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

11/05/2025

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

RE: Fieldstone Memory Care of Silverdale # 2583

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68264 (Completion Date 11/05/2025) and 64491 (Completion Date 09/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/05/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

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

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

Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Fieldstone Memory Care of Silverdale
Provider Type: Assisted Living Facility
License/Cert.#: 2583
Intake ID: 190932
Compliance Determination #: 64491
Region/Unit #: RCS Region 3 / Unit D
Investigator: Laurie Anderson
Investigation Date(s): 08/28/2025 through 09/09/2025
Complainant Contact Date(s):

Allegation(s):
1) Quality of care- Resident allegation of sexual abuse.

Investigation Methods:

Sample:	Total residents: 47 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified staff Nursing staff Residents
Record Reviews:	Medical records State reporting log Incident investigation Facility policies

Investigation Summary:
1) Quality of care- Resident allegation of sexual abuse. Facility adequately investigated and reported the event to complaint resolution unit. Interview revealed facility staff did not follow their policy nor the Washington Administrative Code in reporting alleged sexual abuse to the police. Failed practice identified. Citation issued.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

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

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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

Statement of Deficiencies	License #: 2583	Compliance Determination # 64491
Plan of Correction	Fieldstone Memory Care of Silverdale	Completion Date
Page 1 of 3	Licensee: BFG Silverdale Propco V LLC	09/09/2025

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 08/28/2025 of:

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

This document references the following complaint number(s): 189684, 190932

The following sample was selected for review during the unannounced on-site visit: 3 of 47 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator
Laurie Anderson, Community Field Manager

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-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to call law enforcement and report an allegation of sexual assault for 1 of 3 sampled residents (Resident 1). This failure placed all 47 residents at risk for psychological and physical distress from potential abuse.

Findings included…

Record review of facility's undated policy titled, "Reporting Abuse, Neglect, and Exploitation," documented that any staff member who has reason to suspect an incident of sexual or physical assault has occurred will report to the state hotline number and to the local law enforcement emergency services number (911) as soon as the resident is protected from further harm.

Record review of physician notes for Resident 1, dated 08/24/2025, showed Resident 1 was diagnosed with [redacted].

In an interview on 08/28/2025 at 12:14 PM Resident 1 stated "I don't think its good care. I have been raped here".

In an interview on 08/28/2025 at 1:09 PM, Staff A, Director of Nursing, stated that when

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

they spoke to Resident 1's family about the allegation, Resident 1's family said, "it was not important to be a police report".

Record review of facility investigation of allegations, dated 08/14/2025, showed "This LN [Licensed Nurse] called Collateral Contact 1 [CC1] regarding accusations reported to her. CC1 states Resident 1 said they were raped by a man they see sometimes." Further review of this record showed that Resident 1 had a history of such allegations and that "after further investigation to include interviews from family, friend, staff and Resident 1 and full skin assessment, there are no signs of abuse or neglect noted."

In an interview on 09/02/2025 at 11:54 AM, Staff A stated that the facility policy was to call 911 and make a police report. Staff A stated that the policy was not followed regarding Resident 1's allegation.

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

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