STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

WEATHERLY INN-KENT LLC
WEATHERLY INN AT LAKE MERIDIAN, THE
15101 SE 272ND ST
KENT, WA 98042

RE: WEATHERLY INN AT LAKE MERIDIAN, THE License # 1356

Dear Administrator:

This letter addresses Compliance Determination(s) 79052 (Completion Date 06/16/2026) and 75647 (Completion Date 04/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2210-1-b

The Department staff who did the on-site verification:
Jane Hermano, NCI

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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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 the unannounced on-site full inspection on 04/14/2026 and 04/16/2026 of:
WEATHERLY INN AT LAKE MERIDIAN, THE
15101 SE 272ND ST
KENT, WA 98042

The following sample was selected for review during the unannounced on-site visit: 10 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Jane Hermano, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Jim Sherman
Residential Care Services

04-28-2026
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)

4/28/2026
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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure safe medication systems were implemented when medications for 3 of 3 residents (Resident 8, Resident 9, and Resident 10) were prepared in advance of the ordered dosing time and not properly stored in containers with pharmacist-prepared labels. This failure placed Resident 8, Resident 9, and Resident 10 and all residents receiving medication management services or administration at risk for harm and medication errors.

Findings included...

Review of the facility's policy titled "Medication Services Policy," dated 08/01/2023, showed that the facility assisted and administered prescription and over-the-counter medications in accordance with the state statute and regulations. The policy showed that the nurses were responsible and managed the residents' medication services and maintained records. The policy showed that the nurses were allowed to pre-fill a medicine cup for immediate administration or assistance if the cup was properly

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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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Findings included…

Review of the facility’s policy titled "Medication Services Policy," dated 06/01/2023, showed that the facility assisted and administered prescription and over-the-counter medications in accordance with the state statute and regulations. The policy showed that the nurses were responsible and managed the residents' medication services and maintained records. The policy showed that the nurses were allowed to pre-fill a medicine cup for immediate administration or assistance if the cup was properly labeled with the resident’s name and medications.

Review of the facility's Resident Characteristic Roster, dated 04/14/2026, showed the facility provided care and services to 50 residents.

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Observation on 04/16/2026 at 9:19 AM, showed the facility was a secure memory care facility that provided services for residents with the primary diagnoses of [redacted], and/or [redacted]. The facility identified their units as "levels," and each level had a designated medication cart name (Lower Mountainside, Lower Lakeside, Upper Mountainside, and Upper Lakeside).

Observation at 9:24 AM, showed inside the Lower Mountainside medication cart drawer, there was a medication in a plastic medication cup. The medication cup was labeled with Resident 8's name. The medication cup was not labeled with the medication name and dose.

Observation at 9:32 AM and 9:34 AM, showed inside the Lower Lakeside medication cart drawer, there were two plastic medication cups with medications. Each medication cup was labeled separately with the names of Resident 9 and Resident 10. Each medication cup was not labeled with the medication name and dose.

During an interview at the time of the observation, Staff H, Licensed Practical Nurse, stated that they were responsible for the medication services for residents in Level 1 and Level 2. Staff H stated that the medicines in the cups were removed from their original, labeled packaging. Staff H stated that Resident 8, Resident 9, and Resident 10's prescribed medications were prepared for their next dose later in the afternoon. Staff H stated that the medications were prepared without the receiving resident present. Staff H stated that they were aware they must not "pre-pour" medications in advance for administration or assistance and store them.

During an interview on 04/16/2026 at 11:56 AM, Staff G, Director of Nursing Services, asked the Department Representative if Staff H had confirmed the time the medications were to be administered to the residents. Staff G stated that nurses were allowed to "pre-pour" into the medication cups for immediate administration. Staff G stated they were unaware that the nurse prepared the medications for future delivery and administration.

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Statement of Deficiencies	License #: 1356	Compliance Determination #75647
Plan of Correction	WEATHERLY INN AT LAKE MERIDIAN, THE	Completion Date
Page 4 of 4	Licensee: WEATHERLY INN-KENT LLC	04/23/2026

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, WEATHERLY INN AT LAKE MERIDIAN, THE is or will be in compliance with this law and / or regulation on (Date) 6/1/26.

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

Administrator (or Representative) — Date: 4/28/26

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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, WEATHERLY INN AT LAKE MERIDIAN, THE 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

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WEATHERLY INN-KENT LLC
WEATHERLY INN AT LAKE MERIDIAN, THE
15101 SE 272ND ST
KENT, WA 98042

RE: WEATHERLY INN AT LAKE MERIDIAN, THE # 1356

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/23/2026 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:

James Sherman, Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/23/2026), no later than 06/07/2026 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-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The Assisted Living Facility failed to provide clear, easy-to-read instructions for staff and visitors about how to exit the secure memory care facility. During the full inspection, the staff placed an understandable numerical passcode in the instructions to exit the secured memory care unit.

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

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https://www.dshs.wa.gov/altsa/ldr

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

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https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.