STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 81283 (Completion Date 07/29/2026) and 79185 (Completion Date 06/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/29/2026 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-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-3100

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

Laurie Anderson, Community Field Manager
Region 3, Unit D
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: 227088
Compliance Determination #: 79185
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nikolas Jennings
Investigation Date(s): 06/22/2026 through 06/24/2026
Complainant Contact Date(s):

Allegation(s):
Physical environment- Chemicals available for residents to have access to.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents
Record Reviews:	Medical records State reporting log Facility policies

Investigation Summary:
Physical environment- Chemicals available for residents to have access to. Observation showed that chemicals were present in the dining area and unlocked. Interview showed that chemicals were supposed to be locked up. 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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Statement of Deficiencies	License #: 2583	Compliance Determination # 79185
Plan of Correction	Fieldstone Memory Care of Silverdale	Completion Date
Page 1 of 3	Licensee: BFG Silverdale Propco V LLC	06/24/2026

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 06/22/2026 of:

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

This document references the following complaint number(s): 227425, 227088

The following sample was selected for review during the unannounced on-site visit: 3 of 44 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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Statement of Deficiencies	License #: 2583	Compliance Determination #: 79185
Plan of Correction	Fieldstone Memory Care of Silverdale	Completion Date
Page 2 of 3	Licensee: BFG Silverdale Propco V LLC	06/24/2026

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.

Rebecca Kane
Residential Care Services

06/30/2026
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.

Stephanie Perry
Administrator (or Representative)

7.3.2026
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 2 of 2 sampled units (Olympic and Cascade). This failure placed all residents at risk of potential poisoning or other health issues if hazardous supplies were ingested.

Findings included...

Record review of the undated facility policy titled, "Safe Storage and Handling of Supplies and Equipment," showed "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

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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

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This requirement was not met as evidenced by:

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Findings included…

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supplies or equipment may be accessible to them."

On 06/22/2026 at 12:53 PM in the dining room of the "Olympic" unit, observation showed three spray bottles with an unidentified liquid in the unsecured drawer below the oven.

In an interview on 06/22/2026 at 12:59 PM, Staff A, Home Care Aide, stated that the liquid in the bottles was cleaning spray for the countertops. Staff A stated that the spray bottles needed to be locked up in the cabinet.

On 06/22/2026 at 1:11 PM in the dining room of the "Cascade" unit, observation showed a spray bottle with a label of "Q T 3 Multipurpose cleaner" was found in an unlocked drawer below the oven.

In an interview on 06/22/2026 at 1:15 PM, Staff B, Assistant Director of Nursing, stated that the unsecured chemicals observed in the kitchen needed to be locked up.

In an interview on 06/22/2026 at 4:51 PM, Staff B stated that residents resided in the memory care unit due to cognitive impairment and they should not have access to the chemicals. Staff B stated that those chemicals could cause injury if they were drunk or got into the eyes.

In an interview on 06/22/2026 at 4:28 PM, Staff C, Director of Nursing, stated "per policy all chemicals should be locked away from the residents so that they cannot get to them." Staff C stated that the chemicals should not have been left unlocked in the kitchens.

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) 7.15.2026

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

Stephani Perry
Administrator (or Representative)

7.3.2026
Date

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supplies or equipment may be accessible to them."

On 06/22/2026 at 12:53 PM in the dining room of the "Olympic" unit, observation showed three spray bottles with an unidentified liquid in the unsecured drawer below the oven.

In an interview on 06/22/2026 at 12:59 PM, Staff A, Home Care Aide, stated that the liquid in the bottles was cleaning spray for the countertops. Staff A stated that the spray bottles needed to be locked up in the cabinet.

On 06/22/2026 at 1:11 PM in the dining room of the "Cascade" unit, observation showed a spray bottle with a label of "Q.T 3 Multipurpose cleaner" was found in an unlocked drawer below the oven.

In an interview on 06/22/2026 at 1:15 PM, Staff B, Assistant Director of Nursing, stated that the unsecured chemicals observed in the kitchen needed to be locked up.

In an interview on 06/22/2026 at 4:51 PM, Staff B stated that residents resided in the memory care unit due to cognitive impairment and they should not have access to the chemicals. Staff B stated that those chemicals could cause injury if they were drunk or got into the eyes.

In an interview on 06/22/2026 at 4:28 PM, Staff C, Director of Nursing, stated "per policy all chemicals should be locked away from the residents so that they cannot get to them." Staff C stated that the chemicals should not have been left unlocked in the kitchens.

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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PLAN OF CORRECTIONS

Community Name: Fieldstone Memory Care - Silverdale **Survey/Investigation Date:** 6/22/26

Plan of Correction					
Regulation #	**Deficient System or Standard**	**Action Plan**	**Team Member's Name**	**Estimated date of completion**	**Signature/Date**

FIELDSTONE COMMUNITIES

From: This document was prepared by Residential Care Services for the purpose of posting on its website #301 P.012/014

PLAN OF CORRECTIONS

WAC 388-78A-3100	Safe storage of supplies and equipment	**Maintain a secure environment that prevents resident access to hazardous chemicals.** To ensure the safe storage, control, and monitoring of chemicals throughout the community, the following corrective actions will be implemented: 1. All chemicals are stored in designated storage areas secured with self-locking mechanisms, ensuring access is limited to authorized staff only. 2. All unauthorized or additional chemical storage locations have been eliminated. Hazardous chemicals are now stored only in approved, designated storage areas. 3. A review of the chemical inventory has been completed, and the inventory has been reduced to the minimum quantity necessary for daily operations. 4. Staff have been re-inserviced on the safe storage of supplied and equipment as well as mandated reporting.	ED, ADNS, Med Techs	6/24/26 6/23/26 6/24/26 6/25/26	

FIELDSTONE COMMUNITIES

From: This document was prepared by Residential Care Services for the purpose of posting on the DSHS website
#301 P.013/014

PLAN OF CORRECTIONS

FIELDSTONE COMMUNITIES

From: This document was prepared by Residential Care Services for the purpose of posting on the CCL website # 301 P.014/014