found throughout the building's ceilings and corridors walls, however, no plans were present to identify the construction's fire resistance rating.
4) Facility shall conduct an annual inspection of all fire-resistant-rated construction and

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Residential Care Services | Date

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maintain records of all repairs and materials used.

2 Inspection and Maintenance
1) PREVIOUSLY CITED DEFICIENCIES REMAIN
1) SFMO previously cited facility on 7/30/23 for: Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months.
2) On the initial, yearly inspection conducted 7/1/24, the facility failed to produce documentation to correct the above items.

3 Door Operation
PREVIOUSLY CITED DEFICIENCIES REMAIN
2) Facility shall perform facility-wide audit of all fire doors--INCLUDING RESIDENT ROOM FIRE DOORS—to ensure that they are all capable of self-closing and latching.
3) The following fire doors failed to self-close and latch when tested: - Dining room doors, by Activity room

4 Fusible Link Maintenance
PREVIOUSLY CITED DEFICIENCIES REMAIN
1) Unable to produce documentation showing that a heat survey has been performed for the commercial hood to determine the fusible link rating required for installation
2) A heat survey for the kitchen hood suppression system shall be conducted, to determine the appropriate fusible link rating required for installation. Currently there are three 450 degree links in place."

Record reviews of work orders in progress were reviewed on site.

On 05/08/2025 an interview with Staff A, Administrator, said she was aware the facility was out of compliance and the repairs had been planned and were in progress already. She said the maintenance personnel were checking resident doors again for fire safety.

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Statement of Deficiencies	License # 2735	Compliance Determination # 583129
Plan of Correction	Maple Creek Senior Living	Completion Date
Page 4 of 4	Licensee: Maple Creek Senior Living, LLC	05/08/2025

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) 6-11-25

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

Zenaida Otero
Administrator (or Representative)

5/20/25
Date

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date