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) 67504 (Completion Date 10/21/2025) and 64314 (Completion Date 09/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/21/2025 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-2210-1-b, WAC 388-78A-2210-2-a

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: South Hill Village, Assisted Living & Memory Care
Provider Type: Assisted Living Facility
License/Cert.#: 2480
Intake ID: 190749
Compliance Determination #: 64314
Region/Unit #: RCS Region 1 / Unit B
Investigator: Sandra Fast
Investigation Date(s): 08/19/2025 through 09/04/2025
Complainant Contact Date(s): 08/15/2025

Allegation(s):
Medication errors by the facility.

Investigation Methods:

Sample:	Total residents: 101 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Medication administration
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:
A Collateral Contact interviewed stated that a hospital employee discovered that one of the identified resident's medications was not given as ordered by their primary care provider (PCP). Records reviewed showed that the facility had a policy that showed how new physicians orders must be handled. The identified resident's records reviewed showed that the facility's policy was not followed which led to the resident not receiving a medication as ordered by their PCP. The administrator interviewed stated that there had been an input error that had led to the identified resident not receiving one of their medications as ordered by their physician. A statement of deficiency according to Washington administrative code (WAC) 388-

78a-2210(1)(b)(2)(a) was issued to the facility.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2480	Compliance Determination # 64314
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 1 of 4	Licensee: PSL Associates, LLC	09/04/2025

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 09/19/2025 and 08/19/2025 of:

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

This document references the following complaint number(s): 190749

The following sample was selected for review during the unannounced on-site visit: 4 of 101 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

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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 — 09/17/2025 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) — 9/18/2025 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a safe medication system was in place for 1 of 4 residents (Resident 1). This failure resulted in medications not being given as prescribed and placed the resident at risk for health complications.

Findings included...

Review of the facility's policy titled, "Physician's Orders," dated 06/2024, showed that new physician's orders received in the community would be reviewed by the nurse, or designee, and transcribed to the appropriate locations within the resident's record and/or medication system. Further review showed that orders would be reviewed by the nurse (if transcribed by designee) for accuracy.

Review of resident 1's Negotiated Service Plan (NSP, the facility's titled negotiated service agreement), dated 02/13/2025, showed that Resident 1 required facility staff medication assistance and that the medication technician would be responsible for assisting the resident with their medications. Further review showed that Resident 1 had a diagnosis of [redacted], and [redacted].

Review of Resident 1's August 2025 Medication Administration Record (MAR) showed a health care provider order starting on 07/29/2025 for sulfamethoxazole/trimethoprim (Septra, a combination medication used to treat various infections), two tablets to be given three times per week. Review showed that the medication was given by the facility on 08/01/2025, 08/17/2025 and 08/19/2025. Further review showed the medication was not given by the facility from 08/02/2025 to 08/09/2025.

In a confidential interview on 08/15/2025 at 9:59 AM Collateral Contact 1, (CC1), stated that Resident 1 was hospitalized from [redacted]/2025 to [redacted]/2025 and that the hospital's pharmacist discovered Resident 1's Septra medication had been given just one time before the resident was hospitalized on [redacted]/2025.

In an interview on 08/19/2025 at 1:27 PM, Staff A, Director of Regulatory Training and Compliance, stated that once a medication was profiled in a resident's EMAR, nursing staff must check the order for accuracy and approve the order.

In an email communication dated 09/04/2025 at 1:43 PM, Staff B, Assistant Executive Director, indicated that Resident 1's Septra order frequency was ordered on 07/29/2025 and that their first dose was documented on 08/01/2025. Staff B further indicated that Resident 1 did not receive another dose [at the facility] until 08/17/2025, due to an input error.

This is a recurring deficiency previously cited on 01/15/2025 for subsection (2)(a), 03/15/2024, and 06/23/2023.

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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) 10/18/2025.

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

Administrator (or Representative) [signature] Date 9/18/2025