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

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

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

RE: South Hill Village, Assisted Living & Memory Care # 2480

Dear Administrator:

This document references Compliance Determination 34734 (01/10/2024), which included complaint number(s) 111251.
The Department completed a complaint investigation of your Assisted Living Facility on 01/10/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

Consultation:

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

A facility staff member did not administer an
as needed medication to a resident which resulting in the resident having pain.
The facility removed the staff member from the medication cart and provided
education regarding the administration of as needed medication.

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. Jm

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: South Hill Village, Assisted Living & Memory Care
Provider Type: Assisted Living Facility
License/Cert.#: 2480
Intake ID: 111251
Compliance Determination #: 34734
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 01/04/2024 through 01/10/2024
Complainant Contact Date(s):

Allegation(s):

1. As needed medication not given when requested.

Investigation Methods:

Sample:	Total residents: 99 Resident sample size: 6 Closed records sample size: 0
Observations:	Residents Activities Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Sample residents Health and Wellness Specialist Executive Director Two Medtechs
Record Reviews:	Sample resident care plan/face sheet Named resident MAR (December 2022) Named resident care plan/face sheet Disclosure of services Characteristic roster Staff roster Named Staff credentials Staff written correction/retraining

Investigation Summary:

1. Facility had investigated an incident of as needed medication request delay. Facility had a protocol for medication administration during hours of sleep, and protocol was observed in prominent location of facility medication room during unannounced facility visit. Facility had removed named staff from medication administration until further training and evaluation, had provided written corrective action and education to staff, and had identified barrier and corrective action to prompt medication administration. Consultation provided under WAC 388-78A-2210(2)(a) Medication Services.

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Conclusion / Action:

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

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