STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 78728 (Completion Date 06/09/2026) and 75432 (Completion Date 04/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 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-2305-1, WAC 388-78A-2305, WAC 388-78A-2660, WAC 388-78A-2660-1, RCW 70.129.140.1, WAC 388-78A-2371-1, WAC 388-78A-2371, WAC 388-78A-2350, WAC 388-78A-2350-5, WAC 388-78A-2350-7, WAC 388-78A-2350-7-b, WAC 388-78A-2100, WAC 388-78A-2100-2, WAC 388-78A-2100-2-a, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B

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

Residential Care Services

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STATE OF WASHINGTON
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 the unannounced on-site full inspection and complaint investigation on 04/07/2026 and 04/16/2026 of:
South Hill Village, Assisted Living & Memory Care
3117 E Chaser Lane
Spokane, WA 99223

This document references the following complaint numbers: 218232.

The following sample was selected for review during the unannounced on-site visit: 18 of 114 current residents and 6 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Tethra Wales, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor
Joy Pipgras, LTC Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Statement of Deficiencies	License #: 2460	Compliance Determination #75432
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 2 of 21	Licensee: PSL Associates, LLC	04/17/2026

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.

Laura Williams-Davis
Residential Care Services

04/29/2026
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)

4/29/2026
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in a sanitary condition and that food was prepared in a manner to prevent cross contamination for 1 of 1 kitchen (Facility Kitchen). This failure placed the residents at risk of food born illness.

Findings included...

<Cleanliness>

Per the Washington State Retail Food Code WAC 246-215-04815 Non-food Contact Surfaces Equipment, must be cleaned at a frequency necessary to preclude accumulation of soil residues

Per the Washington State Retail Food Code WAC 246-215-03351 (1)(a)(b)(c) Preventing Contamination From the Premises, food, must be protected from contamination by storing thefood: (a) In a clean, dry location, (b) Where it is not exposed to splash, dust, or other contamination; and (c) At least six inches (15 cm) above the floor.

Per the Washington State Retail Food Code WAC 246-215-03354 (5) Preventing Contamination from the Premises, food may not be stored: (5) In mechanical rooms.

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Residential Care Services _____ Date _____

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Administrator (or Representative) _____ Date _____

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Findings included…

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Review of the facility's policy titled, "Kitchen Sanitation," dated 01/01/2024, showed that "food preparation and serving areas must be cleaned on a regular basis." Further review showed that "a monthly cleaning schedule for deep cleaning should be maintained and followed."

Observation of the kitchen on 04/07/2026 at 1:00 PM showed the following conditions:

-Three rolling prep carts were covered in food debris and spilled liquid.

-The floors throughout the entire kitchen were covered with brown stains and food debris. There was a higher concentration of stains and debris around the legs of each of the stainless-steel counter tops and sinks, as well as behind and underneath the stove and griddle, and underneath the dishwasher.

-The bottom three feet of the walls behind the mixer and food preparation counters were covered with stains and spilled liquids.

-The kickplates around the perimeter of the floors/walls were covered with dark stains, had food debris stuck on them, and had a concentration of residue where the kick plate met the floor.

-The microwave oven had smears on the outside with food particles and splatters inside.

-There were bags of potato chips and bottles of dessert sauces stored on the shelves that were below the microwave. Food debris and spilled liquids were on the shelves around the chips and dessert sauces.

-The soda dispenser had a thick, brown liquid that was pooled underneath and splattered on the dispenser.

-The cereal dispenser station had large amounts of food debris and crumbs underneath with a sticky substance and a white substance stuck on the counter underneath.

-The iced-tea dispenser had food particles, dust and a sticky substance on and around the dispenser.

-Serving pitchers were stored on the front lower shelves of the hot holding station with liquid splatters and food smeared on the shelves around the pitchers.

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-The toaster was stored on a small stainless-steel counter. The shelves underneath had food debris and a yellow liquid, that appeared to be butter, dribbled on the shelves. Next to the dribbled butter was a large box of buttermilk pancake mix that had been left open to air.

-The handwashing station next to the standalone refrigerator had two rags in the sink that were covered with a brown substance.

-The refrigerator had food debris and smears on the handle, liquid dripped on the exterior door, and food debris, which included two french fries that had turned green, laying inside.

-The “hotbox” (stand up, hot holding oven) had a glass door that had multiple drips and smears on the glass, the door handle was sticky, and there was a thick brown substance with food debris and a bread tie stuck on the bottom rim of the door.

-There were four vents above the food preparation stations that were covered in a thick layer of dust. The light fixtures next to the vents were also covered in a layer of dust.

-The standalone ice-cream deep freezer had ice buildup, that was two inches thick in most areas, on the inside of all four freezer walls. There were multiple stains of various colors from food and ice cream that had spilled on the ice. There were 12 large tubs of ice-cream left uncovered in the freezer. The chocolate ice cream, which was uncovered, had chunks of ice that had fallen off the interior wall and was laying on the ice-cream. The track along the sliding glass door was filled with a thick multi-colored substance and unidentified food particles.

-The handle of the walk-in refrigerator had food smears and was sticky. The floor inside was sticky, had food particles scattered on the floor and there was a large puddle of dark brown liquid. The wire grate style shelves were caked in a thick, brown substance with food particles stuck to them.

-The sandwich prep station had a built-in cutting board countertop that was covered with yellow, brown, and orange stains.

-There was a multipurpose walk-in storage closet that contained various items including canned goods, cooking pans, mops, vacuum, gloves, furnace and other miscellaneous items. The floors were covered in dust and debris. There were two uncovered bins sitting on the floor next to the furnace and a mop. One of the bins was sitting on a drainpipe over a drain hole that was covered with thick brown grime, with hair visible in the drain. The bins contained various cake decorating items that included sprinkles, cake decorating frosting tips, food extracts, cupcake wrappers and drink umbrellas. A

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shelf between the furnace and housekeeping area had cooking pans placed face down, with a clear, gel-like substance pooled on the edge of the pans.

-Two five-gallon buckets that were uncovered and filled with used cooking oil were sitting in the kitchen hallway.

-The deep fryer had dark brown oil with large amounts of food particles floating in the oil. The back side of the fryer was open and had a buildup of dust that varied between a half inch to one inch in depth inside the base of the fryer. A strip of duct tape was wrapped around a blue hose that protruded from the back side of the fryer. A six-inch section of the tape had become unwound and was hanging loose, with dirt adhered to the sticky side of the tape.

- The walk-in freezer had ice buildup in the right rear corner on the ceiling and back wall. One of the two overhead fluorescent lights did not have a cover and was not working. The ice extended across the ceiling and covered several inches of the exposed bulbs of the uncovered light fixture on the right side.

- The right side of the stove had drip marks that extended down to the floor. A puddle of an unknown liquid appeared at the base of the stove directly below the drip marks. A shelf located to the right of the stove held several jugs, including a jug of liquid margarine without a lid, and a jug of vegetable oil without a lid.

In an interview on 04/07/2026 at 2:10 PM Staff K, Sous Chef, stated that the five-gallon buckets of dark brown liquid were filled with oil that was drained out of the deep fryer. Staff K stated that they did not have any place to dispose of the oil and that arrangements for disposal still had to be made.

In an interview on 04/07/2026 at 1:30 PM, Staff K stated that they had daily and weekly cleaning schedules. Staff K showed the department clipboards on the walls that contained the weekly and daily cleaning schedules.

Review of the facility's Daily Prep Cook Cleaning List, dated 03/30/2026-04/05/2026, showed 18 daily cleaning tasks where half of the daily tasks had not been completed on six out of the seven days.

Review of the facility's undated Weekly Cook and Prep Cook Cleaning Tasks showed that none of the 10 tasks listed had been completed.

<Food Preparation and Service>

Per the Washington State Retail Food Code WAC 246-215 03306 (1)(d),Preventing Food

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and Ingredient Contamination, stored food in packages must have covered containers or wrappings.

Per the Washington State Retail Food Code WAC 246-215- 03342 (1) Gloves, If used,single-usegloves must be used for only one task such as working withready-to-eat foodor with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

Per the Washington State Retail Food Code WAC 246-215- 03339 (2)(a) Cloths in-use for wiping counters and otherequipmentsurfaces must be held between uses in a chemicalsanitizersolution.

Observation of the sandwich station on 04/07/2026 at 1:55 PM showed the following:

-The sandwich station had various sandwich and salad items in food containers that were left uncovered after lunch service. There was a bin that contained sliced cheddar cheese. The top slice of cheese had started to turn dark yellow, and the edge had curled up. The serving spoons were left in the mayonnaise, egg salad, and tuna fish containers. The edges of the egg salad had started to discolor.

-The mini-fridge under the sandwich station had uncovered containers of chopped onion, greens and cubed chicken.

In an interview on 04/07/2026 at 2:00 PM, Staff K acknowledged that the top slice of cheese appeared to be old and then threw it away. Staff K stated that the foods should have been covered after lunch service.

Observation of food service on 04/08/2026 at 11:40 AM, showed Staff L, Cook, donned (put on) gloves, then prepared food. Staff L performed the following sequence of food service with the same gloved hands:

-Prepared a meat and cheese sandwich.

-Placed a frying pan on the stove, picked up a jug of liquid butter and poured it in the pan.

-Removed a carton of liquid eggs from the mini-fridge and poured it into the frying pan, then adjusted the temperature of the stovetop.

-Replaced the carton of liquid eggs in the mini-fridge, removed two containers of food and then continued to cook the omelet style eggs when they picked up the frying pan

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and spatula.

-Slid the omelet onto a plate. Opened the cold holding lid, grabbed a handful of shredded cheese, and placed the cheese onto the omelet.

-Cut up the omelet and placed it into a container with the same gloved hands.

-Continued to plate two different bowls of rice and other toppings with utensils. Then picked up a handful of tortilla strips and placed them in the bowls.

-Opened the walk-in refrigerator, removed a head of lettuce, returned to the sandwich station, began slicing the lettuce and then placed the sliced lettuce on the rice bowls.

-Covered the food containers and placed them in the mini-fridge, removed a bag of shredded cheese, picked up a handful of shredded cheese and placed it on the rice bowls.

-Picked up a rag that was lying on the counter near the stove, wiped off the knife blade used for the lettuce, began chopping tomatoes with the knife that had been wiped with the rag and placed the chopped tomatoes onto the rice bowls.

-Continued to plate more rice bowls by picking up the ingredients with the same gloved hands.

-Opened the walk-in refrigerator and removed a bag of boiled eggs. Sliced some of the boiled eggs and placed them in the bowls to be served.

-Removed a sticker and a food container, placed remainder of the boiled eggs in the container, and picked up a sharpie to write on the date on the sticker.

-Doffed (removed) the gloves.

Observation on 04/08/2026 at 11:55 AM, showed Staff L donned gloves and performed the following sequence with the same gloved hands:

- Removed a raw hamburger patty from the mini fridge and placed it on the grill top.

- Opened a bag of hamburger buns and removed a bun with the same gloved hands.

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- Moved to the hot holding counter and without changing gloves, used a scooper to place ooked carrots on two plates.

- Repositioned the carrots on the plates with the same gloved hand.

- While holding the carrots in place with their gloved hand, deposited rice next to the carrots using a scooper.

- Moved the bun from the griddle to the sandwich prep station.

- Reached for and removed raw tomato slices and pickles from the sandwich prep station.

Observation on 04/09/2026 at 11:50 AM, showed Staff K, donned gloves and performed the following sequence with the same gloved hands:

-Made a sandwich.

-Picked up a rag from the floor near the oven and placed it in a dirty linen bin.

-With the same gloved hands picked up lettuce, a boiled egg, shredded cheese and tomato and placed it in a bowl.

-Sliced ham, placed it onto a salad and then added cucumbers.

-With the same gloved hands opened a loaf of bread and removed two slices. Scooped egg salad onto the bread and cut the sandwich.

-Opened the mini-fridge, removed food containers, picked up a handful of lettuce and placed it in a bowl.

-Doffed gloves.

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Statement of Deficiencies	License #: 2480	Compliance Determination # 75432
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 9 of 21	Licensee: PSL Associates, LLC	04/17/2026

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) 6/1/2026

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

Administrator (or Representative) — Date: 4/29/2026

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide meal service in a timely manner in 1 of 1 dining rooms (Main dining room). This failure resulted in residents waiting over an hour for their meals to be served and placed them at risk for a decreased quality of life.

Findings included...

Review of the facility's policy titled "Dining Room Service" dated 01/01/2022, showed that "it was a priority that the dining experience for residents be a pleasurable one."

During the confidential resident group meeting with the department on 04/08/2026 at 2:00 PM, multiple residents raised concerns about slow meal service times in the dining room. Through discussion, residents identified one hour as the typical time required to place an order and receive their food in the dining room, with breakfast identified as having the slowest service. When asked how frequently service delays occur, multiple residents stated, "every day."

In an interview on 04/09/2026 at 10:05 AM, Resident 8 stated that "sometimes it takes an hour to get my breakfast."

Observation on 04/14/2026 at 11:30 AM, showed the service times for a table occupied by four residents as follows.

11:30 AM Residents seated

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Plan/Attestation Statement

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11:30 AM Residents seated

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11:51 AM Orders taken
12:34 PM Food delivered

In an interview on 04/14/2026 at 12:35 PM, Resident 25, who was seated at the table observed for service times, stated that it was not unusual for it to take over an hour to receive their food, especially at breakfast. Resident 25 stated that "it happens all the time." Resident 25 further stated that the food was often cold, which they attributed to the lengthy service times.

In an interview on 04/14/2026 at 12:40 PM, Resident 8 was observed sitting in the dining room and had just been served their lunch. Resident 8 stated that they had been sitting there for over an hour before they were served.

Review of Resident 7's March 2026 Progress Notes showed a note, dated 03/20/2026, that documented the resident was dissatisfied with the services in the dining room. Further review showed that Resident 7 reported being the first person in the dining room for breakfast, that no one had taken their order in an hour, and that they had returned to their room with no breakfast.

In an interview on 04/16/2026 at 10:15 AM, Staff M, Senior Dining Services Director, stated that the food warmer had been down and needed to be repaired, and that wait times of an hour were "unacceptable."

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 4/29/2026

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

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This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to investigate an allegation of physical abuse for 1 of 13 sampled residents (Resident 4). This failure resulted placed residents at risk of uninvestigated allegations of physical abuse, injury and emotional harm from possible abuse.

Findings included...

In an interview on 04/09/2026 at 11:15 AM, Resident 4 alleged that Staff H, Care Partner, had intentionally rammed them into the back of the toilet very hard during a transfer many months ago. Resident 4 stated that Staff H had "got all of [their] frustrations out on me," and that they had reported the incident to Staff E, Resident Care Coordinator. Resident 4 further stated that Staff H still worked at the facility.

In an interview on 04/09/2026 at 4:00 PM, Staff I, Regional Health & Wellness Director, stated that they had looked and had not located any record of an investigation related to allegations of physical abuse of Resident 4.

In an interview on 04/14/2026 at 09:38 AM, Staff G, Executive Director, confirmed that at the time of the incident Resident 4 had communicated the allegation to Staff E and the previous Health and Wellness Director. Staff G further stated that through interviews on 04/09/2026 with the involved parties, they had determined that the incident had occurred in the spring of 2025.

Review of an email from Staff E to Staff G, dated 04/09/2026, showed that Staff E confirmed that Resident 4 had reported the allegation of abuse to Staff E and the HWD that held the position at the time of the incident. Further review showed that Staff E stated that the investigation into the incident was supposed to be conducted by the [prior] HWD as it was outside the scope of Staff E's responsibilities.

Review of the facility's investigation, dated 04/09/2026, related to an allegation of physical abuse that was reported by Resident 4, and involved Staff H, showed that it was completed after the department inquired about the incident.

This is a recurring deficiency previously cited on 01/15/2025.

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Administrator (or Representative) Date

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WAC 388-78A-2350 Coordination of health care services.

(5) When a resident authorizes the release of health care information or resident authorization is not required under RCW 70.02.050 , the assisted living facility must contact the external health care provider and coordinate services.

(7) When coordinating care or services, the assisted living facility must:

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that medical providers were contacted in a timely manner for 2 of 13 sampled residents (Resident 6 and 13) who experienced a change in health condition. This failure resulted in Resident 6 waiting over three weeks for the dosage of their blood pressure medication to be changed and an infection for Resident 13 that was not treated for five weeks.

Findings included...

<Resident 13>

Review of Resident 13's Negotiated Service Agreement (NSA), dated 01/28/2026, showed the resident was diagnosed with [redacted] and had a [redacted] Further review showed that caregivers were responsible to "report any change of condition outside of residents baseline…so that new treatments can be implemented if needed."

Review of Resident 13's Progress Notes from 03/04/2026 through 04/11/2026, showed the following notes:

03/04/2026 - green discharge in the peri-area (genital area).

03/08/2026 – catheter was not draining, Home Health (HH) contacted and voicemail left.

03/09/2026 - catheter observed with "little/minimal output."

03/10/2026 – facility contacted HH by phone and were told HH nurse would not be out to evaluate the resident.

03/15/2026 – catheter drainage bag had dark/cloudy urine with foul odor. Provider faxed urine dipstick results.

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

03/30/2026 – caregivers noted observation of green discharge.

04/02/2026 – Received a lab order from the provider, facility faxed the provider for clarification on how the specimen was to be collected.

04/05/2026 – caregivers noted observation of green discharge.

04/06/2026 – caregivers noted observation of green discharge.

04/07/2026 - caregivers noted observation of green discharge.

04/09/2026 - caregivers noted observation of green discharge.

04/09/2026 – “resident was confused.”

04/10/2026 - caregivers noted observation of green discharge “mixed with blood.”

04/11/2026 – green discharge noted and “new reports of diarrhea.”

04/11/2026 – resident sent the emergency department for evaluation.

Review of Resident 13’s After Visit Summary (AVS, discharge paperwork from the hospital), dated [redacted]/2026 (five weeks after green discharge was first noted), showed Resident 13 was seen in the emergency department. The AVS showed Resident 13 was diagnosed with [redacted] and prescribed antibiotics for the infection.

In an interview on 04/16/2026 at 11:25 AM, Staff J, Health and Wellness Coordinator, stated they were aware of a possible infection for Resident 13 when staff discovered the green discharge in the peri-area. Staff J stated that they contacted HH and they did not take any action. Staff J was asked why there was a delay in contacting the Primary Care Provider (PCP) when HH did not act. Staff J was unable to provide additional information on the timeline regarding contacts with the provider.

<Resident 6>

Review of Resident 6’s NSA, dated 11/13/2025, showed that Resident 6 was diagnosed with [redacted]. Further review showed that the facility provided medication assistance and that the “resident will receive all medications as ordered.”

Review of Resident 6’s January 2026 and February 2026 Medication Administration Records (MARs) showed an order for 25 mg (milligrams) of metoprolol (a medication used to treat hypertension) to be given every day. Further review showed that the medication was not administered between 01/25/2026 and 02/23/2026. Notes on the MAR read as follows:

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

Review showed the facility discontinued the medication on 02/14/2026. Further review showed that Resident 6 was administered a 12.5 mg dose of metoprolol that began on 02/24/2026.

Review of a faxed order from Resident 6's provider, received 02/20/2026, showed a reduction in the resident's metoprolol from 25 mg to 12.5 mg.

In an interview on 04/16/2026 at 10:55 AM, Staff I, Regional Health and Wellness Director, stated that they did not have documentation of any communication with Resident 6's provider related to the metoprolol, the resident's refusals, or the discontinuation of the medication. Staff I further stated that Resident 6's provider had reported that they had no record of any communications with the facility related to Resident 6's metoprolol. Staff I stated that the medication technicians held the medication at the direction of the prior Health and Wellness Director (HWD) but that there was no record of contact between the HWD and the provider before the medication was discontinued. When asked what precipitated the new order for 12.5 mg of metoprolol, Staff I stated that Resident 6 discussed it with the provider directly during a scheduled visit on or near 02/18/2026. Staff I stated the provider initiated the change to the medication dosage following the resident's visit.

Review of Resident 6's undated medical record showed no documentation that the facility had contacted the provider to obtain an order with the new dosage of the metoprolol.

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) 6/1/2026 .

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

Administrator (or Representative) — 4/29/2026 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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

Review showed the facility discontinued the medication on 02/14/2026. Further review showed that Resident 6 was administered a 12.5 mg dose of metoprolol that began on 02/24/2026.

Review of a faxed order from Resident 6's provider, received 02/20/2026, showed a reduction in the resident's metoprolol from 25 mg to 12.5 mg.

In an interview on 04/16/2026 at 10:55 AM, Staff I, Regional Health and Wellness Director, stated that they did not have documentation of any communication with Resident 6's provider related to the metoprolol, the resident's refusals, or the discontinuation of the medication. Staff I further stated that Resident 6's provider had reported that they had no record of any communications with the facility related to Resident 6's metoprolol. Staff I stated that the medication technicians held the medication at the direction of the prior Health and Wellness Director (HWD) but that there was no record of contact between the HWD and the provider before the medication was discontinued. When asked what precipitated the new order for 12.5 mg of metoprolol, Staff I stated that Resident 6 discussed it with the provider directly during a scheduled visit on or near 02/19/2026. Staff I stated the provider initiated the change to the medication dosage following the resident's visit.

Review of Resident 6's undated medical record showed no documentation that the facility had contacted the provider to obtain an order with the new dosage of the metoprolol.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that a full annual assessment was completed for 1 of 17 sampled residents (Resident 12), annual safety assessments for medical devices were completed for 2 of 3 residents (Resident 8 and 11) with mobility transfer devices , and that annual self-medication assessments were completed for 2 of 3 residents (Resident 3 and 14) who self-administered their medication. This failure placed residents at risk of harm and injury.

Findings included...

Review of the required full assessment topics in WAC 388-78A-2090 showed that all topics must be assessed at least annually, which included assessments of medical devices used by the resident, and the residents' ability to safely administer their own medications.

<Annual Assessment>

Resident 12

Review of Resident 12's annual assessment, dated 02/13/2025, showed that the resident had a diagnosis of [redacted].

Review of Resident 12's undated medical record showed no annual assessments completed after 02/13/2025.

In an interview on 04/14/2026 at 8:55 AM, Staff I, Regional Health and Wellness Director, confirmed that Resident 12's assessment was overdue.

<Safety Assessments for Medical Devices>

Resident 8

Review of Resident 8's face sheet showed they were admitted on [redacted]/2022 and that they were diagnosed with [redacted] and [redacted].

In an interview on 04/09/2026 at 10:05 AM, Resident 8 stated that they have had a trapeze (triangular device that hangs above the head of the bed used by the resident to pull up and reposition themselves) installed on their bed since their admission to the facility. Observation during the interview showed a trapeze device was above the bed.

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

Review of Resident 8's safety assessment, dated 04/13/2026, showed they were assessed for a trapeze after the department initiated their full licensing inspection.

In an interview on 04/14/2026 at 8:50 AM, Staff I stated that they had just completed the assessment and there were no other assessments prior to that one.

Resident 11

Review of Resident 11's annual assessment, dated 03/06/2026, showed they used a transfer pole and bed rails for mobility.

Review of Resident 11's safety assessment for the transfer pole and bed rails, dated 04/09/2026, showed it had been completed after the department initiated their full licensing inspection.

Observation on 04/16/2026 at 12:03 PM, showed a transfer pole in the living room located next to Resident 11's recliner, and bedrails attached to both sides of their bed. In an interview at that time, Resident 11 stated that they would not be able to stand up and out of the recliner, without the assistance of the transfer pole.

In an interview on 04/15/2026 at 4:40 PM, Staff I confirmed that Resident 11's medical device assessment dated 04/09/2026 was the only assessment completed.

<Self-Medication Assessment>

Resident 3

Review of Resident 3's annual assessment, dated 04/08/2026, showed that the resident administered some of their as needed medications.

Review of Resident 3's facility file showed a self-medication administration assessment, dated 02/24/2025. Further review showed the most recent self- medication administration assessment was dated 04/08/2026, six weeks overdue.

In an interview on 04/15/2026 at 4:42 pm, Staff I stated that they did not have any additional self-medication assessments for Resident 3.

Resident 14

Review of Resident 14's annual assessment dated 02/28/2026, showed that the resident's spouse assisted with the resident's medication management.

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

In an interview on 04/15/2026 at 2:35 PM, Resident 14 stated that they self-administered their own medications with the assistance of their spouse. During this interview, Resident 14 showed the department their medication sitting on the counter.

Review of Resident 14's medical record showed a medication self-administration assessment dated 03/18/2026.

In an interview on 04/15/2026 at 4:40 PM, Staff I confirmed that Resident 14's self-medication assessment dated 03/18/2025 was the most current assessment.

This is a recurring deficiency previously cited on 01/15/2025.

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) 6/1/2026 .

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

[signature] 4/29/2026

Administrator (or Representative) Date

WAC 388-78A-2290 *Family* assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to

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In an interview on 04/15/2026 at 2:36 PM, Resident 14 stated that they self-administered their own medications with the assistance of their spouse. During this interview, Resident 14 showed the department their medication sitting on the counter.

Review of Resident 14's medical record showed a medication self-administration assessment dated 03/18/2025.

In an interview on 04/15/2026 at 4:40 PM, Staff I confirmed that Resident 14's self-medication assessment dated 03/18/2025 was the most current assessment.

This is a recurring deficiency previously cited on 01/15/2025.

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

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to

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the medication or treatment plan; and

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan for family members to assist with medication was complete for 4 of 4 residents (Residents 3, 4, 14, and 15) sampled for family plan agreements. This failure placed the residents at risk of not receiving medications as ordered in a timely manner.

Findings included...

<Resident 3>

Review of Resident 3’s February 2026 Medication Administration Records (MARs) showed that the resident had an order written on 02/19/2026 for copper gluconate (a supplement used to support heart health) and a probiotic blend (dietary supplement used to improve digestion and gut bacteria). A note written in the MARs on 02/20/2026 showed that Resident 3 did not receive the supplements and were waiting on their family to deliver the medication.

In an interview on 04/08/2026 at 11:27 AM, Staff I, Regional Health and Wellness Director, stated that the facility did not have family assist with medications and treatments plan for Resident 3.

Review of a Family Assistance with Medications Plan provided by the facility for Resident 3 showed that the facility created the plan on 04/08/2026 and that it was signed on 04/10/2026 by the family member (two days after the state initiated the survey). Further review showed the plan did not include the names of the medications to be provided.

<Resident 4>

Review of Resident 4’s annual assessment), dated 11/18/2025, showed that the facility

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provided medication assistance. Further review showed that a family member of Resident 4 reordered and delivered all of Resident 4's medications.

Review of Resident 4's April 2026 MAR showed that the resident had orders for 15 scheduled medications and three PRN (as-needed) medications.

In an interview on 04/08/2026 at 11:27 AM, Staff I stated that they did not have a family assist with medications and treatment plan for Resident 4.

In an interview on 04/09/2026 at 11:00 AM, Resident 4 confirmed that their family member picked up and delivered all their medications.

Review of a Family Assistance with Medications Plan provided by the facility for Resident 4 showed that the facility created the plan on 04/09/2026 and that it was signed on 04/10/2026 by the family member (three days after the state initiated the survey). Further review showed the plan did not include the names of the medications to be provided.

<Resident 14>

Review of Resident 14's annual assessment, dated 02/28/2026 showed that Resident 14's spouse provided medication assistance.

In an interview on 04/15/2026 at 2:36 PM, Resident 14 stated that they self-administered their medications. Resident 14 reported that their spouse provided the over-the-counter medications. Resident 14 further stated that their spouse went to the facility each day and filled individual medication cups with each dose for the resident to take on their own at the scheduled times. In an observation at that time, Resident 14 showed the department their medication cups sitting on the counter.

Review of Resident 14's Family Assistance with Medications Pla, dated 03/18/2025, showed no documented list of each medication to be provided, plan in the event the spouse was unable to obtain or fill the medication cups, or a signature from the spouse that provided the assistance.

<Resident 15>

Review of Resident 15's negotiated service agreement, dated 02/26/2026, showed that the resident's power of attorney would order, supply and set up the resident's medications and would notify the facility of any changes in medication orders.

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

Review of Resident 15's undated Family Assistance with Medications Plan, showed that it did not contain a name or signature of the family member that would supply and fill the resident's medications.

In an interview on 04/14/2026 at 04:40 PM, Staff A, Administrator, confirmed that they did not have any additional records of family plan agreements for Residents 3, 4, 14, or 15.

This is a recurring deficiency previously cited on 01/15/2025.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 4/29/2026

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure testing for tuberculosis was completed within three days of hire for 1 of 3 staff (Staff D). This failure placed residents at risk of exposure to a communicable disease for all residents.

Findings included...

Review of Staff D's, Care Partner, personnel file showed that they were hired on 11/19/2025. Further review showed they were not tested for Tuberculosis (TB, a contagious respiratory virus) until 12/29/2025.

In an interview on 04/16/2026 at 2:20 PM, Staff I, Regional Health & Wellness Director, confirmed that no testing for TB had been completed for Staff D prior to the 12/29/2026 test.

This is a recurring deficiency previously cited on 06/23/2023.

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Review of Resident 15's undated Family Assistance with Medications Plan, showed that it did not contain a name or signature of the family member that would supply and fill the resident's medications.

In an interview on 04/14/2026 at 04:40 PM, Staff A, Administrator, confirmed that they did not have any additional records of family plan agreements for Residents 3, 4, 14, or 15.

This is a recurring deficiency previously cited on 01/15/2025.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure testing for tuberculosis was completed within three days of hire for 1 of 3 staff (Staff D). This failure placed residents at risk of exposure to a communicable disease for all residents.

Findings included...

Review of Staff D's, Care Partner, personnel file showed that they were hired on 11/19/2025. Further review showed they were not tested for Tuberculosis (TB, a contagious respiratory virus) until 12/29/2025.

In an interview on 04/16/2026 at 2:20 PM, Staff I, Regional Health & Wellness Director, confirmed that no testing for TB had been completed for Staff D prior to the 12/29/2025 test.

This is a recurring deficiency previously cited on 06/23/2023.

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

Statement of Deficiencies	License #: 2460	Compliance Determination #75432
Plan of Correction	South Hill Village, Assisted Living & Memory Care	Completion Date
Page 21 of 21	Licensee: PSL Associates, LLC	04/17/2026

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) 6/1/2026

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

Administrator (or Representative) — Date: 4/29/2026

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 the following complaint numbers 218232.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 04/17/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services

Region 1, Unit B
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/17/2026), no later than 06/01/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

Two residents had cameras in their rooms. Neither resident had signed consents and one resident did not have the required information in their Negotiated Service Agreement (NSA) regarding the use of the camera to include who had access to the footage. The facility obtained signed consents, updated the NSA, and agreed to review the residents' continued use of the electronic monitoring with the residents at least quarterly, prior to the conclusion of the inspection.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

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

after you receive this letter. Your IDR request **must** include:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis, ALF Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

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