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

October 10, 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 FINE, AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On September 26, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter constitutes formal notice of a civil fine, and continued stop placement order prohibiting admissions 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 and 18.20.520.

The civil fine and continued stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 26, 2024.**

Civil Fine

WAC 388-78A-2450 (1)(a)(b)(2)(e) Staff. **$500.00**

The licensee failed to ensure staff maintained a safe environment for one resident, failed to provide required and necessary training to one staff and failed to ensure staff provided care identified in negotiated service agreements for three residents. These failures contributed to a second degree burn to one resident, a fall with injury for another resident, unmet shower needs for two other residents, and placed residents at risk of having unmet care needs and injury.

This is a recurring deficiency previously cited on December 5, 2023, for subsection (1) (a).

Continued Stop Placement order prohibiting admissions

WAC 388-78A-2300 (2)(a)(i) Food and nutrition services.

The licensee failed to ensure specialty diets were served per a diet manual and as ordered for seven residents and failed to have a diet manual available for food preparation. These failures resulted in a choking episode with aspiration for one resident, contradictory diet service for six other residents, and placed residents at risk for unmet dietary needs and preferences and health complications.

The stop placement order prohibiting admissions to your assisted living facility was effective immediately upon **verbal** notice to you on **September 5, 2024,** in a letter notice dated **September 6, 2024**. The stop placement order prohibiting admissions is continued on **October 10, 2024,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Stephanie Jenks, Field Manager, at (509) 993-7821.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement of admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

NOTE: These are the violations, which resulted in the fine, and continued stop placement order prohibiting admissions; 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.

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 fine and continued stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fine. **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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$500.00** 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 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature Date