STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

BFG Silverdale Propco V LLC
Fieldstone Memory Care of Silverdale
11313 Clear Creek Rd NW
Silverdale, WA 98383

RE: Fieldstone Memory Care of Silverdale License # 2583

Dear Administrator:

This letter addresses Compliance Determination(s) 68265 (Completion Date 11/05/2025) and 65497 (Completion Date 09/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/05/2025 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-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4

The Department staff who did the on-site verification:
Nikolas Jennings, Community Nurse Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 follow-up on 09/11/2025 of:

Fieldstone Memory Care of Silverdale
11313 Clear Creek Rd NW
Silverdale, WA 98383

This document references the following SOD dated: 09/16/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure hazardous supplies for 4 of 4 sampled residents (Resident 1, Resident 2, Resident 3 and Resident 4). This failure placed all 48 residents at risk of potential poisoning or other adverse effects if the hazardous materials were accessed and ingested.

Findings included…

Review of the facility's undated policy titled, “Safe Storage and Handling of Supplies and Equipment,” showed that the executive Director (ED), Maintenance Director (MD), Director of Nursing (DNS) or designee will assess the following when determining the appropriate and safe storage of supplies and equipment: the assessed needs of the residents, including their functional and cognitive abilities, to determine which supplies or equipment may be accessible to them.

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RESIDENT 1
Review of Resident 1's undated Move in Record showed a diagnosis of [redacted].

Observation of Resident 1's bathroom on 07/15/2025 at 3:07 PM showed an eight-ounce (oz) bottle of perineal cleanser and an eight oz bottle of McKesson shampoo and body wash in the shower area. Observation showed an unlocked drawer contained a 38 oz bottle of Pantene shampoo, a three oz tube of Cavilon barrier cream (a cream used to protect the skin), and a four oz tube of essential protect zinc oxide paste (a paste used to treat and prevent rashes). The warning label for the perineal cleanser showed "if swallowed, get medial help or contact poison control center right away". The warning label for the McKesson shampoo showed "discontinue use if irritation occurs". The warning label for the Pantene shampoo showed "avoid contact with eyes; if swallowed, get medial help or contact poison control center right away". The warning label for the Cavilon barrier cream showed "avoid eye contact; if swallowed, get medial help or contact poison control center right away". The warning label for the zinc oxide showed "in case of accidental ingestion, get medical help or contact a poison control center right away".

RESIDENT 2
Review of Resident 2's undated Move in Record showed a diagnosis of [redacted].

Observation of Resident 2's bathroom on 07/15/2025 at 3:08 PM showed an 18 oz bottle of Pantene conditioner and an 18 oz bottle Pantene shampoo in the residents' shower. The warning labels for the Pantene shampoo and conditioner showed "avoid contact with eyes; if swallowed, get medial help or contact poison control center right away".

RESIDENT 3
Review of Resident 3's undated Move in record showed a diagnosis of [redacted].

Observation of Resident 3's bathroom on 07/15/2025 at 3:09 PM showed a four oz bottle of essential moisturizer, an eight oz bottle of essential shampoo and body wash, a 16 oz bottle of amazon basics skin lotion, and an eight oz bottle of essential no rinse cleanser on the top of the counter. Observation showed a 32 oz bottle of dial refresh body wash in an unlocked drawer of the bathroom. The warning labels for the essential moisturizer showed "avoid eye contact". The warning label for the essential shampoo and body wash showed "avoid eye contact". The warning label for the dial refresh body wash showed "avoid eye contact; if swallowed, get medial help or contact poison control center right away".

RESIDENT 4

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

Review of Resident 4's undated Move in record showed a diagnosis of [redacted].

Observation of Resident 4's bathroom on 07/15/2025 at 3:10 PM showed an eight oz bottle of McKesson shampoo and body wash in the residents' shower.

In an interview on 09/11/2025 at 3:21 PM, Staff A, Campus Executive Director, stated that the expectation was for staff to follow the policy. Staff A stated that the policy had not been effective. Staff A stated that the policy had not changed since the previous citation.

This is an uncorrected deficiency previously cited on 07/17/2025 for subsections (1), (2), (3), and (4).

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 Silverdale 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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Fieldstone Memory Care of Silverdale
Provider Type: Assisted Living Facility
License/Cert.#: 2583
Intake ID: 181532
Compliance Determination #: 61897
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nikolas Jennings
Investigation Date(s): 07/15/2025 through 07/17/2025
Complainant Contact Date(s):

Allegation(s):

1) Quality of care- Call bells not operating appropriately.
2) Quality of life- untreated UTIs.
3) Physical environment- potentially toxic chemicals left out in resident bathrooms.

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size: 2
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members
Record Reviews:	Medical records Hospital records Incident investigation Facility policies

Investigation Summary:

1) Quality of care- Call bells not operating appropriately. Call bell answered within 6 minutes of pulling during investigation. One call bell found to have string not working, but However button was and string was fixed immediately while on site. Call lights appropriately go to overhead screen at nursing station, and are being broadcast from the front desk during normal reception hours. Facility has also implemented usage of "cat phones" that will be with the staff members while they

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are doing their work so that if they aren't near the system they will be made aware. No failed practice.

2) Quality of life- untreated UTIs. Sampled residents show that facility adequately prescribed antibiotics when a positive sample for a urinary tract infection was obtained. Record review shows that individual who was responsible for ensuring that infections were followed up on and treated was removed from their position prior to the start of my investigation due to facility concerns. Facility investigated appropriately concerns related to infections. No failed practice.

3) Physical environment- potentially toxic chemicals left out in resident bathrooms. Observation revealed that in 3 of the 4 sampled residents, various toiletries and other potentially toxic items were left easily available for all residents to access. Record review showed that internal correspondence had gone out to all staff members to ensure that they were locking up all potentially hazardous items. Interview with staff showed that staff were aware of this policy. Failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 an unannounced on-site complaint investigation on 07/15/2025 and 07/16/2025 of:

Fieldstone Memory Care of Silverdale
11313 Clear Creek Rd NW
Silverdale, WA 98383

This document references the following complaint number(s): 181635, 181532, 183628, 184313

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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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.

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

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(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on interviews, observations, and records review, the facility failed to secure hazardous supplies for 3 of 4 sampled residents (Resident 1, 2, & 3 [R1, 2, & 3]). This failure led to all residents being placed at risk of poisoning or other adverse effects from hazardous material.

Findings included…

Record review of the policy, “Safe Storage and Handling of Supplies and Equipment,” undated, stated, “1. The executive Director (ED), Maintenance Director (MD), Director of Nursing (DNS) or designee will assess the following when determining the appropriate and safe storage of supplies and equipment: a. The assessed needs of the residents, including their functional and cognitive abilities, to determine which supplies or

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equipment may be accessible to them."

Record review of the email from Staff A, Executive Director on 05/16/2025 at 4:45PM, stated, "This is a final reminder regarding the proper storage of all chemicals. Any and all chemicals must be locked up at all times. This includes, but is not limited to: Soap, Shampoo, Conditioner, Toothpaste, Shaving cream, Perfume, Sanitation Wipes, Sanitation sprays, Any item that would require a call to Poison Control. Residents are not permitted to have free access to any of these items, this is a state regulation and non-compliance will result in a write-up. Thank you for your immediate attention to this matter."

Record review of "Move in record" for R1, undated, showed a diagnosis of [redacted] with an onset date of 03/19/2025 and was classified as the admitting dx (diagnosis).

Record review of "Move in record" for R2, undated, showed a diagnosis of [redacted] with an onset date of 02/08/2024.

Record review of "Move in record" for R3, undated, showed a diagnosis of [redacted] with an onset date of 02/26/2025.

On 07/15/2025 at 12:44pm in the bathroom of R1 it was observed that there was a bottle of Aveeno moisturizer in an unlocked drawer next to the sink in the bathroom. Also, the drawer next to the sink with a lock on it was noted unlocked. In the drawer was a bottle of "clean freak" dry shampoo, Mckesson Body wash, McKesson shampoo, and McKesson foaming cleanser.

On 07/15/2025 at 12:48pm in the bathroom of R2 it was observed that there was a container of Cerave moisturizing cream on the top shelf of the rack of wire shelves to the right of the shower.

On 07/15/2025 at 12:52pm in the bathroom of R3 it was observed that there was a container of shaving cream in the unlocked drawer next to the sink. Also, the drawer next to the sink with a lock on it was noted unlocked. In the locked drawer was a container of Aveeno shave gel, a box labeled Braun 3 in 1 shave care liquid, and a tube of Hydropeptide sunscreen.

In an interview on 07/15/2025 at 1:49PM with Staff B, Campus Executive Director, when asked about toiletry items in a residents' bathroom stated, "We lock everything up. Everything oversized is kept in a caddy in the clean linen room. And we get that out with the showers and with care. We don't leave anything out. We have a few exceptions

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for residents who keep their doors locked. We represent keeping their dignity with a blue sticker. Everything should be locked up. Body moisturizer should be locked up."

On 07/15/2025 at 1:55PM toured the room for R1 with Staff B and observed the same items listed above sitting in their bathroom.

In an interview on 07/15/2025 at 2:02PM with Staff B, when asked if those items should have been kept away from resident access, stated "Yes."

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 Silverdale 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

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