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) 48284 (Completion Date 10/09/2024) and 44652 (Completion Date 08/07/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/09/2024 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-2160

The Department staff who did the on-site verification:
Syng To, ALF Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Fieldstone Memory Care of Marysville
Provider Type: Assisted Living Facility
License/Cert.#: 2538
Intake ID: 139234
Compliance Determination #: 44652
Region/Unit #: RCS Region 2 / Unit A
Investigator: Syng To
Investigation Date(s): 07/24/2024 through 08/07/2024
Complainant Contact Date(s): 07/24/2024, 08/08/2024

Allegation(s):
The Assisted Living Facility (ALF) staff let two individuals who were not on the approved visitor list entered the Named Resident's (NR) room and let one of the unknown individuals leave with the NR's belongings.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 3 Closed records sample size: 1
Observations:	Facility Residents
Interviews:	Administration Staff Resident Representatives
Record Reviews:	Facility records Resident records

Investigation Summary:
Based on interviews and record reviews:
The NR was cognitively impaired and resided in the memory care unit. Interviews and record reviews showed two individuals who were not on the approved visitor list in the NR's negotiated service plan entered the NR's room. The ALF staff stated they were aware the two individuals were not in NR's approved visitor list and they granted entry access for them to enter the NR's room. They witnessed one of the visitors leave the ALF with three of the NR's belongings. The ALF investigated and the staff involved received a written reprimand and was counseled. Failed practice was identified. Citation issued for WAC 388-78A-2160 Implementation of negotiated service agreement.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 an unannounced on-site complaint investigation on 07/24/2024 and 07/24/2024 of:

Fieldstone Memory Care of Marysville
11015 State Ave
Marysville, WA 98271

This document references the following complaint number(s): 139234

The following sample was selected for review during the unannounced on-site visit: 3 of 55 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

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

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

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 1 of 3 residents (Resident 1) received care and services as agreed upon in the negotiated service agreement when two individuals who were not on the Resident's approved visitor list were granted access to enter Resident 1's room in the locked memory care unit. This failure resulted in one of the individuals leaving the facility with three of Resident's belongings and placed all residents at risk for misappropriation of their property.

Findings included…

Resident 1 was admitted to the ALF on [redacted] 2023 with a diagnosis of [redacted]

A Negotiated Service Agreement (NSA) dated 09/28/2023 showed Resident 1 had an approved visitor and outings list that was updated on 06/16/2024 contained the individuals' names who were allowed to visit. Only the listed names were allowed to visit until further notice. No one with the first name of the visitor was on the list.

Review of progress notes dated 06/21/2024 showed Resident 1 had two visitors who were not on the approved visitor list. The first visitor asked Resident 1 to pay for their taxi ride to the ALF and Resident 1 made the payment with items from their room.

On 07/23/2024, at 01:12 PM, Collateral Contact 2 (CC2), stated that Resident 1 had an approved visitor list which specified who were allowed to visit Resident 1. They were informed by Staff B, Medication Tech, that a visitor who was not on the visitation list came to visit on 06/21/2024. The visitor arrived by taxi. The taxi driver was angry waiting outside the ALF and wanted to be paid. The taxi driver was allowed to go to Resident 1's room to request payment. Resident 1 offered personal belongings. A few minutes later the taxi driver left with the personal belongings of Resident 1 as payment.

On 07/24/2024 at 01:25 PM, Staff A, Executive Director, stated that Resident 1 was not capable of making decisions. During afterhours in the evening on 06/21/2024, two individuals who were not on Resident 1's approved visitor list entered Resident 1's room, and one of the individuals left the ALF with three of Resident 1's personal belongings.

In an interview on 07/24/2024 at 01:57 PM, Staff B stated they were aware that Resident 1 was not cognitively capable of making decisions. They escorted an individual who was a taxi driver to the Resident 1's room located in a locked unit that required passcode for entry access and the taxi driver left with three of Resident 1's belongings as a form of payment for the first visitor's taxi ride fare.

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)_____ .

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

Administrator (or Representative) Date