



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

MG at Kirkland, LLC
Merrill Gardens at Kirkland
14 Main St S
Kirkland, WA 98033

RE: Merrill Gardens at Kirkland License # 2587

Dear Administrator:

This letter addresses Compliance Determination(s) 44271 (Completion Date 07/17/2024) and 38502 (Completion Date 04/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/17/2024 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:
Kailash Sharma, ALF Licenser

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Merrill Gardens at Kirkland **Provider Type:** Assisted Living Facility

License/Cert.#: 2587

Intake ID: 121961

Compliance Determination #: 38502

Region/Unit #: RCS Region 2 / Unit D

Investigator: Kailash Sharma

Investigation Date(s): 03/19/2024 through 04/19/2024

Complainant Contact Date(s): 03/19/2024

Allegation(s):

Facility failed their third fire marshal inspection on 02/20/2024..

1. Paper work missing for night shift drill for Quarters 1, 2, 3, and 4.
2. No annual inspection of Fire-Rated construction
3. Third floor telephone/data room materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction not maintained.
4. Door Operation: on the fifth floor, both fire door for elevator will not latch; on the fourth floor, double doors by resident laundry will not latch; on the third floor, double doors by elevator will not latch; on the second floor, door going into wellness will not latch and elevator door south will not latch; on the first floor, at the South end, elevator door will not close.
5. Fire Alarm found in Trouble.
6. Smoke detector: Sensitivity testing- all inspection reports must verify that the system has no deficiencies, or document that all deficiencies have been corrected.
7. Emergency Lighting: fifth floor by room 515 not working; second floor wellness center #58 not working; second floor hair salon missing emergency lighting; parking garage by sprinkler riser not working.
8. NFPA 80 Fire door inspection and testing: facility will need to identify and establish a schedule for inspection of fire doors. At time of inspection, resident door 410 has a gap on top of

Investigation Methods:

Sample:

Total residents: 108
Resident sample size: 0
Closed records sample size: 0

Observations:

General tour of the facility, specific observations of functions for fire door, fire alarm, lights, insulations, and resident's apartment door.

Interviews:

Executive Director, Maintenance Director.

Record Reviews:

Incident report, Fire-Marshall's report, fire drill records,.

Investigation Summary:

Executive Director (ED) stated they were new to facility, started in January 2024. Maintenance Director (MND) recently resigned. Facility hired new MND. 1. ED stated night staff had fire drill in-services for Quarters 1, 2, 3,4. 2. ED provided completed documents, from September 2023, for Fire Wall annual inspection, 3. ED stated 3rd floor Data Room corrected, cavity was sealed with caulking. 4. Observation showed: Door Operation: 5th floor both fire doors for elevator latched; 4th floor double doors by resident laundry latched; 3rd floor double doors by elevator latched; 2nd floor door going into Wellness Center latched; elevator door south latched; 1st floor elevator door was closing. 5. ED provided Fire Alarm Inspection, Testing and Maintenance report. 6. ED provided smoke detector Sensitivity Testing report. 7. ED stated Emergency Lighting had been corrected, observation showed emergency lights working by room 516, 2nd floor Wellness Center #58 working, parking garage by sprinkler riser working. 8 Observation showed that the gap on the resident door of room # 410 had been corrected. ED stated documents were found and all deficiencies were corrected. ED stated facility was unable to provide the requested documents to the Fire Marshal at time of the fire marshal inspection. ED stated that the fire marshal was unable to put the facility back into compliance without the documents. Citation issued for WAC 388-78A-2040 (1).

Conclusion / Action:

- ☒ 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 #: 2587	Compliance Determination # 38502
Plan of Correction	Merrill Gardens at Kirkland	Completion Date
Page 1 of 2	Licensee: MG at Kirkland, LLC	04/19/2024

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 03/19/2024, 04/19/2024 and 03/19/2024 of:

Merrill Gardens at Kirkland
14 Main St S
Kirkland, WA 98033

This document references the following complaint number(s): 121961

The following sample was selected for review during the unannounced on-site visit: 0 of 108 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kailash Sharma, ALF Licenser

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

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

04/23/2024

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.

Statement of Deficiencies

License #: 2587

Compliance Determination # 38502

Plan of Correction

Merrill Gardens at Kirkland

Completion Date

Page 2 of 2

Licensee: MG at Kirkland, LLC

04/19/2024


Administrator (or Representative)4/30/2024
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 facility failed to ensure 100 of 100 residents (Resident 1 to Resident 100) resided in a safe environment approved of by the State Fire Marshal. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included...


Review of document titled "Washington State Patrol Fire Protection Bureau", dated 02/20/2024, showed multiple fire safety violations. The document showed the facility failed to meet the required fire safety regulations.

During the interview on 03/19/2024 at 2:00 PM, Staff A, Executive Director (ED), stated that the facility worked to correct many of the physical deficiencies initially cited by the fire marshal. Staff A stated that the facility still had more corrections to complete. Staff A stated that at the time of the fire marshal's inspections, they were unable to locate the requested paperwork.

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 Kirkland is or will be in compliance with this law and / or regulation on (Date) 4/23/2024

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


Administrator (or Representative)4/30/2024
Date