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

09/12/2025

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) 65572 (Completion Date 09/12/2025) and 62572 (Completion Date 08/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The Department staff who did the On Site verification:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licensor

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

Sincerely,

Laurie Anderson

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

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 the unannounced on-site full inspection on 07/15/2025 and 07/18/2025 of:
Fieldstone Memory Care of Silverdale
11313 Clear Creek Rd NW
Silverdale, WA 98383

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melissa Brunton, Regulatory QA Program Manager - Community Programs
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

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 — 08/04/2025 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) — 8/11/2025 Date

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 2 of 6 sampled staff members (Staff E and F) were screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all residents, staff, and visitors at risk of TB infection.

Findings included...

Review of personnel records revealed Staff E, Medication Aide, was hired on 03/29/2023. TB first step testing was completed on 04/05/2023, seven days after date of hire.

Review of personnel records revealed Staff F, Caregiver, was hired on 01/31/2020. TB first step testing was completed on 10/04/2021, one year, nine months and four days after date of hire.

In an interview on 07/24/2025 at 12:05 PM Staff A, Executive Director, said the two employees (Staff D and Staff F) have been working for the facility longer than the current administration team. Staff A, ED, said they were unsure of why these two staff were not tested within three days of hire.

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 — 08/04/2025 (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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Review of personnel records revealed Staff F, Caregiver, was hired on 01/31/2020. TB first step testing was completed on 10/04/2021, one year, nine months and four days after date of hire.

In an interview on 07/24/2025 at 12:05 PM Staff A, Executive Director, said the two employees (Staff D and Staff F) have been working for the facility longer than the current administration team. Staff A, ED, said they were unsure of why these two staff were not tested within three days of hire.

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) 9.1.2025

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

Stephani Perry
Administrator (or Representative)

August 11, 2025
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

This requirement was not met as evidenced by:

Based on interviews and records review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff D and F) completed the required five hours of safety and orientation training within the required time frames. These failures placed 46 of 46 residents at risk of having received care from unqualified and untrained staff.

Findings included...

WAC 388-112A-0200
What is orientation training, who should complete it, and when should it be completed?
There are two types of orientation training: Facility orientation training and long-term care worker orientation training.
(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.
(2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which

Plan/Attestation Statement

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

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on interviews and records review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 sampled Staff (Staff D and F) completed the required five hours of safety and orientation training within the required time frames. These failures placed 46 of 46 residents at risk of having received care from unqualified and untrained staff.

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(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.
(2) Long-term care worker orientation. Individuals required to complete the 70-hour home care aide basic training must complete long-term care worker orientation, which

is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210.
(a) All long-term care workers who are not exempt from home care aide certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.
(b) Long-term care worker orientation training, unless taken through a department approved online training program, must be provided by qualified instructors that meet the requirements in WAC 388-112A-1260.
(c) The department must approve long-term care worker orientation curricula and instructors.
(d) There is no competency test for long-term care worker orientation.

WAC 388-112A-0220
What is safety training, who must complete it, and when should it be completed?
(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements as described in WAC 388-112A-0230, and include basic safety precautions, emergency procedures, and infection control. Safety training must be completed prior to providing care to a resident.

<Staff D>

Review of Staff D's, HCA Trainee, records showed a date of hire to the facility on 01/03/2025. Staff D completed five-hour safety and orientation training on 02/03/2025, 31 days from the date of hire.

In an interview on 07/24/2025 at 12:05 PM Staff A, Executive Director, said Staff D's training was completed on 01/13/25. This was still completed 10 days after the hire date.

<Staff F>

Record review of Staff F's, Caregiver, personnel records showed a date of hire to the facility on 01/31/2020 as a caregiver. Staff F completed the five-hour safety and orientation training on 06/06/2022, 857 days after the date of hire.

In an interview on 08/01/2025 at 12:21 PM Staff A said Staff F completed the orientation and safety training on 06/06/2022.

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

Stephani Perry
Administrator (or Representative)

August 11, 2025
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to serve food at a safe temperature in 1 of 1 kitchens in the Memory Care Unit. This failure placed 46 of 46 residents at risk of potential harm for exposure to food-borne illnesses.

Findings included...

WAC 246-215-03525
Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16).
(1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained:
(a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or
(b) At 41°F (5°C) or less.

<Hot Foods>

An observation on 07/17/2025 at 11:42 AM of the main kitchen showed Staff H, Dishwasher, placing a hot roast beef sandwich on a serving cart. Staff H took a temperature of the hot roast beef sandwich which showed a reading of 117.3 degrees.

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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Based on observations and interviews, the Assisted Living Facility (ALF) failed to serve food at a safe temperature in 1 of 1 kitchens in the Memory Care Unit. This failure placed 46 of 46 residents at risk of potential harm for exposure to food-borne illnesses.

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<Cold Foods>

An observation on 07/17/2025 at 11:39 AM of the serving cart showed cantaloup on a plate with the hot food. Staff H took a temperature of the cantaloup reading 78 degrees, and a second reading of 66 degrees. Staff H took a temperature of a cold pasta salad reading was 63 degrees.

In an interview on 07/17/2025 at 11:43 AM Staff H, Dishwasher, said she was unsure of what the temperature of hot food and cold food should be served at

Plan/Attestation Statement

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

Stephani Perry
Administrator (or Representative)

August 8, 2025
Date

<Cold Foods>

An observation on 07/17/2025 at 11:39 AM of the serving cart showed cantaloup on a plate with the hot food. Staff H took a temperature of the cantaloup reading 78 degrees, and a second reading of 66 degrees. Staff H took a temperature of a cold pasta salad reading was 63 degrees.

In an interview on 07/17/2025 at 11:43 AM Staff H, Dishwasher, said she was unsure of what the temperature of hot food and cold food should be served at.

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_____ _____

Administrator (or Representative) Date

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 # 2583

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/01/2025 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:

Manfay Chan, Allied Health Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:
(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

Pet Records showed examinations due for 2 of 3 visiting pets. Executive Director said the 2 pets are no longer at the facility and will ensure visiting pets have current vaccination and veterinary examinations. This deficiency was corrected.

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.

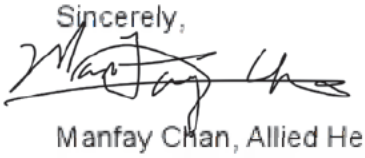
In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,



Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

PLAN OF CORRECTIONS

Community Name: Fieldstone Silverdale Memory Care **Survey/Investigation Date:** 8/1/2025

Plan of Correction

Regulation #	Deficient System or Standard	Action Plan	Team Member's Name	Estimated date of completion	Signature/Date
WAC 388-78A-2620	**Consultation:** Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must: (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state.	The Executive Director will conduct monthly audits of the pet binder to ensure all required documentation is current and complete for both resident and visiting pets. The Business Office Manager and Administrative Assistant will maintain an ongoing log of vaccinations and immunizations, including expiration dates, to ensure we remain proactive and compliant.	ED/BOM	8/12/2025 & Ongoing	Stephai Perry 8/11/2025

FIELDSTONE COMMUNITIES

PLAN OF CORRECTIONS

Community Name: Fieldstone Silverdale Memory Care **Survey/Investigation Date:** 8/1/2025

Plan of Correction

Regulation #	Deficient System or Standard	Action Plan	Team Member's Name	Estimated date of completion	Signature/Date
WAC 388-78A-2480	Tuberculosis Testing	The Business Office Manager (BOM) will ensure all TB testing for all employees is documented, complete and current. Annual screenings will be scheduled ahead of due dates. TB test dates will be tracked and reviewed the Executive Director to prevent compliance lapses.	ED/BOM/Nursing Team	9/01/2025 & Ongoing	Stephanie R 8/11/2025

FIELDSTONE COMMUNITIES

PLAN OF CORRECTIONS

WAC 388-78A-2474	Training and home care aide certification requirements: Orientation and Safety	**The Business Office Manager (BOM) will conduct a full review of all current employee training records to ensure documentation of the required 5 hours of Safety and Orientation training is on file. Any missing documentation will be addressed immediately, and employees will be scheduled to complete the training before continuing resident care duties.** **All new employees are required to complete the 5 hours of Safety and Orientation training during their first day of employment as part of the new onboarding process.**	ED/BOM	9/01/2025 & ongoing	Stephanie 8/11/2025
WAC 388-78A-2305	Food sanitation: Temperature and time control	**Separate plating procedures have been implemented to ensure hot and cold items are not placed next to each other until immediately before serving to residents.** **All kitchen and dining staff will receive refresher training on safe food handling, temperature monitoring, and plating standards by 9/1/2025.**	Dining Services Director/ED	9/01/2025 & ongoing	Stephanie 8/11/2025

FIELDSTONE COMMUNITIES