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) 54793 (Completion Date 02/14/2025) and 51217 (Completion Date 12/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/14/2025 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-2480-1, WAC 388-78A-2480, WAC 388-78A-2480-2, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-a, WAC 388-78A-2462-2-a, WAC 388-78A-2305-2

The Department staff who did the on-site verification:
Anne Sinclair, NCI Community Complaint Investigator
Abigail Vanderkolk, Community Complaint Investigator

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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: 156242
Compliance Determination #: 51217
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 12/05/2024 through 12/23/2024
Complainant Contact Date(s):

Allegation(s):

1. No staff credentials.
2. Medication destruction system/storing.
3. Short staffed.
4. Mechanical diet.
5. Staff treatment of residents.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 9 Closed records sample size: 0
Observations:	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions Resident rooms Kitchen
Interviews:	Residents Three Caregivers Resident Care Coordinator Memory Care Director Health and Wellness Specialist Executive Director Kitchen staff Resident Services Specialist Resident Representative
Record Reviews:	Named staff Resident records Medical records

Investigation Summary:

1. Record review and interviews showed lack of training requirements, background

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check completion for staff and TB testing. Failed facility practice identified under requirements WAC 388-78A-2474(a)(b)(c), WAC 388-78A(2462)(2)(a) and WAC 388-78A(2480)(1)(2).
2. Record review and interviews showed facility had destroyed a large batch of resident medications as part of their routine medication destruction process. Medication destruction room was observed locked, and staff interviewed verified only specific certified staff have access to locked medication room. Facility had a process for outside vendor to provide routine oversight and coordination of medication destruction, along with updated instructions for clinical staff on timeliness of medication destruction. Facility medication carts were observed locked when unattended during unannounced visit, and facility had routine pharmacy oversight of medication cart audits to ensure accuracy of resident medication system. Residents interviewed had no concerns with staff or medications, and stated they can talk to staff about concerns. Findings do not support failed facility practice.
3. Residents interviewed had no concerns with unaddressed care needs, stated they felt safe in facility, and can talk to staff about concerns. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Staff interviewed felt supported in their role and felt they could meet the care needs of residents. Findings do not support failed facility practice.
4. Record review and interview were conducted and was previously investigated. Corrected facility practice.
5. Residents interviewed had no concerns with staff treatment of self or other residents, felt safe in facility, and can talk to staff about concerns. Residents were observed without distress or unmet health needs, and staff were observed assisting residents during unannounced facility visit. Administrative staff interviewed denied any recent resident concerns related to staff treatment and had a process to follow up with resident concerns. Findings do not support failed facility practice.

Conclusion / Action:

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

This document was prepared by Residential Care Services for the Locator website.

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: 156432
Compliance Determination #: 51217
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 12/05/2024 through 12/23/2024
Complainant Contact Date(s): 12/05/2024, 12/23/2024

Allegation(s):

1. Staffing concern, resident needs being met.
2. Medication destruction system/storing.
3. No staff Orientation/credentials.
4. No staff training.
5. No staff for monitoring resident swallow issues.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 9 Closed records sample size: 0
Observations:	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Residents Three Caregivers Resident Care Coordinator Memory Care Director Health and Wellness Specialist Executive Director Kitchen staff Resident Services Specialist Resident Representative
Record Reviews:	Sample resident care plan/face sheet Facility investigation Disclosure of Services Characteristic roster Staff roster Sample staff certifications/TB/Fingerprint background check/food handler's card

This document was prepared by Residential Care Services for the Locator website.

Investigation Summary:

1. Residents interviewed had no concerns with unaddressed care needs, felt safe, and can talk to staff about concerns. Residents were observed without distress or unmet health needs, and staff were observed assisting residents with care needs. Findings do not support failed facility practice.
2. Record review and interviews showed facility had destroyed a large batch of resident medications as part of their routine medication destruction process. Medication destruction room was observed locked, and staff interviewed verified only specific certified staff have access to locked medication room. Facility had a process for outside vendor to provide routine oversight and coordination of medication destruction, along with updated instructions for clinical staff on timeliness of medication destruction. Facility medication carts were observed locked when unattended during unannounced visit, and facility had routine pharmacy oversight of medication cart audits to ensure accuracy of resident medication system. Residents interviewed had no concerns with staff or medications, and stated they can talk to staff about concerns. Findings do not support failed facility practice.
3. Failed facility practice found for WAC 388-78A-2474(2)(a((b)(c), 388-78A-2480, 388-78A-2305(2).
4. Record review and interviews showed facility had recently completed an extensive skills training for all staff related to facility policy/procedures/safety/residents. Staff interviewed felt supported in their role by administration. Residents interviewed had no concerns with staff response to care needs and felt safe in facility. No failed practice.
5. Staff interviewed reported that some residents in memory care had swallowing precautions. Residents were observed during lunch dining service without unmet care needs, staff were assisting residents with plating and serving of meal service, and staff were observed available to observe and respond to resident care needs for meals. Residents interviewed stated they can talk to staff about concerns. Findings do not support failed facility practice.

Conclusion / Action:

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

This document was prepared by Residential Care Services for the Locator website.

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: 157291
Compliance Determination #: 51217
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 12/05/2024 through 12/23/2024
Complainant Contact Date(s):

Allegation(s):

1. No staff orientation/safety training.
2. Staff working without current background check.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 9 Closed records sample size: 0
Observations:	Residents Dining Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Residents Three Caregivers Resident Care Coordinator Memory Care Director Health and Wellness Specialist Executive Director Kitchen staff Resident Services Specialist Resident Representative
Record Reviews:	Named resident care plan/face sheet Sample resident care plan/face sheet Facility investigation Progress notes Disclosure of Services Characteristic roster Staff roster Staff training/certification requirements

Investigation Summary:

1. Record review and interview showed staff were missing orientation. Failed facility

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practice identified for WAC 388-78A-2474(2)(a)(b)(c).
2. Record review and interview showed updated background checks were not completed. Failed facility practice identified for WAC 388-78A-2462(2)(a).

Conclusion / Action:

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

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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 #: 2479	Compliance Determination # 51217
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 1 of 8	Licensee: PSL Associates, LLC	12/23/2024

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 12/05/2024, 12/05/2024 and 12/05/2024 of:

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

This document references the following complaint number(s): 156276, 156242, 156432, 157394, 157391, 157494, 158543, 157291

The following sample was selected for review during the unannounced on-site visit: 9 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint Investigator
Abigail Vanderkolk, Community Complaint Investigator
Joy Pipgras, LTC Surveyor

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.

J Salquist
Residential Care Services

01/03/2025
Date

This document was prepared by Residential Care Services for the Locator website.

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

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The department completed data collection for an unannounced on-site complaint investigation on 12/05/2024, 12/05/2024 and 12/05/2024 of:

North Point Village, Assisted Living & Memory Care
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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.

Residential Care Services

Date

This document was prepared by Residential Care Services for the Locator website.

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) 1/9/25 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had the appropriate Tuberculin screening testing completed for staff within three days of employment for 7 of 15 Staff, (Staff F, G, H, J, L, N, O). This failure placed residents at risk of care and services being provided by staff with potential communicable disease transmission.

Findings included...

Review of undated personnel files showed the following:

Staff F, Resident Care Coordinator (RCC), was hired on 12/06/2022 and had no Tuberculin (TB) Testing documentation.

Staff G, Memory Care Director, was hired on 08/01/2024 and had no TB Testing documentation.

Staff H, Registered Nurse, was hired from 10/28/2024 to 11/20/2024 as a Health and Wellness Specialist and had no TB Testing documentation.

Staff J, Care Partner, was hired on 09/11/2024 and had no TB Testing documentation.

Staff L, Care Partner, was hired on 10/16/2024 and had no TB Testing documentation.

This document was prepared by Residential Care Services for the Locator website.

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) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had the appropriate Tuberculin screening testing completed for staff within three days of employment for 7 of 15 Staff, (Staff F, G, H, J, L, N, O). This failure placed residents at risk of care and services being provided by staff with potential communicable disease transmission.

Findings included…

Review of undated personnel files showed the following:

Staff F, Resident Care Coordinator (RCC), was hired on 12/06/2022 and had no Tuberculin (TB) Testing documentation.

Staff G, Memory Care Director, was hired on 08/01/2024 and had no TB Testing documentation.

Staff H, Registered Nurse, was hired from 10/28/2024 to 11/20/2024 as a Health and Wellness Specialist and had no TB Testing documentation.

Staff J, Care Partner, was hired on 09/11/2024 and had no TB Testing documentation.

Staff L, Care Partner, was hired on 10/16/2024 and had no TB Testing documentation.

This document was prepared by Residential Care Services for the Locator website.

Staff N, Care Partner, was hired on 02/27/2023 and had no TB Testing documentation.

Staff O, RCC, was hired from 09/30/2024 to 11/20/2024 and had no Tuberculin Testing documentation.

In an interview on 12/23/2024 at 9:20am, Staff D, Health and Wellness Specialist, confirmed missing TB testing requirements for Staff F, G, H, I, J, L, N and O. Staff D stated TB testing had been ordered on 12/13/2024 for current Staff F, G, J and N.

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) 2/6/25.

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

Administrator (or Representative) — Date 1/9/25

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:

(a) Orientation and safety;

(b) Basic;

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

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure training requirements were met for staff members regarding orientation or safety for 2 of 15 (Staff I and Staff L), Basic Training for 2 of 15 (Staff E and Staff N), Specialty Training for 11 of 15 (Staff A, Staff B, Staff C, Staff E, Staff F, Staff H, Staff I, Staff K, Staff L, Staff N, and Staff O). This failure placed residents at risk for having care and services performed by unqualified and untrained staff.

This document was prepared by Residential Care Services for the Locator website.

Staff N, Care Partner, was hired on 02/27/2023 and had no TB Testing documentation.

Staff O, RCC, was hired from 09/30/2024 to 11/20/2024 and had no Tuberculin Testing documentation.

In an interview on 12/23/2024 at 9:20am, Staff D, Health and Wellness Specialist, confirmed missing TB testing requirements for Staff F, G, H, I, J, L, N and O. Staff D stated TB testing had been ordered on 12/13/2024 for current Staff F, G, J and N.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

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(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:

(a) Orientation and safety;

(b) Basic;

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

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure training requirements were met for staff members regarding orientation or safety for 2 of 15 (Staff I and Staff L), Basic Training for 2 of 15 (Staff E and Staff N), Specialty Training for 11 of 15 (Staff A, Staff B, Staff C, Staff E, Staff F, Staff H, Staff I, Staff K, Staff L, Staff N, and Staff O). This failure placed residents at risk for having care and services performed by unqualified and untrained staff.

This document was prepared by Residential Care Services for the Locator website.

Findings included…

Review of the Facility Characteristics Roster showed that 33 residents had a diagnosis of dementia and/or mental health.

On 11/22/2024 at 3:15 PM, Staff D, Health and Wellness Specialist, and Staff P, Executive Director, confirmed that Staff A, B, and C did not have Specialty Training documentation.

Observation on 12/05/2024 at 11:50 AM showed Staff E, F, K, L, and N actively working with residents at the facility in their defined staffing role.

In an interview on 12/23/2024 at 9:20 AM, Staff D confirmed staff had missing training requirements as outlined in this section for Staff E, F, H, I, K, L, N, O.
Review of undated personnel files showed the following:

Staff A, Medication technician (MT), was hired on 05/26/2022, and their personnel file did not contain mental health or dementia specialty training.

Staff B, Care Partner, was hired on 09/18/2023, and their personnel file did not contain dementia specialty training.

Staff C, MT, was hired on 04/16/2022, and their personnel did not contain mental health or dementia specialty training.

Staff E, Resident Care Coordinator (RCC), was hired on 10/24/2023, and their personnel file did not contain Basic training (408 days after hire) and mental health and dementia specialty training.

In an interview on 12/05/2024 at 12:43 PM, Staff E confirmed that they had not yet taken basic training or dementia and mental health specialty training.

Staff F, RCC, was hired on 12/06/2022, and their personnel file did not contain mental health and dementia specialty training.

Staff H, Registered Nurse, was hired from 10/28/2024 to 11/20/2024 as a Health and Wellness Specialist, and their personnel file did not contain mental health and dementia specialty training.

This document was prepared by Residential Care Services for the Locator website.

Staff I, Care Partner, was hired on 11/01/2022, and their personnel file did not contain orientation training and mental health specialty training.

Staff K, Care partner, was hired on 09/13/2024, and their personnel file did not contain dementia specialty training.

Staff L, Care Partner, was hired on 10/16/2024, and their personnel file did not contain safety and orientation training, or mental health and dementia specialty training.

Staff N, Care Partner, was hired on 02/27/2023, and their personnel file did not contain basic trainings or mental health specialty training.

Staff O, RCC, was hired from 09/30/2024 to 11/20/2024, and their personnel file did not contain mental health and dementia specialty training.

This is a recurring deficiency previously cited on 01/30/2024 subsections 2 (a).

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) 2/6/25 .

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

Administrator (or Representative) Date 1/9/25

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background

This document was prepared by Residential Care Services for the Locator website.

Staff I, Care Partner, was hired on 11/01/2022, and their personnel file did not contain orientation training and mental health specialty training.

Staff K, Care partner, was hired on 09/13/2024, and their personnel file did not contain dementia specialty training.

Staff L, Care Partner, was hired on 10/16/2024, and their personnel file did not contain safety and orientation training, or mental health and dementia specialty training.

Staff N, Care Partner, was hired on 02/27/2023, and their personnel file did not contain basic trainings or mental health specialty training.

Staff O, RCC, was hired from 09/30/2024 to 11/20/2024, and their personnel file did not contain mental health and dementia specialty training.

This is a recurring deficiency previously cited on 01/30/2024 subsections 2 (a).

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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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background

checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had an updated Washington Name and Date Background check for 2 of 15 Staff (Staff A and C). This failure placed all residents at risk as defined vulnerable adults.

Findings included...

Review of the November 2024 staff schedule, actual hours worked, showed that from 11/01/2024 to 11/21/2024 Staff A, Medication Technician (MT), worked six shifts, and Staff C, MT worked six shifts. Review of undated personnel files showed the following:

Staff A's, personnel file did not contain an updated Washington Name and Date Background check. Staff A's last background check had expired in May of 2024.

Staff C's, personnel file did not contain an updated Washington Name and Date Background check. Staff C's last background check had expired in April of 2024.

In an interview on 11/22/2024 at 3:15 PM, Staff D, Health and Wellness Specialist, and Staff P, Executive Director, confirmed that Staff A and Staff C did not have updated background checks.

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) 2/10/25 .

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

Administrator (or Representative) Date 1/9/25

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card

This document was prepared by Residential Care Services for the Locator website.

checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had an updated Washington Name and Date Background check for 2 of 15 Staff (Staff A and C). This failure placed all residents at risk as defined vulnerable adults.

Findings included…

Review of the November 2024 staff schedule, actual hours worked, showed that from 11/01/2024 to 11/21/2024 Staff A, Medication Technician (MT), worked six shifts, and Staff C, MT worked six shifts. Review of undated personnel files showed the following:

Staff A's, personnel file did not contain an updated Washington Name and Date Background check. Staff A's last background check had expired in May of 2024.

Staff C's, personnel file did not contain an updated Washington Name and Date Background check. Staff C's last background check had expired in April of 2024.

In an interview on 11/22/2024 at 3:15 PM, Staff D, Health and Wellness Specialist, and Staff P, Executive Director, confirmed that Staff A and Staff C did not have updated background checks.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card

This document was prepared by Residential Care Services for the Locator website.

according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had a current food handlers card completed for staff who were required to have their food handlers' card for 10 of 15 staff (Staff E, G, H, I, J, K, L, M, N and O). This placed all residents at risk of care and services being provided by untrained staff.

Findings included…

Observations on 12/05/2024 at 11:50 AM showed Staff E, G, J, K, L, M, and N actively assisting residents with lunch service including plating and serving food in the Memory Care Unit.

Review of undated personnel files showed the following:

Staff E, Resident Care Coordinator, personnel file did not contain a food handler's card.

Staff G, Memory Care Director, personnel file did not contain a food handler's card.

Staff H, Registered Nurse, personnel file did not contain a food handler's card.

Staff I, Care Partner, personnel file did not contain a food handler's card.

Staff J, Care Partner, personnel file did not contain a food handler's card.

Staff K, Care Partner, personnel file showed their food handler's card had expired on 09/20/2024.

Staff L, Care Partner, personnel file did not contain a food handler's card.

Staff M, Care Partner, personnel file did not contain a food handler's card.

Staff N, Care Partner, personnel file did not contain a food handler's card.

Staff O, Care Partner, personnel file did not contain a food handler's card.

This document was prepared by Residential Care Services for the Locator website.

In interview on 12/23/2024 at 9:20 AM, Staff D confirmed missing food handler card requirements for Staff E, G, H, I, J, K, L, M, N and O. Staff D confirmed all staff identified above were required to have a current food handler's card, and that food handler's cards were being obtained.

This is a recurring deficiency previously cited on 04/04/2024, 01/30/2024 and 12/05/2023 for subsection 2.

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) 2/6/25.

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

Administrator (or Representative) Date 1/9/25

This document was prepared by Residential Care Services for the Locator website.

In interview on 12/23/2024 at 9:20 AM, Staff D confirmed missing food handler card requirements for Staff E, G, H, I, J, K, L, M, N and O. Staff D confirmed all staff identified above were required to have a current food handler's card, and that food handler's cards were being obtained.

This is a recurring deficiency previously cited on 04/04/2024, 01/30/2024 and 12/05/2023 for subsection 2.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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