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

RE: North Point Village, Assisted Living & Memory Care # 2479

Dear Administrator:

This document references Compliance Determination 32141 (11/06/2023), which included complaint number(s) 105035.
The Department completed a complaint investigation of your Assisted Living Facility on 11/06/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Stephanie Jenks, Community Field Manager

Consultation:

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

A resident's apartment was observed to be cluttered and unsanitary, with trash and old food scattered around the apartment. The resident's room had broken doors and door frames, stained and frayed carpet, and smelled of urine. The resident's floor was observed to have pet urine and feces. The facility was notified of the condition of the residents' rooms and began the process to repair and clean the room. The facility updated the resident's care plans to reflect the need for twice daily room cleaning.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: North Point Village, Assisted Living & Memory Care **Provider Type:** Assisted Living Facility
License/Cert.#: 2479
Intake ID: 105035
Compliance Determination #: 32141
Region/Unit #: RCS Region 1 / Unit B
Investigator: Stephanie Jenks
Investigation Date(s): 11/03/2023 through 11/06/2023
Complainant Contact Date(s):

Allegation(s):
Unsanitary living apartment

Investigation Methods:

Sample:	Total residents: 86 Resident sample size: 4 Closed records sample size: 0
Observations:	Environment for safety and maintenance Residents Named resident Named resident's apartment Staff presence
Interviews:	Facility staff Named resident Sampled residents Named resident's representative
Record Reviews:	Resident records Housekeeping schedule Characteristic roster

Investigation Summary:
A resident's room was observed to be unclean, unkept, unsanitary, and in poor repair. The resident's room smelled strongly of urine. Pet urine and feces observed on the floor. The resident's trash was overflowing. Failed practice was identified and cited for WAC 388-78A-3090.

Conclusion / Action:

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