STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 77402 (Completion Date 06/01/2026) and 74706 (Completion Date 03/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/01/2026 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-2950, WAC 388-78A-2950-6, WAC 388-78A-3090, WAC 388-78A-3090-1, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor

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

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Statement of Deficiencies	License #: 2365	Compliance Determination # 74706
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 1 of 4	Licensee: Milton Meridian LLC	03/24/2026

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 follow-up on 03/23/2026 and 03/24/2026 of:
The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

This document references the following SOD dated: 03/24/2026

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

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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Statement of Deficiencies	License #: 2365	Compliance Determination # 74706
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 2 of 4	Licensee: Milton Meridian LLC	03/24/2026

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

04/01/2026
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)

4/6/26
Date

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

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the hot water temperatures in 4 of 5 common area sinks (Sink 1, Sink 2, Sink 3 and Sink 4) measured between 105 and 120 degrees Fahrenheit (F). This failure placed all 86 residents at risk of injury and decreased quality of life due to unsafe water temperatures.

Findings included...

Observation on 03/23/2026 at 12:10 PM of the first-floor laundry room sink 1 showed the hot water temperature measured 126.1 degrees F.

Observation on 03/23/2026 at 12:15 PM of the second-floor common area restroom bathroom sink 2 showed the hot water temperature measured 126.5 degrees F.

Observation on 03/23/2026 at 12:25 PM of the second-floor laundry room sink 3 showed the hot water temperature measured 126 degrees F.

Observation on 03/23/2026 at 12:32 PM of the second-floor common area bathroom sink 4 showed the hot water temperature measured 126 degrees F.

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Statement of Deficiencies	License #: 2365	Compliance Determination # 74706
Plan of Correction	The Meridian at Stone Creek	Completion Date
Page 3 of 4	Licensee: Milton Meridian LLC	03/24/2026

During an interview on 03/23/2026 at 11:32 PM, Staff A, Executive Director, said that the water temperatures remained too high. Staff A said that a contractor was hired to complete the repairs on the two valves to the boiler. Staff A said the contractor was waiting for the copper valve to arrive for the boiler repair to be completed.

This is an uncorrected deficiency previously cited on 01/28/2026 for WAC 388-78A-2950 (6).

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) 5/8/26 .

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

Administrator (or Representative) 4/6/26 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to keep the interior facility grounds safe and in good repair for 26 of 26 residents (Residents 1 through Resident 26). This failure placed all memory care residents at risk of a potential injury and a decreased quality of life.

Findings included...

Observation on 03/23/2026 at 11:45 AM of the memory care unit showed sticky floor surfaces throughout the hallway from resident room W165 through W155.

Observation on 03/23/2026 at 12:40 PM showed a Staff B, housekeeper, mopped the area to the left of the memory care entrance with a cloth padded mop.

Observation on 03/23/2026 at 12:49 PM showed the floors remained sticky when

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walking through the memory care from resident room W165 through W155.

In an interview on 03/23/2026 at 11:55 PM, Staff A, Executive Director (ED), said that the facility purchased new cleaning products for the floors. Staff A said that they researched a commercial grade floor scrubber for the memory care unit. Staff A said they needed a scrubbing cleaner with bristles to get the floors thoroughly cleaned.

This is an uncorrected deficiency previously cited on 01/28/2026 for WAC 388-78A-3090 (1)(a).

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) 5/8/26.

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

Administrator (or Representative) — Date: 4/6/26

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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 on 01/20/2026 and 01/27/2026 of:
The Meridian at Stone Creek
1111 S 376th St
Milton, WA 98354

The following sample was selected for review during the unannounced on-site visit: 9 of 96 current residents and 9 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

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

01/29/2026 — 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)

2/5/2026 — Date

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

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure that the hot water temperatures in 3 of 9 sampled residents' rooms (Resident 1, Resident 2 and Resident 3) and 2 of 5 common area bathroom sinks (Sink 1 and Sink 2) were maintained between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed all 96 residents at risk for injury and deceased quality of life due to unsafe water temperatures.

Findings included...

Observation on 01/21/2026 at 12:33 PM in Resident 1's room showed the hot water temperature at the bathroom sink measured 123.4 degrees F.

Observation on 01/21/2026 at 2:54 PM in Resident 2's room showed the hot water temperature at the kitchen sink measured at 123.5 degrees F. Observation on 01/21/2026 at 3:00 PM showed the hot water temperature at the bathroom sink measured at 122.8 degrees F.

Observation on 01/22/2026 at 10:05 AM in the common area bathroom, main floor near the residents' mailboxes, showed the hot water temperature at Sink 1 measured at 124.3 degrees F.

Observation on 01/22/2026 at 10:52 AM in Resident 3's room showed the hot water temperature at the bathroom sink measured at 126.5 degrees F. Observation on 01/22/2026 at 10:53 AM, showed the hot water temperature at the kitchen sink measured at 125.3 degrees F.

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Observation on 01/27/2026 at 1:45 PM in the East Wing Common area bathroom, second floor, showed the hot water temperature at Sink 2 measured at 125.4 degrees F.

Review of an email on 01/22/2026 at 11:03 AM, showed Staff A, Executive Director, acknowledged that the water temperatures in resident accessible areas were too high. In the email, Staff A stated that Maintenance would adjust the temperature at the boilers. Staff A stated that if the temperatures could not be adjusted, they planned to have the new boiler serviced.

During an interview on 01/27/2026 at 3:45 PM, Staff A, Executive Director, reported that an outside contractor was hired to complete repairs on the two values on the boiler.

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) ~~2/5/2026~~ 3/14/2026.

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

Administrator (or Representative) — Date: 2/5/2026

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interviews, the facility failed to keep the interior facility grounds safe and in good repair for 18 of 18 residents (Residents 1 through Resident 18). This failure placed all memory care residents at risk of a potential injury and a decreased quality of life.

Findings included...

Observation on 01/20/2026 at 9:49 AM while walking through the hallways in the memory care unit showed sticky floor surfaces throughout the unit. The hallway by the memory care entrance there was a large puddle of urine on the door to the courtyard and on the floor surrounding the doorway.

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Observation on 01/21/2024 at 10:08 AM showed the floors remained sticky when walking through the memory care unit. The large puddle of urine remained on the floor in the doorway to the courtyard.

In an interview on 01/20/2026 at 09:49 AM, Staff A, Executive Director (ED) said that there was a Memory Care Resident who continued to urinate on this doorway. Staff A stated that staff were expected to clean the urine up and redirect the resident to urinate in the bathroom.

In an interview on 01/27/2026 at 3:55 PM Staff B, Resident Care Director, said the facility was looking into a preventative way to avoid the residents urinating on the doorway to the courtyard.

In an interview on 01/27/2026 at 4:00 PM Staff A, Executive Director (ED) said that memory care staff were asked to clean up the urine. Staff were observed smearing the urine in circles spreading this on the floors throughout the memory care unit. Staff A said that a professional cleaning crew was scheduled to enter the building and teach staff how to effectively clean up urine and sticky floors.

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) 3/14/2026 .

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

Administrator (or Representative) — Date: 2/5/2026

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