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

PSL Associates, LLC
South Hill Village, Assisted Living & Memory Care
5925 S Hailee Lane
Spokane, WA 99223

RE: South Hill Village, Assisted Living & Memory Care License # 2478

Dear Administrator:

This letter addresses Compliance Determination(s) 36613 (Completion Date 02/08/2024) and 33900 (Completion Date 12/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/08/2024 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-2730, WAC 388-78A-2730-1, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2474, WAC 388-78A-2474-2, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor

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

Sincerely,

S. M

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

Residential Care Services
Investigation Summary Report

Provider/Facility: South Hill Village, Assisted Living & Memory Care
License/Cert.#: 2478
Compliance Determination #: 33900
Investigator: Veronica Jackson
Investigation Date(s): 12/18/2023 through 12/22/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 109709
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Covid 19 outbreak

Investigation Methods:

Sample:	Total residents: 29 Resident sample size: 5 Closed records sample size: 0
Observations:	Named resident Sampled residents (4) Residents in common areas Cleanliness of resident rooms and all common areas Hand hygiene of staff Screening of visitors when they enter (thermometer in entrance) Meal Service Availability of hand sanitizer Laundry facilities and practices
Interviews:	Sampled residents Resident representatives Memory Care Director Infection control policies discussed with Executive Director
Record Reviews:	Named resident records sampled resident record Employee training records Respiratory Protection Program

Investigation Summary:
The facility's respiratory protection program was found to be incomplete resulting in statement of deficiency for WAC 2730 (1)(a)(b) on 12/22/2023 for staff respirator fit testing requirements.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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PSL Associates, LLC
South Hill Village, Assisted Living & Memory Care
5925 S Hailee Lane
Spokane, WA 99223

RE: South Hill Village, Assisted Living & Memory Care # 2478

Dear Administrator:

This document references the following complaint numbers 109709.

The Department completed a full inspection of your Assisted Living Facility on 12/22/2023 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 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.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to maintain hot water temperatures below 120° Fahrenheit (F) in resident rooms and common bathrooms and placed hot water dispensers in each resident dining room with water that measured over 155°F. Maintenance staff turned off the hot water to all dispensers and turned down the water temperature in resident rooms and common bathrooms. Administrative staff stated they would check water temperatures routinely to ensure they remained between 105°F and 120°F.

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 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,

S. M

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 #: 2478	Compliance Determination # 33900
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 4 of 9	Licensee: PSL Associates, LLC	12/22/2023

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 12/18/2023, 12/19/2023 and 12/20/2023 of:
South Hill Village, Assisted Living & Memory Care
5925 S Hailee Lane
Spokane, WA 99223

This document references the following complaint numbers: 109709.

The following sample was selected for review during the unannounced on-site visit: 5 of 29 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor
Tethra Wales, Assisted Living Facility Licensor
Mark Sedhom, Assisted Living Facility Licensor
Carla Rose, NCI Community 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.

S.M
Residential Care Services

12/28/2023
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) 1/4/24 Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had completed respirator fit testing for 5 of 5 staff (Staff B, C, D, E and F) sampled for respirator fit testing. This failure placed residents and staff at risk of exposure to infectious communicable diseases should an outbreak occur.

Findings included...

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators and at least every twelve months after initial testing.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

Review of Staff B's, Care Partner, personnel file showed a hire date of 09/21/2023. Further review of the file showed no documentation of respirator fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively to reduce the chance of exposure to respiratory viruses).

Review of Staff C's, Care Partner, personnel file showed a hire date of 10/21/2022. Further review of the file showed no documentation of respirator fit testing.

Review of Staff D's, Medication Technician, personnel file showed a hire date of

09/11/2022. Further review of the file showed no documentation of respirator fit testing.

Review of Staff E's, Health and Wellness Coordinator, personnel file showed a hire date of 11/13/2013. Further review of the file showed no documentation of respirator fit testing.

Review of Staff F's, Medication Technician, personnel file showed a hire date of 11/17/2015. Further review showed no documentation of respirator fit testing.

In an interview on 12/20/2023 at 11:59 AM, Staff A, Executive Director, stated that Staff B, C, D, E, and F had not been respirator fit tested.

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, South Hill Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 2/4/2024.

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

Administrator (or Representative) — Date: 1/4/24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 70-hour long-term care worker basic training, and specialty training for mental health and dementia was completed for 2 of 6 staff (Staff A and C). The facility also failed to ensure cardiopulmonary resuscitation training was completed for 2 of 6 staff (Staff C and E). This failure placed residents at risk of improper care and inadequate emergency response from untrained staff.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility provided care for residents with [redacted] and [redacted] diagnoses.

<Staff A>

Review of Staff A's, Executive Director, personnel file showed they were hired on 08/15/2023. Further review showed no documentation of specialty training for mental health and dementia or 70-hour long-term care worker basic training.

In an interview on 12/19/2023 at 3:00 PM, Staff A confirmed they still needed to complete specialty training for mental health and dementia, and 70-hour long-term care worker basic training.

<Staff C>

Review of Staff C's, Care Partner, personnel file showed they were hired on 10/21/2022. Review of the file showed no documentation of cardiopulmonary resuscitation (CPR, basic life support training). Further review of the file showed no documentation of specialty training for mental health and dementia or 70-hour long-term care worker basic training.

In an interview on 12/19/2023 at 9:10 AM, Staff G, Memory Care Director, stated that Staff C did not have CPR training completed.

In an interview on 12/19/2023 at 11:16 AM, Staff G, stated that Staff C had not scheduled their Home Care Aide (HCA) training.

<Staff E>

Review of Staff E's, Health and Wellness Coordinator, personnel file showed they were hired on 11/13/2013. Further review of the file showed that Staff E's CPR training had expired on 11/30/2023.

In an interview on 12/19/2023 at 10:20 AM, Staff G confirmed that Staff E's CPR training had expired, and that Staff E had not taken a recertification class.

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, South Hill Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 2/4/2024 .

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

Administrator (or Representative) 1/4/2024 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to conduct a two-step tuberculosis test for 3 of 6 sampled staff (Staff B, D, and F). This failure placed residents at risk of exposure to tuberculosis.

Findings included...

<Staff B>

Review of Staff B's, Care Partner, personnel file showed they were hired on 09/21/2022. Further review showed the file did not contain documentation of completed two-step tuberculosis (TB, a communicable respiratory disease) testing.

In an interview on 12/20/2023 at 10:20 AM, Staff A, Executive Director, stated that Staff B had not completed TB testing.

<Staff D>

Review of Staff D's, Medication Technician, personnel file showed they were hired on 09/11/2022. Further review showed the file did not contain documentation of completed two-step TB testing.

In an interview on 12/19/2023 at 3:00 PM, Staff A stated that Staff D had not completed TB testing.

<Staff F>

Review of Staff F's, Medication Technician, personnel file showed they were hired on 11/17/2015. Further review showed the file did not contain documentation of completed two-step TB testing.

In an interview on 12/19/2023 at 9:30 AM, Staff A stated that Staff F had not completed TB testing.

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, South Hill Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 2/4/2024 .

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

Administrator (or Representative) 1/4/2024 Date