STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CSL Yakima WA Tenant LLC
Fieldstone Memory Care
4120 Englewood Ave
Yakima, WA 98908

RE: Fieldstone Memory Care License # 2646

Dear Administrator:

This letter addresses Compliance Determination(s) 43065 (Completion Date 06/25/2024) and 38830 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/25/2024 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-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-a, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-7, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2646	Compliance Determination #38830
Plan of Correction	Fieldstone Memory Care	Completion Date
Page 1 of 6	Licensee: CSL Yakima WA Tenant LLC	03/27/2024

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 03/25/2024, 03/26/2024 and 03/27/2024 of:
Fieldstone Memory Care
4120 Englewood Ave
Yakima, WA 98908

The following sample was selected for review during the unannounced on-site visit: 8 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Scotti Bower IDR PM signed for Region 1
Residential Care Services

06/18/2024
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.

Stephani Reif
Administrator (or Representative)

6/18/2024
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the resident's Negotiated Service Agreement (NSA) the plan to meet individual residents' assessed needs, preferences and diagnoses which impose risks to their health and safety, and did not include the frequencies of care tasks for 7 of 8 residents (Residents 2, 3, 4, 5, 6, 7, 8). This failure placed residents at risk of unmet care needs.

Findings included...

Resident 2

Review of Resident 2's facility assessment, dated 03/11/2024, showed that the resident had diagnoses of [redacted] and was a fall risk. Resident 2's assessment showed that they required a modified diet of pureed textured food and diabetic meals. Resident 2's assessment showed that they required assistance with heavy incontinence (inability to regulate bladder and bowel), bathing, dressing, hygiene, communication, vision, mobility and transferring, and required monitoring for behaviors and safety checks.

Review of Resident 2's NSA, dated 03/14/2024, showed that the resident required assistance with incontinence, bathing, housekeeping, dressing, vision, hygiene, mobility, toileting, and transferring. The NSA did not include the frequency of the services that would be delivered or the time of day. Additionally, Resident 2's NSA did not include their modified diet of diabetic and pureed textured foods.

Resident 3

Review of Resident 3's facility assessment dated 02/22/2024 showed that the resident had diagnoses of [redacted] and [redacted]. Resident 3's assessment showed that they required set-up assistance for meals and needed to be escorted to and from meals and activities. Additionally, Resident 3 required oversight for toileting support, monitoring for behaviors, and assistance with transfers, bathing, hygiene, dressing, housekeeping, laundry, and de-cluttering of their apartment.

Review of Resident 3's NSA, dated 03/25/2023, showed that the resident required assistance for incontinence, behaviors, decluttering, bathing, housekeeping, dressing, laundry, hygiene, mobility, and transfers. The NSA did not include the frequency of the services that would be delivered or the time of day. Additionally, Resident 3's NSA did not include if the resident had the ability to leave the ALF unsupervised.

Resident 4

Review of Resident 4's NSA dated 04/07/2023 showed that the resident had diagnoses that included [redacted] and [redacted]. The NSA did not include Resident 4's diet order for staff to follow.

Resident 5

Review of Resident 5's NSA dated 03/18/2024 showed that the resident had diagnoses that included [redacted] and [redacted]. In addition, Resident 5's NSA did not show they had hospice services and did not include their diet order for staff to follow.

In an interview on 03/26/2024 at 9:00 AM, with Collateral Contact 2 (CC2), stated that Resident 5 had hospice services.

On 03/27/2024 at 3:32 PM, Staff I, Licensed Practical Nurse (LPN), acknowledged that Resident 5 had hospice services.

Resident 6

Review of Resident 6's facility assessment dated 12/01/2024, showed that the resident had diagnoses of [redacted] and [redacted]. The assessment showed that the resident needed assistance with housekeeping, laundry, medications and monitoring of their health and daily care.

Review of Resident 6's NSA revised on 12/04/2023, did not include the resident's risks associated, and monitoring of the resident's medication use. The NSA did not show Resident 6's specific tasks, preferences, and frequency of their housekeeping, laundry, and activity services.

Resident 7

Review of Resident 7's facility assessment dated 12/05/2024, showed that the resident had diagnoses of [redacted] and [redacted]. The assessment showed that the resident needed assistance with monitoring of health and daily care.

Review of Resident 7's NSA revised on 03/09/2024, did not include the resident's risks associated with their diagnoses. The NSA did not show Resident 6's specific tasks, preferences, and frequency of their housekeeping, laundry, and activity services.

Resident 8

On 03/25/2024 at 3:30 PM, CC1, stated that staff were not shaving, grooming, provided twice a week showers, and changing and washing the sheets for Resident 8. CC1 stated that they would have to do these for the resident.

Review of Resident 8's NSA, dated 03/04/2024, showed that the resident had diagnoses of [redacted] and [redacted]. Additionally, the NSA showed that the resident required staff assistance with bathing, laundry, hair care, and washing their face.

The NSA did not document the frequency or resident preferences for bathing, laundry, hair care, face washing, and changing and washing the bed sheets.

On 03/27/2024 at 11:35 AM, Staff A, Executive Director, stated that the facility nurses completed the assessments and that Staff H, Director of Nursing Services, completed the NSA's. They stated that prior to this system, the previous Executive Director/Registered Nurse completed the assessments and negotiated service agreements. Additionally, Staff H acknowledged that there were missing components on the residents NSA's.

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 is or will be in compliance with this law and / or regulation on (Date) 5/11/24 .

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

Stephanie Reef — Administrator (or Representative)

6/18/24 — 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 interview and record review, the Assisted Living Facility (ALF) failed to ensure that staff had the initial Tuberculosis (TB) skin test completed within three days of hire for 1 of 4 staff (Staff C). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

On 03/26/2024 at 2:00 PM, staff records were reviewed with Staff G, Business Office Manager. Staff G stated that they were responsible for maintaining and tracking staff records.

Review of Staff C's staff record showed that Staff C was hired 10/16/2023. Staff C's file showed that a TB first step skin test was completed on 01/30/2024, which was 106 days

after they were hired.

On 03/26/2024 at 2:10 PM, Staff G stated that Staff C delayed getting their TB first step completed.

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 is or will be in compliance with this law and / or regulation on (Date) 5/11/24.

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

Stephanie Reef — 6/18/24

Administrator (or Representative) — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

AMENDED
06/18/2024

CSL Yakima WA Tenant LLC
Fieldstone Memory Care
4120 Englewood Ave
Yakima, WA 98908

RE: Fieldstone Memory Care # 2646

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/27/2024 and found that your facility does not meet the Assisted Living Facility requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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 Mail the Plan/Attestation Statement and report with original signatures to:

Michelle Closner, Field Manager

Residential Care Services
Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

• 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The Assisted Living Facility (ALF) failed to assess a residents' ability to leave the ALF unsupervised.

WAC 388-78A-2310 Intermittent nursing services.

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

Based on interview and record review, the assisted living facility (ALF) failed to follow the required elements for nurse delegation.

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.

If You Have Any Questions:
• Please contact me at (509)572-7394.

Sincerely,

Michelle Closner, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure