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 License # 2480

Dear Administrator:

This letter addresses Compliance Determination(s) 47823 (Completion Date 09/30/2024) and 43080 (Completion Date 07/31/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/30/2024 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-2600-2-d

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

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: 132159
Compliance Determination #: 43080
Region/Unit #: RCS Region 1 / Unit B
Investigator: Amy Wright
Investigation Date(s): 06/24/2024 through 07/31/2024
Complainant Contact Date(s):

Allegation(s):
Unexpected death.

Investigation Methods:

Sample:	Total residents: 98 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Resident care equipment Staff to resident interactions Resident to resident interactions
Interviews:	Executive Director Health and Wellness Specialist Alleged Victim's Representative Residents' Representative
Record Reviews:	-Disclosure of Services -Characteristic roster -Staff roster -Resident care plans -Resident face sheets -Incident report -Progress notes -Resident POLST form -Resident functional evaluation -Death of a Resident Policy

Investigation Summary:
The Alleged Victim was found at the facility without a pulse or respirations. Review of the Alleged Victim's physician orders for life sustaining treatment showed they wished to have cardiopulmonary resuscitation performed if found without a pulse or respirations. Staff failed to initiate cardiopulmonary resuscitation on the Alleged Victim. Failed facility practice was identified and cited under WAC 388-78A-2600 Policies and procedures (2)(d).

Conclusion / Action:

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

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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 #: 2480	Compliance Determination # 43080
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 1 of 3	Licensee: PSL Associates, LLC	07/31/2024

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 06/24/2024, 06/24/2024 and 06/24/2024 of:

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

This document references the following complaint number(s): 132159

The following sample was selected for review during the unannounced on-site visit: 2 of 98 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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

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.

S. [signature]
Residential Care Services

08/02/2024
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.

Statement of Deficiencies	License #: 2480	Compliance Determination # 43060
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 2 of 3	Licensee: PSL Associates, LLC	07/31/2024

Administrator (or Representative) 8/11/24 Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do

(d) When a resident stops breathing or a resident's heart appears to stop beating, including, but not limited to, any action staff persons must take related to advance directives and emergency care;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to follow their policy related to unresponsive residents for 1 of 1 resident (Resident 1). This failure resulted in staff failing to initiate cardiopulmonary resuscitation as specified in the resident's advanced directive and placed residents at risk for inadequate response from staff during code situations.

Findings included...

The facility's policy, titled, "Death of a Resident," dated 11/2019, stated that if a resident was found unconscious, and they had a cardiopulmonary resuscitation (CPR) status, CPR was to be initiated. The policy also showed that only a physician or emergency personnel were able to pronounce a resident deceased.

Review of an undated face sheet for Resident 1, showed they had heart and lung disease, and they were a full code (CPR to be attempted).

Review of an undated physician order for life sustaining treatment for Resident 1, showed that Resident 1 had a written order stating that cardiopulmonary resuscitation was to be attempted if the resident was found with no pulse or respirations.

Review of a functional evaluation for Resident 1, dated 02/21/2024, showed that the resident was alert and oriented. The evaluation showed that Resident 1 was able to communicate independently, and that they could make their needs known. The evaluation showed that Resident 1 was still independent with most activities of daily living, including mobility, dressing, showering, and toileting.

Review of an incident report for resident 1, dated [redacted]/2024, showed that Resident 1 was found "passed away" by an unidentified facility staff member and the resident's

Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(d) When a resident stops breathing or a resident's heart appears to stop beating, including, but not limited to, any action staff persons must take related to advance directives and emergency care;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to follow their policy related to unresponsive residents for 1 of 1 resident (Resident 1). This failure resulted in staff failing to initiate cardiopulmonary resuscitation as specified in the resident's advanced directive and placed residents at risk for inadequate response from staff during code situations.

Findings included…

The facility's policy, titled, "Death of a Resident," dated 11/2018, stated that if a resident was found unconscious, and they had a cardiopulmonary resuscitation (CPR) status, CPR was to be initiated. The policy also showed that only a physician or emergency personnel were able to pronounce a resident deceased.

Review of an undated face sheet for Resident 1, showed they had heart and lung disease, and they were a full code (CPR to be attempted).

Review of an undated physician order for life sustaining treatment for Resident 1, showed that Resident 1 had a written order stating that cardiopulmonary resuscitation was to be attempted if the resident was found with no pulse or respirations.

Review of a functional evaluation for Resident 1, dated 02/21/2024, showed that the resident was alert and oriented. The evaluation showed that Resident 1 was able to communicate independently, and that they could make their needs known. The evaluation showed that Resident 1 was still independent with most activities of daily living, including mobility, dressing, showering, and toileting.

Review of an incident report for resident 1, dated [redacted]/2024, showed that Resident 1 was found "passed away" by an unidentified facility staff member and the resident's

Statement of Deficiencies	License # 2480	Compliance Determination # 430460
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 3 of 3	Licensee: PSL Associates, LLC	07/01/2024

private "sitter" around 8:10 AM that day. The incident report showed that the unidentified staff member who found Resident 1, went to get an unidentified care staff, who then went to get an unidentified Resident Care Coordinator. The incident report showed that emergency responders came and pronounced Resident 1 deceased at 9:10 AM, approximately one hour from the time the resident was found by facility staff. The incident report failed to indicate that CPR was initiated by any of the three facility staff while waiting for emergency responders.

In an interview on 08/24/2024 at 11:02 AM, Staff A, Health and Wellness Specialist, stated that Resident 1 was a full code though no CPR was initiated by facility staff.

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, South Hill Village, Assisted Living & Memory Care is or will be in compliance with this law and / or regulation on (Date) September 14th.

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

Administrator (or Representative) — Date: 8/11/24

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In an interview on 06/24/2024 at 11:02 AM, Staff A, Health and Wellness Specialist, stated that Resident 1 was a full code though no CPR was initiated by facility staff.

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, South Hill 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