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 License # 2479

Dear Administrator:

This letter addresses Compliance Determination(s) 32094 (Completion Date 11/06/2023) and 28769 (Completion Date 09/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/06/2023 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-2210-2-a

The Department staff who did the on-site verification:
Stephanie Jenks, Community Field Manager
Sandra Fast, Community Complaint Investigator

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

Sincerely,

S. Jm

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: 94303
Compliance Determination #: 28769
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 08/29/2023 through 09/06/2023
Complainant Contact Date(s):

Allegation(s):
1. Medication error.

Investigation Methods:

Sample:	Total residents: 85 Resident sample size: 7 Closed records sample size: 0
Observations:	Residents Identified resident Staff to resident interactions Resident to resident interactions Resident rooms Dining
Interviews:	Identified resident Residents Health and Wellness Specialist Resident Care Coordinator Medtech
Record Reviews:	Sample Resident care plan/face sheet Named resident care plan/face sheet Named resident MAR (August 2023) Disclosure of services Sample staff Credentials Sample staff fingerprint background check Characteristic roster Staff roster Facility Medication Administration policy Facility investigation

Investigation Summary:
1. Facility investigated an incident involving a resident who received medication that was prescribed for another resident. Resident was sent out for hospital evaluation. Technical Assistance provided under WAC 388-78A-2462(1)(b) Background checks,

who is required to have. Failed facility practice under WAC 388-78A-2210(2)(a) Medication Services.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2479	Compliance Determination # 28759
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 1 of 3	Licensee: PSL Associates, LLC	09/06/2023

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 an unannounced on-site complaint investigation on 08/29/2023, 08/22/2023 and 08/29/2023 of:

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

This document references the following complaint number(s): 94303, 95474

The following sample was selected for review during the unannounced on-site visit: 7 of 86 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint Investigator
Sandra Fast, Community Complaint Investigator

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

09/08/2023
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.

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Residential Care Services _____ Date _____

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Statement of Deficiencies	License #: 2479	Compliance Determination # 28769
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 2 of 3	Licensee: PSL Associates, LLC	09/06/2023

Administrator (or Representative) 9/18/2023 Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance, and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medications were given as prescribed for 1 of 5 sampled residents (Resident 1). This failure resulted in hospitalization for Resident 1 due to receiving the wrong medication and placed residents at risk for incorrect medication administration.

Findings included...

Review of Resident 1's Negotiated Service Agreement, dated 07/14/2023, showed they were diagnosed with [redacted] and required assistance with medication administration.

Review of a facility investigation, dated [redacted]/2023, showed Staff B, Health and Wellness Specialist, had been informed by Staff D, Medication Tech, that Staff A, Medication Tech, had identified on the morning of [redacted]/2023 that they had given Resident 2's AM medications to Resident 1. The investigation showed Staff A realized they had given Resident 2's AM medications to Resident 1 when they went to sign off on the medications in the Medication Administration Record, and Resident 2's picture was displayed, not Resident 1's. The facility investigation further showed that Staff A did not identify or verify Resident 1 by name before giving them Resident 2's medications.

In an interview on 08/29/2023, at 10:01am, Staff B stated that Resident 1 had received Resident 2's AM medications from Staff A on the morning of [redacted]/2023, and that Resident 1 was sent out for hospital evaluation later that morning due to Resident 1's decreasing blood pressure related to the medication error. Staff B further stated Resident 1 was hospitalized overnight due to the need for hospital monitoring related to the medication error

Administrator (or Representative) Date

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In an interview on 08/29/2023, at 10:01am, Staff B stated that Resident 1 had received Resident 2's AM medications from Staff A on the morning of [redacted]/2023, and that Resident 1 was sent out for hospital evaluation later that morning due to Resident 1's decreasing blood pressure related to the medication error. Staff B further stated Resident 1 was hospitalized overnight due to the need for hospital monitoring related to the medication error.

Statement of Deficiencies	License #: 2479	Compliance Determination # 28759
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 3 of 3	Licensee: PSL Associates, LLC	09/06/2023

In an interview on 08/29/2023 at 4:10pm, Staff C, Resident Care Coordinator, stated that when they asked Staff A who they had given Resident 2's AM medications to on [redacted]/2023, Staff A identified Resident 1.

In an interview on 08/29/23 at 10:52am. Resident 1 stated they had felt "jittery and cold" at the emergency department on the morning of [redacted]2023. Resident 1 also reported they had to stay overnight at the hospital to stabilize their blood pressure from the medication error.

Facility progress note, dated [redacted]/2023, at 6:57pm for Resident 1, stated that Resident 1 had returned to the facility from hospital stay.

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, North Point Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) 10/31/2023.

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

Administrator (or Representative) — Date: 9/18/2023

In an interview on 08/29/2023 at 4:10pm, Staff C, Resident Care Coordinator, stated that when they asked Staff A who they had given Resident 2's AM medications to on [redacted]/2023, Staff A identified Resident 1.

In an interview on 08/29/23 at 10:52am, Resident 1 stated they had felt "jittery and cold" at the emergency department on the morning of [redacted]/2023. Resident 1 also reported they had to stay overnight at the hospital to stabilize their blood pressure from the medication error.

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

_____ _____

Administrator (or Representative) Date