



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Merrill Gardens at Burien, LLC
Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

RE: Merrill Gardens at Burien License # 2406

Dear Administrator:

This letter addresses Compliance Determination(s) 68613 (Completion Date 11/14/2025) and 65244 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/14/2025 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-2070-1, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484,
WAC 388-78A-2130-1-c, WAC 388-78A-2130-3-b

The Department staff who did the on-site verification:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

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

Sincerely,

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2406	Compliance Determination # 65244
Plan of Correction	Merrill Gardens at Burien	Completion Date
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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 09/11/2025 and 09/17/2025 of:

Merrill Gardens at Burien
 15020 5th Ave SW
 Burien, WA 98166

The following sample was selected for review during the unannounced on-site visit: 7 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensors
 Steven Garrett, LTC Licensors

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit D
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032

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

Statement of Deficiencies	License #: 2406	Compliance Determination # 65244
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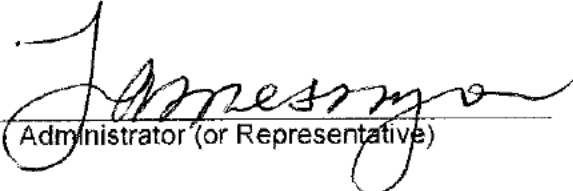
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

James Sherman

Residential Care Services

09-29-2025

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)	<u>10/2/25</u> Date

WAC 388-78A-2070 Timing of preadmission assessment.

(1) Unless there is an emergency, the assisted living facility must complete the preadmission assessment of the prospective resident before each prospective resident moves into the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a documented pre-admission assessment for 3 of 7 residents (Resident 2, Resident 3, and Resident 5) admitted to the assisted living facility. This failure placed Resident 2, Resident 3, and Resident 5 at risk for admission to a facility that was unable to meet resident needs and to have a decreased quality of life.

Findings included...

RESIDENT 2

Review of Resident 2's information document showed the facility admitted Resident 2 on [redacted]/2025. Review of the facility's initial combination assessment and service plan for Resident 2 was dated [redacted]/2025, the day that Resident 2 moved into the facility. Review of Resident 2's records showed no documentation of an assessment completed prior to Resident 2's move into the facility.

RESIDENT 3

Review of Resident 3's information document showed the facility admitted Resident 3 on [redacted]/2025. Review of the facility's initial combination assessment and service plan for Resident 3 was dated [redacted]/2025, the day that Resident 3 moved into the facility.

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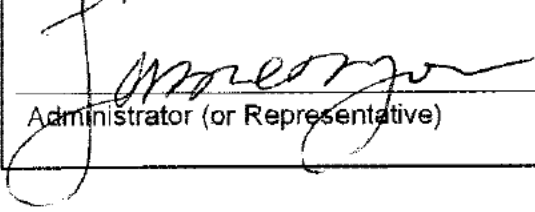
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Review of Resident 3's records showed no documentation of an assessment completed prior to Resident 3's move into the facility.

RESIDENT 5

Review of Resident 5's information document showed the facility admitted Resident 5 on [REDACTED]/2025. Review of the facility's initial combination assessment and service plan for Resident 5 was dated [REDACTED]/2025, the day that Resident 5 moved into the facility. Review of Resident 5's records showed no documentation of an assessment completed prior to Resident 5's move into the facility.

During an interview on 09/17/2025 at 12:00 PM, Staff A, Resident Care Director/Administrator, and Staff H, General Manager, stated that Resident 2, Resident 3, and Resident 5 were not admitted under emergency circumstances. Staff A and Staff H stated that they were unaware of the requirement to complete and document an assessment prior to admitting residents into the assisted living facility. Staff A and Staff H stated that they were aware that Resident 2, Resident 3, and Resident 5 did not have documented completion of pre-admission assessments prior to their move-in to the facility.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) <u>11/09/25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>10/2/25</u> _____ Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

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This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 4 staff (Staff B) was screened for Tuberculosis (TB) as required. This failure placed all the residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Note: WAC 388-78A-2480 (1) Tuberculosis-Testing-Required stated the assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Review of facility's personnel records showed the facility hired Staff B, Garden House Supervisor (the secured memory care unit), on 03/31/2025.

Review of the facility's staff schedule showed that from 03/31/2025 through 09/17/2025, Staff B worked at the facility providing oversight of staff who provided care and services for residents. Review of Staff B's personnel records showed no documentation that Staff B completed any testing to be screened for TB.

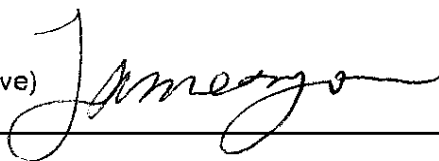
During an interview on 09/17/2025 at 2:30 PM, Staff A, Resident Care Director /Administrator, and Staff H, General Manager, confirmed that when the facility hired Staff B, the facility failed to screen Staff B. Staff A stated that they were aware that TB testing was required for all facility staff within three days of employment.

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, Merrill Gardens at Burien is or will be in compliance with this law and / or regulation on (Date) 11/09/25.

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

Administrator (or Representative)



Date 10/2/25

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission

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assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 2 of 7 residents (Resident 1 and Resident 2) combination assessment/service plans to monitor and address interventions required to meet the current clinical needs. This failure placed Resident 1 and Resident 2 at risk for unmet care needs and potential harm.

Findings included...

RESIDENT 1

Review of Resident 1's "Resident Information" showed the facility admitted Resident 1 on [REDACTED] /2024. The sheet showed Resident 1 admitted with diagnoses which included [REDACTED]

[REDACTED] and [REDACTED].

Review of Resident 1's July 2025, August 2025, and September 2025 Medication Administration Record (MAR) showed that Resident 1 received 5 milligrams (mg) of buspirone (medication used to treat generalized anxiety disorder) 1 tablet, twice daily, by mouth; 45 mg of mirtazapine (medication to treat depression) , 1 tablet , once daily at bedtime, by mouth; and 5 mg of olanzapine (medication used to treat schizophrenia, a mental health condition where an individual experiences disconnection from reality with symptoms of false beliefs and disorganized thoughts) twice daily, dissolved on the tongue.

Review of Resident 1's combined assessment/service plan, dated 06/09/2025, showed no documentation that provided guidance for the care staff to monitor Resident 1 for signs and symptoms related to depressive disorder, anxiety, and schizophrenia medications. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 1 exhibited signs and symptoms of depression and anxiety. The plan showed no guidance or instructions for care staff to report signs and symptoms of anxiety, depression, and schizophrenia to the nurse.

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RESIDENT 2

Review of Resident 2's "Resident Information" showed the facility admitted Resident 2 on [REDACTED]/2025. Resident 2's record showed multiple diagnoses which included [REDACTED], [REDACTED], and a history of falls.

Review of Resident 2's progress notes from May 2025 through September 2025 showed documentation of Resident 2's exit-seeking behaviors. Resident 2's progress notes showed that Resident 2 had documented incidences of elopement attempts (attempting to leave the secured memory care unit without supervision) including elopement attempts which resulted in injuries to Resident 2.

Review of Resident 2's July 2025, August 2025, and September 2025 Medication Administration Record (MAR) showed that Resident 2 received 0.25 milligrams (mg) of risperidone (medication used to treat anxiety disorder and agitation), 1 tablet, twice daily, by mouth; 15 mg of mirtazapine (medication to treat depression), take one-half tablet (7.5 mg), once daily at bedtime, by mouth; and 0.5 mg of lorazepam (medication used to treat severe agitation and anxiety), take 1 tablet every 6 hours, as needed, by mouth.

Review of Resident 2's combined assessment/service plan, dated 07/30/2025, showed no documentation that provided guidance to the care staff to monitor Resident 2 for resident specific signs and symptoms related to anxiety and agitation. The plan showed no instructions to care staff for resident specific, behaviorally based supportive actions to take when Resident 2 exhibited signs and symptoms of anxiety, agitation, and verbalized threats of exit-seeking. The plan showed no guidance or instructions for care staff to report signs and symptoms of Resident 2's anxiety, agitation, and verbal threats of exit-seeking to the nursing staff. The plan showed no guidance or instructions for care staff to document Resident 2's behaviors.

During an interview on 09/17/2025 at 2:25 PM, Staff A, Resident Services Director/Administrator, stated that the facility utilized an electronic documentation system. Staff A stated that they thought the facility electronic documentation system had the required assessment/service plan comprehensive components. Staff A stated that they were unaware the comprehensive elements required in resident service plans had not been documented for Resident 1 and Resident 2.

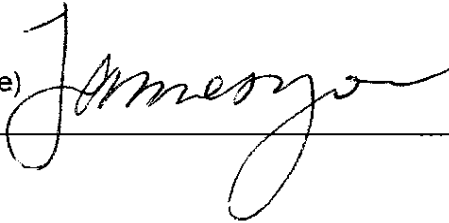
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative)



Date 10/2/25

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Merrill Gardens at Burien, LLC
Merrill Gardens at Burien
15020 5th Ave SW
Burien, WA 98166

RE: Merrill Gardens at Burien # 2406

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/25/2025 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:

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

Merrill Gardens at Burien # 2406

09/25/2025

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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 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-2371 Investigations. The assisted living facility must:

- (2) Determine the circumstances of the event;

During a review of resident records, documentation showed that Resident 2 had incidences of attempted elopement. Incident investigation reports showed no documentation of the circumstances of the events. Staff A, Resident Care Director/Administer, stated that future facility incident investigations would include all components of regulatory requirements. 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 Send your request to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

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

Merrill Gardens at Burien # 2406

09/25/2025

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If You Have Any Questions:

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

Sincerely,

James Sherman

James Sherman, Field Manager

Region 2, Unit D

Residential Care Services

Enclosure