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

12/30/2025

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

RE: TOUCHMARK ON SOUTH HILL # 1004

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71309 (Completion Date 12/30/2025) and 68615 (Completion Date 11/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

The Department staff who did the On Site verification:
Patricia Eddy, Community Licensor

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

Sincerely,

Stephanie Jenks, Community 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

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 11/12/2025, 11/13/2025 and 11/14/2025 of:

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

The following sample was selected for review during the unannounced on-site visit: 9 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community Licensor
Brian Zbylski, ALF Licensor
Jennifer Lee, Assisted Living Facility Licensor
Veronica Jackson, Assisted Living Facility Licensor

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.

Staci Dilg , IDR PM, for Region 1 B
Residential Care Services

January 06, 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.

Morgan Kelly
Administrator (or Representative)

1/7/2026
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete fingerprint background checks for 1 of 5 staff (Staff B). This failure placed residents at risk of receiving unsupervised care and services from a potentially disqualified caregiver.

Findings included...

Review of Staff B's, Certified Nursing Assistant, personnel file showed that they had a hire date of 11/27/2024 and that it did not contain a completed national fingerprint background check.

In an interview on 11/21/2025 at 3:15 PM, Staff A, Health Services Director, stated that Staff B did not have a national fingerprint background check because they had transferred over from the facility's nursing home where national fingerprint background checks were not required.

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) 12/17/25 .

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

Morgan Kelly

Administrator (or Representative)

1/7/26

Date

PLAN OF CORRECTION
Provider: Touchmark on South Hill

DEFICIENCY #1
WAC 388-78A-2090 – Full Assessment Topics – Failure to complete required 14-day assessment
Survey documentation identified residents where the full assessment was not completed within required timelines and/or the negotiated service plan did not meet regulatory deadlines:

- Resident 4 and 8 full assessment completed late

Corrective Action for Affected Residents

1. No correction was needed as both residents had Full assessments completed within the regulatory time frame of Day 1-14.
2. The Full assessment and negotiated services plan for the identified residents were completed on Days 1 & reviewed and verified for regulatory compliance.
3. The usual process for the completion of the full assessment at Touchmark is to complete the assessment on day of Move in (Day 1), but no later than day 14.

How We Will Identify and Protect Other Residents Who Could Be Affected

1. **A complete audit of all resident full assessments and negotiated service plans was conducted**, covering every resident admitted or readmitted. All resident have a Full Assessment and a Negotiated Service plan completed within the regulatory time-line.
2. Touchmark completes the full comprehensive assessment within the first 72 hours after move in— and it includes all required elements from WAC 388-78A-2090 — it fully meets the regulation.

Systemic Changes / Procedural Correction
We will implement the following process improvements:

1. Revise the Assessment titles in our New Software program, ALIS.
    - We have created a new assessment reason Initial/14 Day. This will create clarity in the terminology being used to show that we are meeting the regulatory requirements of the full assessment being completed by day 14.

Education
All clinical leadership will review the regulatory timeframes and expectations of completion of the Full assessment and how to open the new template that indicates the assessment will meet the standards for the Full assessment being completed day 1-14.

How Will this be Sustained

1. All new admission Full Assessments and Negotiated Services Plans will be reviewed to ensure assessments meet regulatory guidelines regarding timing of the assessment. This will be done after each new admission.
    - Audit results will be reported during quarterly QA.

Responsible person
Health Services Director and Resident Care Manager.

DEFICIENCY #2
WAC 388-78A-24642 – Background Checks
Surveyor identified one employee (Staff B) who had a hire date of 10/27/2025 but did not have documentation of the required national fingerprint background check completed.

Corrective Action for Affected Employee

1. Staff B immediately received a completed fingerprint background check, before the SOD was received..
2. Employee record updated and verified.
3. Employee was immediately removed from the schedule until fingerprinting could be completed

How We Will Identify and Protect Other Residents Who Could Be Affected

1. Full audit of all employee background check files and completion dates was performed.
2. Two other staff, that transferred from Skilled Nursing, were identified with missing background checks. Both of these employees fingerprint checks are completed.

Systemic Changes / Procedural Correction

1. **Revision to Hiring Procedure**
   This was an isolated event due to the closure of Touchmarks onsite Skilled Nursing program and transferring CNA's from the closed Skilled program to Assisted Living. No other instances of newly hired employees or internally transferred employees to Assisted Living were found without a finger print check or background check
2. As per our current practice, newly hired employees or internal employees that are transferring to Assisted Living, are not placed on the schedule until verification of:
   - National fingerprint-based check
   - National name-based check

How Will this be Sustained

1. Relias Certification tracker is utilized for all employees
   - Background check reminders are sent to the Health Services Director and HR
   - Health Services Director completes a weekly audit of Relias to ensure all current Team members are listed and in compliance.

Responsible person
Human Resources Director and Health Services Director