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 # 2538

Dear Administrator:

This document references Compliance Determination 50496 (12/03/2024), which included complaint number(s) 155708.

The Department completed a complaint investigation of your Assisted Living Facility on 12/03/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Karen Glover, Complaint Investigator

Consultation:

WAC 388-78A-2381 General design requirements for memory care.

(2) The facility must provide common areas, including at least one resident accessible common area outdoors. Such common areas should accommodate and offer the opportunity of social interaction, stimulate activity, contain areas with activity supplies and props to encourage engagement, and have safe outdoor paths to encourage exercise and movement.

(a) These areas must have a residential atmosphere and must accommodate and offer opportunities for individual or group activity including:

(iv) Ensuring residents have access to their own rooms at all times without staff assistance.

The Assisted Living Facility (ALF) failed to ensure the memory care residents had access to their rooms without staff assistance. The ALF corrected this issue per the regulation and unlocked the rooms for the residents who were unable to use a key to access their room.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)651-6846.

Sincerely, Kim Ripley

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

The Assisted Living Facility (ALF) failed to ensure the memory care residents had access to their rooms without staff assistance. The ALF corrected this issue per the regulation and unlocked the rooms for the residents who were unable to use a key to access their room.

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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: 155708
Compliance Determination #: 50496
Region/Unit #: RCS Region 2 / Unit A
Investigator: Karen Glover
Investigation Date(s): 11/19/2024 through 12/03/2024
Complainant Contact Date(s):

Allegation(s):

The Named Resident (NR) was found to have bruising on right shoulder, right side and right cheek.

Investigation Methods:

Sample:	Total residents: 59 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions
Interviews:	Residents Nursing staff Family members Administration
Record Reviews:	Incident investigation negotiated service agreement progress notes

Investigation Summary:

The NR was independent with ambulation with an unsteady gait. The NR had a previous fall. Staff noted the NR having bruising on their right shoulder, right side and and right cheek. The NR could not say what happened due to their decrease in cognition. Staff report that if the NR fell they would be able to get themselves up independently. The facility initiated an investigation and notified the family, medical provider and the department's hot line. The NR's care plan was updated to include increase in safety checks, care in pairs, and pain management. Memory care resident rooms were found to be locked. The doors were unlocked. Failed practice was identified a consultation was issued for WAC 388-78A-2381 General design requirements for memory care.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A