STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

FFII Olympia Tennant LLC
Fieldstone Memory Care of Olympia
710 Fieldstone Dr SW
Olympia, WA 98502

RE: Fieldstone Memory Care of Olympia License # 2687

Dear Administrator:

This letter addresses Compliance Determination(s) 73954 (Completion Date 03/06/2026) and 71050 (Completion Date 01/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/06/2026 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-2610-1, WAC 388-78A-2610-2-c-ii, WAC 388-78A-2610-2-d, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-4

The Department staff who did the on-site verification:
Celeste Vashey, ALF LTC Licensor
Anissa Bearden, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***



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 01/07/2026 and 01/09/2026 of:
Fieldstone Memory Care of Olympia
710 Fieldstone Dr SW
Olympia, WA 98502

The following sample was selected for review during the unannounced on-site visit: 7 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Celeste Vashey, ALF LTC Licensor
Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Clinton Fridley RN
Residential Care Services

01/16/2026
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.

(Administrator or Representative)

1-26-26
Date

**WAC 388-78A-2610 Infection control.**

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Maintain and provide staff persons with the necessary training, supplies, equipment, and personal protective equipment for preventing and controlling the spread of infections by:

(ii) Ordering supplies when necessary.

(d) Provide all resident care and services according to current acceptable standards for infection control;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to provide necessary handwashing supplies in 3 of 6 resident's (Resident 6, 2, and 7) care areas. This failure placed all memory care residents, staff, and visitors at risk for spread of infectious disease or illness.

Findings included...

Record review of the facility's policy titled, "Infection Control," dated 07/05/2017, documented washing hands was the single most important measure for preventing the spread of infection and disease. All staff were responsible for observed the hand washing policy. Staff were to wash their hands after personal body functions, use of toilet, after handling soiled laundry or items with bodily fluids and housekeeping tasks, before and after wearing disposable gloved and personal care tasks of daily living, whenever changed from doing a "dirty" task to a "clean" task, whenever hands were

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.

Clinton Fridley RN
Residential Care Services

01/16/2026
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.

Administrator (or Representative)

Date

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**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to provide necessary handwashing supplies in 3 of 6 resident's (Resident 6, 2, and 7) care areas. This failure placed all memory care residents, staff, and visitors at risk for spread of infectious disease or illness.

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Record review of the facility's policy titled, "Infection Control," dated 07/05/2017, documented washing hands was the single most important measure for preventing the spread of infection and disease. All staff were responsible for observed the hand washing policy. Staff were to wash their hands after personal body functions, use of toilet, after handling soiled laundry or items with bodily fluids and housekeeping tasks, before and after wearing disposable gloved and personal care tasks of daily living, whenever changed from doing a "dirty" task to a "clean" task, whenever hands were

obviously soiled, and that glove do not replace hand washing. Staff were to wash their hands with lukewarm water, wet the hands and wrists, apply soap to hands and rub vigorously, rinse hands well under running water, dry hands with disposable paper towels, and turn off water with paper towels and discard. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids, soiled with blood or other body fluids and immediately after removed of gloves.

Record review of the facility's characteristic roster, undated, documented that they had 45 residents that had dementia (progressive brain disorder that effects a person's thinking, judgement and ability to carry out activities of daily living needs), three that wandered (traveling aimlessly from place to place) or exit seek (a condition where an individual tried to leave a secured area), and 28 that experienced urinary incontinence that required staff assistance with personal peri care.

Resident 6 (R6)

Record review of R6's document titled, "memory care standard level of care and service Plan," dated 07/14/2025, documented R6 had diagnosis of [redacted] and [redacted] and was not always oriented. R6 was incontinent of bladder and required oversight and hygiene checks from staff that included linen changes related to incontinence.

On 01/08/2026 at 12:32 PM an observation inside R6's bathroom that had the only sink in the care area, inside the unlocked cabinet under the sink and in the two unlocked drawers there were no soap or paper towels for the staff to use.

Resident 2 (R2)

Record review of R2's document titled, "Memory Care Standard Level of Care and Service Plan," dated 07/03/2025, documented they were dependent from staff with their insulin injections (prescribed medication, that is injected, to help lower high blood sugar levels) and blood sugar monitoring. R2 was incontinent of urine and bowel that required total assistance from staff with toileting and incontinence products. R2 had mild to moderate disorientation or difficulty recalling/retaining information.

On 01/08/2026 at 3:04 PM an observation inside the unlocked cabinet under the sink and on top of the counter at the only sink in the care area of R2's bathroom, there was no paper towels or soap available for staff to use.

Resident 7 (R7)

Record review of R7's document titled, "Memory Care Standard Level of Care and Service Plan," dated 01/05/2026, documented they had dementia and not always oriented. R7 was incontinent of bowel and urine that required extensive assistance from two staff members for peri care and all toileting activities.

On 01/08/2026 at 3:15 PM and on 01/09/2026 at 10:45 AM, inside R7's bathroom under the unlocked cabinet, there was no soap or paper towels available for staff to use at the only sink in the care area. Staff G, Housekeeper, unlocked the two locking drawers and opened the unlocked cabinet under the sink that showed there was no soap or paper towels available for the staff to use. At 3:19 PM, Staff G stated there were no soap or paper towels in any of the residents' bathrooms of their care areas. Staff G stated they would need to go to the laundry room, soiled utility room, or the resident dining room sink to wash their hands with soap, water, and paper towels if their hands were soiled.

On 01/08/2026 at 3:35 PM Staff J, Lead Medication Aide and Staff N, Caregiver, stated the memory care residents they provided care for had paper towels in the unlocked cabinet underneath their bathroom sink and soap was located in their locked bathroom drawer. Staff J and Staff N stated if their hands became soiled when they provided care, they would take off their gloves, they used hand sanitizer, they got the paper towels out of the unlocked cabinet and then they retrieved their key to get the soap in the locked drawer to gather the supplies to perform hand hygiene.

On 01/08/2026 at 10:38 AM Staff K, Caregiver, stated they were unsure if all the memory care resident's rooms were provided soap and paper towels for the facility staff to use and they had to ask the facility's management.

On 01/08/2026 at 10:46 AM Staff L, Lead Medication Aide, stated all memory care residents' rooms were stocked and supplied with soap and paper towels for the staff to use.

On 01/08/2026 at 10:56 AM Staff B, Medication Aide, stated all memory care residents' rooms were stocked and supplied with soap and paper towels for the staff to use.

On 01/08/2026 at 11:01 AM Staff M, Assistant Director of Nursing, stated they were unsure if all the memory care resident's rooms were provided soap and paper towels for the facility staff to use and they had to ask the facility's management. Staff M stated if they provided care and their gloves became soiled, they would take off their gloves, perform hand hygiene, and put on new gloves. Staff M stated the paper towels were located in the resident's unlocked cabinet underneath their sink and the soap was located in the resident's locked drawer. Staff M stated they would get the soap and paper towels out after finishing care not beforehand.

On 01/09/2026 at 11:38 AM Staff I, Caregiver, stated not all of the memory care residents' rooms were stocked and supplied with soap and paper towels for the staff to use. Staff I stated they have used the residents personal supply of soap or shampoo if it

was available to wash their hands when they were visible soiled. Staff I was unable to show the Department soap and paper towels in R2's bathroom under the sink, or in the two locked drawers.

On 01/09/2026 at 12:07 PM observed inside R2's bathroom, Staff A, Executive Director, looked under the sink and inside both locked drawers and was unable to find any facility provided soap that Staff A stated they provided dial soap. At 12:11 PM, inside R7's bathroom, Staff A looked under the sink, inside both locked drawers, and in the areas of the only sink in R7 care area and was unable to find facility provided soap or paper towels.

On 01/08/2026 at 11:01 AM, Staff M, Assistant Director of Nursing, stated they were unsure if all the memory care resident's rooms were provided soap and paper towels for the facility staff to use and they had to ask the facility's management. Staff M stated if they provided care and their gloves became soiled, they would take off their gloves, perform hand hygiene, and put on new gloves. Staff M stated the paper towels were located in the resident's unlocked cabinet underneath their sink and the soap was located in the resident's locked drawer. Staff M stated they would get the soap and paper towels out after finishing care not beforehand.

On 01/09/2026 at 11:38 AM, Staff I, Caregiver, stated not all of the memory care residents' rooms were stocked and supplied with soap and paper towels for the staff to use. Staff I stated they have used the residents personal supply of soap or shampoo if it was available to wash their hands when they were visible soiled. Staff I was unable to show the Department soap and paper towels in R2's bathroom under the sink, or in the two locked drawers.

On 01/09/2026 at 12:07 PM, inside R2's bathroom, Staff A, Executive Director, looked under the sink and inside both locked drawers and was unable to find any facility provided soap that Staff A stated they provided dial soap. At 12:11 PM, inside R7's bathroom, Staff A looked under the sink, inside both locked drawers, and in the areas of the only sink in R7 care area and was unable to find facility provided soap or paper towels.

| Statement of Deficiencies | License #: 2687 | Compliance Determination # 71050 |
|---|---|---|
| Plan of Correction | Fieldstone Memory Care of Olympia | Completion Date |
| Page 6 of 8 | Licensee: FFII Olympia Tennant LLC | 01/09/2026 |

**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 Olympia is or will be in compliance with this law and / or regulation on (Date) Feburary 20th

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

Administrator (or Representative) 1-26-26 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;

(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 potentially hazardous supplies in 4 of 4 resident care areas (Resident 2's apartment, Resident 3's apartment, Resident 4's apartment and Resident 8's apartment). This failure placed all memory care residents at risk for ingesting potentially toxic materials.

Findings included...

Record review of the Alzheimer's Association document titled, "Home Safety", undated showed as the Alzheimer dementia disease progresses, the person's abilities would change. Under the section titled, "how dementia affects safety", showed Alzheimer's disease caused a number of changes in the brain and body that would affect the person's safety that included forgetting how to use household items, becoming easily confused, and experiencing changes in vision. Under the section titled, "home safety tips", showed keep all cleaning products such as bleach out of sight, secured and in the original storage containers to discourage someone from eating or touching harmful chemicals.

**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 Olympia 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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(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(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 potentially hazardous supplies in 4 of 4 resident care areas (Resident 2's apartment, Resident 3's apartment, Resident 4's apartment and Resident 8's apartment). This failure placed all memory care residents at risk for ingesting potentially toxic materials.

Findings included...

Record review of the Alzheimer's Association document titled, "Home Safety", undated showed as the Alzheimer dementia disease progresses, the person's abilities would change. Under the section titled, "how dementia affects safety", showed Alzheimer's disease caused a number of changes in the brain and body that would affect the person's safety that included forgetting how to use household items, becoming easily confused, and experiencing changes in vision. Under the section titled, "home safety tips", showed keep all cleaning products such as bleach out of sight, secured and in the original storage containers to discourage someone from eating or touching harmful chemicals.

Record review of the facility's policy titled, "Safe Storage and Handling of Supplies and Equipment," dated 09/17/2024, documented the policy was in place to ensure that supplies and equipment, both clean and soiled, were handled and stored in a safe manner to protect residents from exposure to contamination, hazardous materials, unnecessary risk and guides the safe practices regarding storage of supplies based on the residents' assessed needs, functional and cognitive abilities, hazardous nature of certain materials and how to protect residents with special needs without imposing unnecessary restrictions on the broader general population.

Record review of the facility's document "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed 45 residents were labeled to have dementia (a condition that effects thinking, remembering, reasoning, and effects daily life)/Alzheimer's (condition causing memory loss and reduced functional abilities)/Cognitive Impairment (condition affecting thinking, memory, and decision-making) and three residents were labeled that they experienced exit seeking (a condition where an individual tried to leave a secured area)/wandering (traveling aimlessly from place to place).

On 01/08/2026 at 9:00 AM Staff G, Housekeeper, stated all hazardous supplies and chemicals were to be locked. Staff G stated at times residents would grab items such as spray bottles and spray the liquid out of the container. Staff G stated residents had sensitive skin and they wanted to ensure nothing inside of the bottle irritated their skin.

On 01/08/2026 at 3:04 PM observed in Resident 2's (R2) bathroom under the sink inside the unlocked cabinet, there was one light blue bottle labeled "renewing argan oil of Morocco shampoo", and a clear bottle that was half full of green liquid with a label of "body wash."

On 01/08/2026 at 3:24 PM observed in Resident 3's (R3) bathroom, showed in an unlocked drawer there was a bottle of cactus flower hand soap, a bottle of dial antibacterial defense soap, and a bottle of lemon verbena hand soap. Inside R3's shower there was one bottle of tea tree shampoo, one bottle of tea tree conditioner, and one bottle of Johnson's head to toe body wash.

On 01/08/2026 at 3:35 PM Staff J, Lead Medication Aide, stated all shampoos, conditioners, or anything liquid, and inedible should be in the resident's locked drawer in their bathroom. Staff J stated all items needed to be locked in case any of the residents wandered into another resident's room. Staff J stated the facility staff members had a key to get inside of the locked drawers when needed.

On 01/09/2026 at 10:31 AM Staff H, Caregiver, stated R2's bedroom door was open and available to go inside. Upon approaching R2's room, the door was wide open and an observed inside the bathroom on the counter by the sink, was a light blue bottle labeled "renewing argan oil of Morocco shampoo", and a clear bottle that was half full of green liquid with a label of "body wash" available to the memory care residents.

| Statement of Deficiencies | License #: 2687 | Compliance Determination # 710E0 |
|---|---|---|
| Plan of Correction | Fieldstone Memory Care of Olympia | Completion Date |
| Page 8 of 8 | Licensee: FFII Olympia Tennant LLC | 01/09/2026 |

On 01/09/2026 at 10:38 AM observation of R3's bathroom, showed in an unlocked cabinet underneath the sink was a bottle of Dial soap. Staff K, Caregiver, stated the soap was supposed to be in the locked drawer.

On 01/09/2026 at 11:01 AM Staff M, Assistant Director of Nursing, stated anything that was inedible such as chemicals, toothpaste and shampoos needed to be kept locked in a drawer that the facility staff had keys to.

On 01/09/2026 at 3:33 PM, during an observation in Resident 4's (R4) bathroom, outside an unlocked drawer was a handwritten sign that stated to keep Resident 8's (R8) briefs in this drawer and keep locked. Inside the drawer contained one bottle of Remedy prevent cornstarch powder (absorbs moisture), Thera Cals zinc body shied (medicated skin protectant cream), Jergens ultra healing extra dry moisturized (body lotion), organic now moisturizing lotion, gold bond ultimate healing (body lotion) and one bottle of fluoride toothpaste.

On 01/09/2026 at 12:05 PM, Staff A, Executive Director, stated all non-edible chemicals or supplies were to be stored in the locking drawers in the residents' bathrooms that included body wash, toothpaste and soaps.

**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 Olympia is or will be in compliance with this law and / or regulation on (Date) February 20th

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

Administrator (or Representative) 1-26-26 Date

On 01/09/2026 at 10:38 AM observation of R3's bathroom, showed in an unlocked cabinet underneath the sink was a bottle of Dial soap. Staff K, Caregiver, stated the soap was supposed to be in the locked drawer.

On 01/09/2026 at 11:01 AM Staff M, Assistant Director of Nursing, stated anything that was inedible such as chemicals, toothpaste and shampoos needed to be kept locked in a drawer that the facility staff had keys to.

On 01/09/2026 at 3:33 PM, during an observation in Resident 4's (R4) bathroom, outside an unlocked drawer was a handwritten sign that stated to keep Resident 8's (R8) briefs in this drawer and keep locked. Inside the drawer contained one bottle of Remedy prevent cornstarch powder (absorbs moisture), Thera Cala zinc body shied (medicated skin protectant cream), Jergens ultra healing extra dry moisturized (body lotion), organic now moisturizing lotion, gold bond ultimate healing (body lotion) and one bottle of fluoride toothpaste.

On 01/09/2026 at 12:05 PM, Staff A, Executive Director, stated all non-edible chemicals or supplies were to be stored in the locking drawers in the residents' bathrooms that included body wash, toothpaste and soaps.

**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 Olympia 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***800 NE 136th Ave Ste 200, Vancouver, WA 98684***

FFII Olympia Tennant LLC
Fieldstone Memory Care of Olympia
710 Fieldstone Dr SW
Olympia, WA 98502

RE: Fieldstone Memory Care of Olympia # 2687

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/09/2026 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:

Clinton Fridley, Community Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• 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-3090 Maintenance and housekeeping.**

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

Based on observation and interview, the facility failed to ensure the kitchen vents and walls were clean and well maintained. The facility was able to implement a system and fixed the identified concerns prior to completion of the licensing inspection.

**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 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 (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure