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

07/08/2025

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 letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 62171 (Completion Date 07/08/2025) and 58739 (Completion Date 05/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/08/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

The Department staff who did the On Site verification:
Sandra Fast, Community Complaint Investigator

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

Sincerely,

Stephanie Jenks, Community 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: 175853
Compliance Determination #: 58739
Region/Unit #: RCS Region 1 / Unit B
Investigator: Sandra Fast
Investigation Date(s): 04/29/2025 through 05/20/2025
Complainant Contact Date(s): 04/29/2025

Allegation(s):

1. Not enough personal protective equipment for resident care tasks.
2. Not enough trained staff.
3. Resident found in soaked/soiled briefs.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 0 Closed records sample size: 0
Observations:	Residents Resident care equipment Resident rooms Staff to resident interactions
Interviews:	Nursing staff Administrative staff
Record Reviews:	Facility policies Personnel files Staff training records

Investigation Summary:

1. No gloves were observed in the facility's memory care bathrooms or in the residents' rooms. Paper towels were observed in the memory care bathrooms' glove holders. Some staff interviewed stated they had not sanitized or washed their hand all the time and that they had not worn gloves while performing some resident cares. Failed facility practice was identified according to Washington Administrative Code 388-78a-2610(2)(c).
2. All residents observed were well groomed, in fresh clothing and wearing appropriate footwear. No lingering odors were detected in all resident areas. All residents observed were calm and showed no signs of distress. All staff observed were rounding on residents and assisting them as needed. No failed facility practice was identified.
3. All residents observed were well groomed and in fresh clothing with no lingering odors identified. All residents observed were calm and showed no signs of distress.

Staff were observed rounding on residents and assisting them with their needs. All staff interviewed stated no concerns regarding residents being cared for appropriately. No failed facility practice was identified.

Conclusion / Action:

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

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

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 04/29/2025 of:

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

This document references the following complaint number(s): 175662, 175853

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

The department staff that investigated the Assisted Living Facility:

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

Statement of Deficiencies	License #: 2479	Compliance Determination # 58739
Plan of Correction	North Point Village, Assisted Living & Memory Care	Completion Date
Page 2 of 3	Licensee: PSL Associates, LLC	05/20/2025

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: 05/28/2025

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: 5.28.25

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide appropriate personal protective equipment to 3 of 5 staff (Staff A, D and E) who provided resident care. This failure placed residents at risk for the spread of infection among residents.

Findings included...

Review of the facility's policy titled, "Infection Control," dated 01/2020, showed that staff should use gloves when providing care to residents.

Observation of Cottage C on 04/29/2025 at 10:33 AM showed that no gloves were available in the cottage's bathrooms. Further observation showed that glove holders in the cottage's bathrooms had paper towels in them.

In an interview on 04/29/2025 at 10:46 AM, Staff A, Caregiver, stated that they had kept gloves in their pockets because gloves were not available in the cottage's bathrooms or in the residents' rooms. Staff A further stated that the cottage had run out of gloves several times.

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

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-2610 Infection control.

(2) The assisted living facility must:

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide appropriate personal protective equipment to 3 of 5 staff (Staff A, D and E) who provided resident care. This failure placed residents at risk for the spread of infection among residents.

Findings included…

Review of the facility's policy titled, "Infection Control," dated 01/2020, showed that staff should use gloves when providing care to residents.

Observation of Cottage C on 04/29/2025 at 10:33 AM showed that no gloves were available in the cottage's bathrooms. Further observation showed that glove holders in the cottage's bathrooms had paper towels in them.

In an interview on 04/29/2025 at 10:46 AM, Staff A, Caregiver, stated that they had kept gloves in their pockets because gloves were not available in the cottage's bathrooms or in the residents' rooms. Staff A further stated that the cottage had run out of gloves several times.

Observation of Cottage B on 04/29/2025 at 10:57 AM showed no gloves were available in the cottage's bathrooms. Further observation showed that glove holders in the cottage's bathrooms had paper towels in them.

In an interview on 04/29/2025 at 11:21 AM, Staff D, Caregiver, stated that the cottage had run out of gloves and hand sanitizers frequently. Staff D further stated that there were times when they had provided resident care without using gloves or washing their hands.

Observation of Cottage A on 04/29/2025 at 11:23 AM showed no gloves were in the cottage bathrooms. Further observation showed that the glove holders in the cottage bathrooms had paper towels in them.

In an interview on 04/29/2025 at 3:03 PM, Staff E, Caregiver, stated that they contracted an illness due to having non-intact skin (a break in the skin's natural integrity, such as scraped, sore, rough or broken skin) on their hands when they did resident cares without gloves, when the facility had run out of them.

This is a repeated deficiency previously cited on 10/28/2024.

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) June 30, 2025

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

Administrator (or Representative) [signature] Date 5.28.25

Observation of Cottage B on 04/29/2025 at 10:57 AM showed no gloves were available in the cottage's bathrooms. Further observation showed that glove holders in the cottage's bathrooms had paper towels in them.

In an interview on 04/29/2025 at 11:21 AM, Staff D, Caregiver, stated that the cottage had run out of gloves and hand sanitizers frequently. Staff D further stated that there were times when they had provided resident care without using gloves or washing their hands.

Observation of Cottage A on 04/29/2025 at 11:23 AM showed no gloves were in the cottage bathrooms. Further observation showed that the glove holders in the cottage bathrooms had paper towels in them.

In an interview on 04/29/2025 at 3:03 PM, Staff E, Caregiver, stated that they contracted an illness due to having non-intact skin (a break in the skin's natural integrity, such as scraped, sore, rough or broken skin) on their hands when they did resident cares without gloves, when the facility had run out of them.

This is a repeated deficiency previously cited on 10/28/2024.

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