



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) 61922 (Completion Date 07/01/2025) and 59639 (Completion Date 05/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/01/2025 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-2660-1, RCW 70.129.140.1

The Department staff who did the on-site verification:
Jessica Clapp, Assisted Living Facility Licenser

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: Fieldstone Memory Care **Provider Type:** Assisted Living Facility
License/Cert. #: 2646 **Intake ID:** 177862
Compliance Determination #: 59639 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Anna Cairns
Investigation Date(s): 05/15/2025 through 05/16/2025
Complainant Contact Date(s):

Allegation(s):

The named staff performed a digital disimpaction and did not stop when the resident asked them to stop due to pain. The named staff person continued the procedure.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Staff to resident interactions
Interviews:	Administrator Residents Staff Resident Representative
Record Reviews:	Characteristic roster Resident records (face sheet, assessment, care plan, progress notes, incident investigation, medication administration record) Facility policy

Investigation Summary:

Interview and record review showed that named staff person performed a digital disimpaction on the named resident. Interviews showed that the resident showed pain through their facial expression and verbally. The facility did an investigation, placed the staff member on suspension during the investigation, and terminated them. Failed practice identified, WAC 388-78A-2660, RCW 70.129.140 (1).

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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 # 59639
Plan of Correction	Fieldstone Memory Care	Completion Date
Page 1 of 4	Licensee: CSL Yakima WA Tenant LLC	05/16/2025

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 05/15/2025 of:

Fieldstone Memory Care
4120 Englewood Ave
Yakima, WA 98908

This document references the following complaint number(s): 177862

The following sample was selected for review during the unannounced on-site visit: 2 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

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

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

Statement of Deficiencies	License #: 2646	Compliance Determination # 59639
Plan of Correction	Fieldstone Memory Care	Completion Date
Page 2 of 4	Licensee: CSL Yakima WA Tenant LLC	05/16/2025

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

05/22/2025
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.

Stephen Reif
Administrator (or Representative)

5/28/25
Date

RCW 70.129.140 Quality of life – Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure care for residents was done in a manner that maintained each resident's dignity for 1 of 2 residents (Resident 1). This failure resulted in a resident being cared for in an undignified manner, that caused unnecessary pain.

Findings included...

Review of Resident 1's demographic sheet, dated 05/15/2025, showed that the resident was admitted to the facility on [REDACTED]/2025.

Review of Resident 1's full facility assessment, dated [REDACTED]/2025, showed that the resident had diagnoses of [REDACTED] and [REDACTED] that required a wheelchair. Resident 1's assessment showed that the resident was incontinent of bowel and required two-person assistance for all transfers with a hoist lift (device to assist caregivers in transferring residents with limited mobility) and for assistance.

Review of Resident 1's April 2025, Medication Administration Record (MAR), showed that the resident had a routine medication, docusate sodium, that they were given twice a day for constipation that had been given since [REDACTED]/2025, when they had been admitted to the facility. Additionally, Resident 1's MAR also showed that they had two additional medications, gentle laxative suppository and milk of magnesia for constipation to be given "as needed" that the resident had not been given since [REDACTED]/2025.

As of 05/16/2025, Review of Resident 1's progress notes did not include any documentation of the resident having constipation.

Review of the facility investigation, dated 05/02/2025, showed that two staff had been present in an incident, 24 hours after the resident had moved in, where the previous nurse at the facility had physically transferred Resident 1 from their bed to the toilet without a hoist lift and performed digital disimpaction (procedures to remove stool from the rectum using a gloved finger) on the resident three separate times. The facility investigation showed that the previous facility nurse had staff lift Resident 1 up to a standing position three times while performing the digital disimpaction procedure.

In an interview on 05/15/2025 at 10:28 AM, Staff A, Administrator, stated that after they had completed their investigation for the incident that had occurred with Resident 1, they saw that the resident had other interventions for constipation, and that they had two medications that were not utilized before they had performed the digital disimpaction procedure.

In an interview on 05/15/2025 at 11:10 AM, Collateral Contact 1 (CC1), Resident Representative, stated that Resident 1 was at a higher cognitive level than the other residents in the memory care unit. CC1 stated that they were notified of the incident with staff assisting Resident 1 with a bowel movement and that it, "hurt him." Additionally, CC1 stated that Resident 1 does not complain often, that the "whole process was alarming," and that a digital disimpaction would be done occasionally at long term care facilities, "but it was never the first call to do that first."

Statement of Deficiencies

License #: 2648

Compliance Determination # 59639

Plan of Correction

Fieldstone Memory Care

Completion Date

Page 4 of 4

Licensee: CSL Yakima WA Tenant LLC

05/16/2025

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) 06/06/2025

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

Stephen Ray
Administrator (or Representative)

5/28/25
Date