STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Marysville Senior Community LLC
Fieldstone Memory Care of Marysville
11015 State Ave
Marysville, WA 98271

RE: Fieldstone Memory Care of Marysville License # 2538

Dear Administrator:

This letter addresses Compliance Determination(s) 62710 (Completion Date 07/17/2025) and 59570 (Completion Date 05/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/17/2025 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2-c

The Department staff who did the on-site verification:
Allison Nunn, Long Term Care Surveyor
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (253)281-1245.

Sincerely,

Anthony Devito

Anthony Devito, Field Services Administrator
Region 2, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/14/2025 and 05/16/2025 of:
Fieldstone Memory Care of Marysville
11015 State Ave
Marysville, WA 98271

The following sample was selected for review during the unannounced on-site visit: 7 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Kindle, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

Statement of Deficiencies	License #: 2538	Compliance Determination # 59570
Plan of Correction	Fieldstone Memory Care of Marysville	Completion Date
Page 2 of 4	Licensee: Marysville Senior Community LLC	05/19/2025

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.

Kim Ripley
Residential Care Services

5/23/2025
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.

Melissa
Administrator (or Representative)

5/30/25
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff A) completed specialty training for dementia and mental health within 120 days of hire, 2 of 5 staff (Staff B and F) completed cardiopulmonary resuscitation (CPR) training, 3 of 5 staff (Staff B, D, and F) completed first aid training, 1 of 3 staff (Staff F) completed 12 hours of continuing education (CE) annually, and 1 of 5 staff (Staff D) received facility orientation. These failures resulted in Staff B, D, and F not having the necessary training related to their job duties and expectations and placed all 60 residents at risk for compromised care and safety.

Findings included...

Specialty Training for Dementia and Mental Health

Review of WAC 388-112A-0490 (3) showed if an ALF serves one or more residents with

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.

Kim Ripley
Residential Care Services

5/23/2025
Date

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Administrator (or Representative)

Date

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(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 staff (Staff A) completed specialty training for dementia and mental health within 120 days of hire, 2 of 5 staff (Staff B and F) completed cardiopulmonary resuscitation (CPR) training, 3 of 5 staff (Staff B, D, and F) completed first aid training, 1 of 3 staff (Staff F) completed 12 hours of continuing education (CE) annually, and 1 of 5 staff (Staff D) received facility orientation. These failures resulted in Staff B, D, and F not having the necessary training related to their job duties and expectations and placed all 60 residents at risk for compromised care and safety.

Findings included...

Specialty Training for Dementia and Mental Health

Review of WAC 388-112A-0490 (3) showed if an ALF serves one or more residents with

special needs, the ALF administrator or designee must complete specialty training and demonstrate competency within on hundred twenty days of date of hire.

Review of the ALF's Resident Characteristic Roster dated 05/12/2025 showed 56 residents with dementia and three residents with a diagnosis of [redacted].

Review of the ALF's employee files showed the following:

Staff A, Executive Director, was hired on 09/27/2021. Staff A's file showed they completed specialty training for dementia and mental health on 03/25/2022, 179 days after their hire date.

On 05/15/2025 at 9:36 AM, Staff A stated that they completed dementia and mental health specialty training, but they didn't have the certificates. Staff A stated that they took the classes over again so they would have the certificates.

CPR and First Aid Training

Review of WAC 388-112A-0720 (2)(a) showed all long-term care workers must have and maintain valid CPR and First Aid cards or certificates within 30 days of their date of hire.

Review of the ALF's employee files showed the following:

Staff B, Medication Aide, was hired on 09/11/2024. Staff B's file showed no record of completed CPR or First Aid training.

Staff D, Caregiver, was hired on 07/15/2024. Staff D's file showed no record of completed First Aid Training.

Staff F, Caregiver, was hired on 12/13/2022. Staff F's file showed no record of current CPR or First Aid training.

On 05/15/2025 at 9:23 AM, Staff A, Executive Director (ED), stated that Staff B, D, and F would complete their CPR and First Aid training in July when they already had this training scheduled.

On 05/16/2025 at 12:33 PM, Staff F, Caregiver, stated that they did not have current CPR and First Aid training and they were scheduled to take the class in July when it was offered at the ALF.

Statement of Deficiencies	License #: 2538	Compliance Determination # 59570
Plan of Correction	Fieldstone Memory Care of Marysville	Completion Date
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Continuing Education

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of CE by their birthday each year.

Review of the ALF's employee files showed the following:

Staff F's file showed that they had completed 10 hours of CE in the time between their birthday in 2024 and their birthday in 2025.

On 05/16/2025 at 12:33 PM, Staff F stated that they completed their CE's in Relias (an online program of classes to earn CE). Staff F stated that they did not have any additional CE's for the 2024-2025 year.

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, Fieldstone Memory Care of Marysville is or will be in compliance with this law and / or regulation on (Date) 7/3/25 .

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

Administrator (or Representative) [signature] Date 5/30/25

Continuing Education

Review of WAC 388-112A-0611(1)(a)(i) showed long-term care workers, including certified home care aides, must complete 12 hours of CE by their birthday each year.

Review of the ALF's employee files showed the following:

Staff F's file showed that they had completed 10 hours of CE in the time between their birthday in 2024 and their birthday in 2025.

On 05/16/2025 at 12:33 PM, Staff F stated that they completed their CE's in Relias (an online program of classes to earn CE). Staff F stated that they did not have any additional CE's for the 2024-2025 year.

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 _____

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

05/22/2025

Marysville Senior Community LLC
Fieldstone Memory Care of Marysville
11015 State Ave
Marysville, WA 98271

RE: Fieldstone Memory Care of Marysville # 2538

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/19/2025 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:

Kimberley Ripley, Field Manager
Residential Care Services
Region 2, Unit A
Preferred methods:

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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-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

The Assisted Living Facility (ALF) failed to ensure 1 of 6 Staff (Staff A), had an initial Tuberculosis (TB) (a contagious bacterial infection primarily affecting the lungs) skin test within three days of employment. The ALF identified the issue prior to the full inspection and completed a two-step TB skin test for Staff A.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

The Assisted Living Facility (ALF) failed to ensure the Negotiated Service Agreement (NSA) was signed by 7 of 7 resident representatives. The ALF identified the issue when the ALF's nurse did not have access to the electronic signatures in the online medical record program. The ALF's nurse was given access to the electronic signature function and the ALF had all the NSA's signed by the end of the full inspection.

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

The Assisted Living Facility (ALF) failed to ensure 2 of 5 staff (Staff B and D) received facility orientation. The ALF identified the issue and completed a facility orientation for Staff B prior to the full inspection. Staff D completed facility orientation by the end of the full inspection.

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

If You Have Any Questions:
• Please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Enclosure