STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY LLC
BONAVENTURE OF THE TRI-CITIES
3425 Boone Rd., SE
SALEM, OR 97317

RE: BONAVENTURE OF THE TRI-CITIES License # 2015

Dear Administrator:

This letter addresses Compliance Determination(s) 44678 (Completion Date 07/25/2024) and 43171 (Completion Date 06/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/25/2024 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-2480-1

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2015	Compliance Determination # 43171
Plan of Correction	BONAVENTURE OF THE TRI-CITIES	Completion Date
Page 1 of 2	Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY	08/25/2024

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 follow-up on 06/25/2024 and 06/25/2024 of:
BONAVENTURE OF THE TRI-CITIES
1800 BELLERIVE DRIVE
RICHLAND, WA 99352

This document references the following SOD dated: 06/25/2024

The following sample was selected for review during the unannounced on-site visit: 0 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner
Residential Care Services

07/01/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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BONAVENTURE OF THE TRI-CITIES
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RICHLAND, WA 99352

This document references the following SOD dated: 06/25/2024

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Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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 _____ 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) — Date: 7/11/24

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 Assisted Living Facility (ALF) failed to ensure screening for tuberculosis (TB) was completed within three days of hire for 2 of 2 staff (Staff C and D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of Staff C, caregiver's personnel file showed they were hired on 05/28/2024. Further review showed they had not been screened for TB.

Review of Staff D, dining server's personnel file showed they were hired on 05/29/2024. Further review showed they had not been screened for TB.
In an interview on 06/25/2024 at 12:57 PM, Staff B, Business Office Manager stated the facility did not screen Staff C or D for TB because they did not have a facility nurse. Staff B stated that the staff were directed to go to an assigned occupational health facility offsite and had not completed the appointment.

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, BONAVENTURE OF THE TRI-CITIES is or will be in compliance with this law and / or regulation on (Date) 7/11/24.

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

Administrator (or Representative) — Date: 7/11/24

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:

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Findings included…

Review of Staff C, caregiver's personnel file showed they were hired on 05/28/2024. Further review showed they had not been screened for TB.

Review of Staff D, dining server's personnel file showed they were hired on 05/29/2024. Further review showed they had not been screened for TB.
In an interview on 06/25/2024 at 12:57 PM, Staff B, Business Office Manager stated the facility did not screen Staff C or D for TB because they did not have a facility nurse. Staff B stated that the staff were directed to go to an assigned occupational health facility offsite and had not completed the appointment.

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

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF THE TRI-CITIES
Provider Type: Assisted Living Facility
License/Cert.#: 2015
Intake ID: 123541
Compliance Determination #: 39725
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 04/15/2024 through 05/21/2024
Complainant Contact Date(s): 04/15/2024, 05/21/2024

Allegation(s):
Identified resident was treated poorly verbally while being quarantined for Covid-19

Investigation Methods:

Sample:	Total residents: 86 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms
Interviews:	Identified resident Nursing staff Identified staff Residents
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations.

Investigation Summary:
Identified resident stated they were happy with their care and treatment at the facility and could not recall any concerns. Facility staff stated that they had received a concern regarding the resident that had been in quarantine and had conducted an investigation. The facility staff stated that they had interviewed the residents and staff and had determined there was no abuse or neglect during the quarantine. The facility records showed the resident had issues with their memory and did not always remember being checked on while in quarantine. Failed practice identified and written in a Statement of Deficiency dated 05/21/2024 for WAC 388-78a-2450, 388-78a-2489 and 388-78a-24701.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2015	Compliance Determination # 337125
Plan of Correction	BONAVENTURE OF THE TRI-CITIES	Completion Date
Page 1 of 5	Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY	05/21/2024

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 04/15/2024 and 04/16/2024 of:

BONAVENTURE OF THE TRI-CITIES
1600 BELLERIVE DRIVE
RICHLAND, WA 99352

This document references the following complaint number(s): 123743, 123541

The following sample was selected for review during the unannounced on-site visit: 4 of 86 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region I , Unit G
1200 Alder Street
Union Gap, WA 98903

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 — Date: 05/23/2024

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 04/15/2024 and 04/16/2024 of:

BONAVENTURE OF THE TRI-CITIES
1800 BELLERIVE DRIVE
RICHLAND, WA 99352

This document references the following complaint number(s): 123743, 123541

The following sample was selected for review during the unannounced on-site visit: 4 of 86 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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 _____ 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) 6/14/24 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure orientation, training, and certifications were completed as required for 1 of 1 staff (Staff C). This failure placed residents at risk of being cared for by untrained staff.

Findings included...

Review of Staff C's, Registered Nurse, personnel files showed they were hired on 02/15/2024.

In an interview on 04/16/2024 at 10:00 AM, Staff B, Business Office Manager, stated that Staff C had not completed facility orientation. Staff B further stated that Staff C had not provided the facility with certifications pertaining to the licensed nurse role.

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

(iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure orientation, training, and certifications were completed as required for 1 of 1 staff (Staff C) . This failure placed residents at risk of being cared for by untrained staff.

Findings included…

Review of Staff C's, Registered Nurse, personnel files showed they were hired on 02/15/2024.

In an interview on 04/16/2024 at 10:00 AM, Staff B, Business Office Manager, stated that Staff C had not completed facility orientation. Staff B further stated that Staff C had not provided the facility with certifications pertaining to the licensed nurse role.

In an interview on 04/18/2024 at 10:15 AM Staff A, Administrator, stated there was no employee file initiated for Staff C to include reference checks, certifications, and trainings.

In an interview on 05/21/2024 at 9:66 AM, Staff A stated they could not locate Staff C's training, cardiopulmonary resuscitation, or reference checks.

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, BONAVENTURE OF THE TRI-CITIES is or will be in compliance with this law and / or regulation on (Date) 6/14/24 .

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

Kathleen Baugh
Administrator (or Representative)

6/4/24
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a review to determine if staff with a non-disqualifying background check result had the Character, Competence, and Suitability (CCS) to work with the vulnerable adults who resided at the facility, for 1 of 1 staff (Staff C). This failure placed residents at risk for harm due to receiving care from staff members who were potentially not appropriate to work with vulnerable adults.

Findings included...

Review of the facility's staff roster showed that Staff C, Registered Nurse, was hired on 02/15/2024.

Review of the facility's personnel files for Staff C showed no documentation of any staff

In an interview on 04/16/2024 at 10:15 AM Staff A, Administrator, stated there was no employee file initiated for Staff C to include reference checks, certifications, and trainings.

In an interview on 05/21/2024 at 9:56 AM, Staff A stated they could not locate Staff C's training, cardiopulmonary resuscitation, or reference checks.

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, BONAVENTURE OF THE TRI-CITIES 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-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a review to determine if staff with a non-disqualifying background check result had the Character, Competence, and Suitability (CCS) to work with the vulnerable adults who resided at the facility, for 1 of 1 staff (Staff C). This failure placed residents at risk for harm due to receiving care from staff members who were potentially not appropriate to work with vulnerable adults.

Findings included…

Review of the facility's staff roster showed that Staff C, Registered Nurse, was hired on 02/15/2024.

Review of the facility's personnel files for Staff C showed no documentation of any staff

records.

In an interview on 04/18/2024 at 10:10 AM, Staff B, Business Office Manager, stated that they accessed the Department's Background Check Central Unit to review Staff C's background check. Staff B stated that the results showed that a CCS review was required. A CCS review was not provided for Staff C.

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, BONAVENTURE OF THE TRI-CITIES is or will be in compliance with this law and / or regulation on (Date) 6/14/24 .

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

Katherine Hayes — Administrator (or Representative)

6/4/24 — 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 Assisted Living Facility (ALF) failed to ensure screening for tuberculosis (TB) was completed within three days of hire for 1 of 3 staff (Staff C). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of the facility's staff roster showed that Staff C, Registered Nurse, was hired on 02/15/2024. Further review of the roster showed an entry next to Staff C's name that stated that Staff C needed to have a chest x-ray completed as they could not have a TB skin test (a test to determine TB infection).

In an interview on 05/21/2024 at 9:57 AM, Staff A, Administrator, stated the facility did not screen Staff C for TB.

records.

In an interview on 04/16/2024 at 10:10 AM, Staff B, Business Office Manager, stated that they accessed the Department's Background Check Central Unit to review Staff C's background check. Staff B stated that the results showed that a CCS review was required. A CCS review was not provided for Staff C.

Plan/Attestation Statement

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Findings included…

Review of the facility's staff roster showed that Staff C, Registered Nurse, was hired on 02/15/2024. Further review of the roster showed an entry next to Staff C's name that stated that Staff C needed to have a chest x-ray completed as they could not have a TB skin test (a test to determine TB infection).

In an interview on 05/21/2024 at 9:57 AM, Staff A, Administrator, stated the facility did not screen Staff C for TB.

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

Katherine Hayes — Administrator (or Representative)

6/4/24 — Date

Plan/Attestation Statement

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Administrator (or Representative) Date