STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CSL Yakima WA Tenant LLC
Fieldstone OrchardWest
4130 Englewood Ave
Yakima, WA 98908

RE: Fieldstone OrchardWest License # 2648

Dear Administrator:

This letter addresses Compliance Determination(s) 79070 (Completion Date 06/16/2026) and 76779 (Completion Date 05/06/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2468-1, WAC 388-78A-2468-3, WAC 388-78A-2468-4

The Department staff who did the on-site verification:
Tracy Ramirez, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

JSalquist

Jessica Salquist, Regional Administrator
Region 1, Unit G
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2648	Compliance Determination # 76779
Plan of Correction	Fieldstone OrchardWest	Completion Date
Page 1 of 3	Licensee: CSL Yakima WA Tenant LLC	05/06/2026

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 the unannounced on-site full inspection and complaint investigation on 05/04/2026, 05/05/2026 and 05/06/2026 of:

Fieldstone OrchardWest
4130 Englewood Ave
Yakima, WA 98908

This document references the following complaint numbers: 222258, 222962.

The following sample was selected for review during the unannounced on-site visit: 9 of 65 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License #: 2548	Compliance Determination #76779
Plan of Correction	Fieldstone OrchardWest	Completion Date
Page 2 of 3	Licensee: CSL Yakima WA Tenant LLC	05/08/2026

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.

Laura Williams-Davis
Residential Care Services

05/12/2026
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 Ref
Administrator (or Representative)

5/14/2026
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(3) Has received three positive references for the person;

(4) Does not allow the person to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit a Washington state name and date of birth background check to the department within one business day after hire for 1 of 3 staff (Staff A). This failure placed the residents at risk of being cared for by staff with an unknown background history.

Findings included...

Staff personnel records were reviewed with Staff G, Business Office Manager, on 05/05/2026 at 1:35 PM.

Review of the personnel file for Staff A, Administrator, showed that they were hired on 04/01/2025. Staff A's file showed that their Washington state name and date of birth background check was submitted on 05/14/2025 (43 days after their hire date). Staff A's file showed that there were no reference checks received.

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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit a Washington state name and date of birth background check to the department within one business day after hire for 1 of 3 staff (Staff A). This failure placed the residents at risk of being cared for by staff with an unknown background history.

Findings included…

Staff personnel records were reviewed with Staff G, Business Office Manager, on 05/05/2026 at 1:35 PM.

Review of the personnel file for Staff A, Administrator, showed that they were hired on 04/01/2025. Staff A's file showed that their Washington state name and date of birth background check was submitted on 05/14/2025 (43 days after their hire date). Staff A's file showed that there were no reference checks received.

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Statement of Deficiencies	License # 2648	Compliance Determination #76779
Plan of Correction	Fieldstone OrchardWest	Completion Date
Page 3 of 3	Licensee: CSL Yakima WA Tenant LLC	05/06/2026

In an interview on 05/05/2026 at 1:39 PM, Staff G stated that Staff A was transferred from a sister facility on 04/01/2025. Staff C stated that they decided on 05/14/2025 to submit Staff A's background check as the sister facility had failed to send Staff A's background check result. Staff G stated that the facility's corporate people had advised that due to being a transfer, they did not need to check Staff A's references.

In an interview on 05/06/2026 at 12:53 PM, Staff G stated that Staff A's hire date was the date they started working in the facility and had unsupervised access to residents.

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 OrchardWest is or will be in compliance with this law and / or regulation on (Date) 5/14/2026 .

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

Stephani Reif
Administrator (or Representative)

5/14/2026
Date

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In an interview on 05/05/2026 at 1:39 PM, Staff G stated that Staff A was transferred from a sister facility on 04/01/2025. Staff G stated that they decided on 05/14/2025 to submit Staff A's background check as the sister facility had failed to send Staff A's background check result. Staff G stated that the facility's corporate people had advised that due to being a transfer, they did not need to check Staff A's references.

In an interview on 05/06/2026 at 12:53 PM, Staff G stated that Staff A's hire date was the date they started working in the facility and had unsupervised access to residents.

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 OrchardWest 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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CSL Yakima WA Tenant LLC
Fieldstone OrchardWest
4130 Englewood Ave
Yakima, WA 98908

RE: Fieldstone OrchardWest # 2648

Dear Administrator:

This document references the following complaint numbers 222258, 222962.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 05/06/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services

Region 1, Unit G
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

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• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/06/2026), no later than 06/20/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

The facility failed to implement a system to ensure that each staff person was screened for Tuberculosis within three days of hire. The facility corrected the error by the end of the exit conference.

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

The facility failed to ensure that a staff person had a one-step Tuberculosis test completed when they had a previous negative two-step test result. The facility corrected the error by the end of the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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

after you receive this letter. Your IDR request **must** include:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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