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
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 41683 (05/29/2024), which included complaint number(s) 130803.
The Department completed a complaint investigation of your Assisted Living Facility on 05/29/2024 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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Facility addressed a concern for one resident who had a delay of medication availability due to a discrepancy with the order.

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,

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

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: 130803
Compliance Determination #: 41683
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 05/22/2024 through 05/29/2024
Complainant Contact Date(s): 05/22/2024, 05/24/2024, 05/28/2024

Allegation(s):
Medication availability.

Investigation Methods:

Sample:	Total residents: 143 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Residents Regional Resident Care Coordinator Assistant Executive Director Resident Care Coordinator Resident Representative
Record Reviews:	Named Resident care plan/face sheet Named Resident May 2024 Medication Administration Record Sample residents care plan/face sheet Disclosure of Services Medication Administration Policy Characteristic roster Staff roster Provider orders

Investigation Summary:
Facility had addressed a concern that named resident's medication had not been initiated as ordered. Facility had a policy for medication administration, staff interviewed reported knowledge of process of medication availability and stated there had been an addressed error which had led to a delay of medication initiation for

named resident. Staff had been re-educated on medication availability and facility process for medications and orders, and record review showed named resident had received prescribed medication as ordered. Resident was placed on increased monitoring for new medication, named resident could make their needs known, and named resident interviewed had no concerns with their care needs including staff and medications. Residents interviewed stated no concerns with care needs, felt safe in the facility, and could talk to staff about concerns. Residents were observed without distress or unmet health needs and staff were assisting residents during unannounced facility visit. Consultation provided for WAC 388-78A-2240.

Conclusion / Action:

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