



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600**

October 17, 2024

ELECTRONIC-FACSIMILE

Administrator
North Point Village, Assisted Living & Memory Care
1110 E Westview Ct
Spokane, WA 99218

Assisted Living Facility License # **2479**
Licensee: PSL Associates, LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On October 4, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **North Point Village, Assisted Living & Memory Care**, located at **1110 E Westview Ct, Spokane**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated October 4, 2024.

Civil Fines

WAC 388-78A-2140(5) Negotiated service agreement contents.

\$300.00

The licensee failed to ensure that behavioral interventions were included in the negotiated service agreement for one resident. This failure placed the resident at risk for food borne illness and an unhygienic environment.

This is an uncorrected deficiency previously cited on July 3, 2024.

WAC 388-78A-2240 Nonavailability of medications.

\$1,000.00

The licensee failed to ensure prescribed medications were obtained in a timely manner for two residents that received medication services. This failure resulted in the residents not receiving their medications as prescribed and placed the residents at risk for a health complications.

This is an uncorrected deficiency previously cited on July 3, 2024, and a recurring deficiency previously cited December 28, 2022.

WAC 388-78A-3140(2) Responsibilities during inspections.

\$300.00

The licensee failed to provide grievance forms requested by the department from one administrator. This failure delayed and impeded the department's ability to investigate concerns related to abuse and neglect in the facility.

This is an uncorrected deficiency previously cited on July 3, 2024.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected.
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Stephanie Jenks, Field Manager
Region 1, Unit B
8517 E Trent Ave, Suite 102
Spokane Valley, WA 99212-2329
Phone: (509) 993-7821/ Fax: 509-921-2426
rcsregion1email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

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Mail a check for **\$1,600.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Stephanie Jenks, Field Manager, at (509) 993-7821.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B
RCS Regional Administrator, Region B
HCS Regional Administrator, Region B
DDA Regional Administrator, Region B
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP