STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Touchmark on South Hill, A Limited Partnership
TOUCHMARK ON SOUTH HILL
2929 S Waterford Dr
SPOKANE, WA 99203

RE: TOUCHMARK ON SOUTH HILL License # 1004

Dear Administrator:

This letter addresses Compliance Determination(s) 42641 (Completion Date 06/12/2024) and 39676 (Completion Date 04/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/12/2024 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-2210-2-b, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210, WAC 388-78A-2210-1, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Licensee: Touchmark on South Hill, A Limited Partnership
TOUCHMARK ON SOUTH HILL
2929 S Waterford Dr
SPOKANE, WA 99203

RE: TOUCHMARK ON SOUTH HILL License # 1004

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 04/18/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:
- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1004	Compliance Determination # 39676
Plan of Correction	TOUCHMARK ON SOUTH HILL	Completion Date
Page 3 of 7	Licensee: Touchmark on South Hill, A Limited	04/18/2024

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 and complaint investigation on 04/12/2024, 04/16/2024, 04/17/2024 and 04/18/2024 of:

TOUCHMARK ON SOUTH HILL
S 2999 WATERFORD DR
SPOKANE, WA 99203

This document references the following complaint numbers: 127107.

The following sample was selected for review during the unannounced on-site visit: 9 of 96 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Veronica Jackson, Assisted Living Facility Licensor
Patty Ford, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 — 04/23/2024 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.

Kari Miller
Administrator (or Representative)

4/29/2024
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide medications as prescribed for 2 of 9 sampled residents (Residents 1 and 4). This failed practice placed residents at risk of health complications due to medication errors.

Findings included....

<Resident 1>

Review of Resident 1's Individualized Service Plan (NSA, the facility's titled negotiated service agreement), dated 03/12/2024, showed the resident was diagnosed with [redacted] and [redacted] and received staff assistance with all medications.

Review of Resident 1's February 2024, medication administration record (MAR) showed the resident was prescribed two types of insulin (medication to lower blood sugar). Further review of the MAR showed the resident did not receive their insulin on 02/05/2024, 02/07/2024, 02/20/2024, and 02/21/2024. The MAR showed no documentation as to why the insulin was not given.

In an interview on 04/16/2024 at 11:02 AM, Staff H, Clinical Care Manager, and Staff G, Health Services Director, stated that they could not confirm that Resident 1 received their

insulin as ordered.

<Resident 4>

Review of Resident 4's NSA, dated 04/08/2024, showed the resident was diagnosed with [redacted], and received assistance from the facility with all medications.

Review of Resident 4's physician orders, dated 02/27/2024, showed the resident was diagnosed with [redacted] and new prescription orders for oxybutynin (used to decrease bladder spasms) to be administered every eight hours.

Review of Resident 4's February 2024, March 2024, and April 2024 MAR's, showed the resident started oxybutynin on 02/27/2024 with instructions to be given every eight hours. The administration times were listed as 8:00 AM, 4:00 PM, and 8:00 PM. Further review showed documentation that the resident received the 8:00 PM dose four hours early each day from 02/27/2024 through 04/15/2024 (The 8:00 PM dose was given four hours after the 4:00 PM dose, which was not eight hours apart).

In an interview on 04/18/2024 at 2:30 PM, Staff H, Clinical Care Manager, stated the medication errors were due to not checking and transcribing the order correctly onto the MAR.

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, TOUCHMARK ON SOUTH HILL is or will be in compliance with this law and / or regulation on (Date) 5/29/24 .

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

Kari Miller — Administrator (or Representative)

4/29/24 — Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure a family plan for medication assistance with blood glucose testing and insulin administration was completed by the family member for 1 of 2 residents (Resident 1) sampled for family assistance with medications. This failed practice placed the resident at risk of not receiving their medication as prescribed.

Findings included...

Review of the facility's undated "Family Assistance with Medications Policy," showed that the assisted living facility must request that the family member submit to the boarding home a written plan for such assistance or administrations.

Review of Resident 1's Individualized Service Plan (NSA, the facility's titled negotiation service agreement), dated 03/12/2024, showed the resident was diagnosed with [redacted] and [redacted] and received staff assistance with all medications including blood glucose testing (measurement of sugar in the blood) and insulin assistance.

Review of Resident 1's February 2024 medical administration record (MAR), showed documentation on 02/22/2024 at 12:20 PM, that Resident 1 had been out with a family member, Collateral Contact 1 (CC1). Documentation at 12:21 PM, showed that CC1

assisted with the resident's blood sugar checks and insulin.

Review of Resident 1's undated medical chart showed no family assistance with medication plan.

Observation on 04/17/2024 at 11:40 AM, showed CC1 assisted the resident with their blood sugar check and insulin dosage.

In an interview on 04/16/2024 at 10:58 AM, Staff H, Clinical Care Manager, stated that they did not have a family assistance with medication plan for Resident 1.

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, TOUCHMARK ON SOUTH HILL is or will be in compliance with this law and / or regulation on (Date) 5/29/24 .

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

Kari Miller — Administrator (or Representative)

4/29/24 — Date