



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

January 29, 2025

**ELECTRONIC-FACSIMILE**

Administrator  
South Hill Village, Assisted Living & Memory Care  
3117 E Chaser Lane  
Spokane, WA 99223

Assisted Living Facility License # **2480**  
Licensee: PSL Associates, LLC

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On January 15, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a Full Inspection and Complaint Investigation at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **South Hill Village, Assisted Living & Memory Care**, located at **3117 E Chaser Lane, 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.

The civil fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated January 15, 2025.

**Civil Fine**

**WAC 388-78A-2210(2)(a) Medication services.**

**\$600.00**

**The licensee failed to ensure residents received their medication as prescribed for one resident. This failure contributed to the resident developing symptoms and requiring treatment and admission to the hospital.**

**This is a recurring deficiency previously cited on June 23, 2023, and March 15, 2024, for subsection (2)(a).**

***NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.***

Administrator  
South Hill Village, Assisted Living & Memory Care  
License # 2480  
January 29, 2025  
Page 2

**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:

Jessica Salquist, Regional Administrator  
Region 1, Unit B  
8517 E Trent Ave, Suite 102  
Spokane Valley, WA 99212-2329  
Phone: (509) 323-7315 / Fax: (509) 921-2426  
**[rcsregion1email@dshs.wa.gov](mailto: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 10<sup>th</sup> 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

Administrator  
South Hill Village, Assisted Living & Memory Care  
License # 2480  
January 29, 2025  
Page 3

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, 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 **\$600.00** 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](mailto: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.

Administrator  
South Hill Village, Assisted Living & Memory Care  
License # 2480  
January 29, 2025  
Page 4

If you have any questions, please contact Jessica Salquist, Regional Administrator, at (509) 323-7315.

Sincerely,



For: 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