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) 35028 (Completion Date 01/11/2024) and 32417 (Completion Date 12/05/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/11/2024 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-24681-2

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF THE TRI-CITIES
Provider Type: Assisted Living Facility
License/Cert.#: 2015
Intake ID: 103908
Compliance Determination #: 32417
Region/Unit #: RCS Region 1 / Unit G
Investigator: Robin Rainville
Investigation Date(s): 11/13/2023 through 12/05/2023
Complainant Contact Date(s):

Allegation(s):
A named resident's money was missing.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions General facility environment
Interviews:	Identified resident Nursing staff Residents Family members Administrator
Record Reviews:	Medical records (face sheets, care plans, progress notes, medication records) Incident investigations Facility policies Personnel files (hire dates, credentials, background checks) Staff patterns Resident Characteristic roster

Investigation Summary:
The named resident had money missing from an envelope they had carried in their shirt pocket. The named resident had declined the use of the facility lockbox. The facility investigated the incident, made all appropriate notifications, and followed their policies and residential rental agreements. The facility failed to ensure staff had the appropriate credentials to be long term care workers, and failed to ensure fingerprint back ground checks were submitted in the required time frame. Failed practice identified, see written consultation under WAC 388-78A-2450 and citation under WAC

388-78A-24681.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF THE TRI-CITIES
Provider Type: Assisted Living Facility
License/Cert.#: 2015
Intake ID: 106073
Compliance Determination #: 32417
Region/Unit #: RCS Region 1 / Unit G
Investigator: Robin Rainville
Investigation Date(s): 11/13/2023 through 12/05/2023
Complainant Contact Date(s):

Allegation(s):
Resident's ring was missing.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions General facility environment
Interviews:	Identified resident Nursing staff Residents Family members Administrator
Record Reviews:	Medical records (face sheets, care plans, progress notes, medication records) Incident investigations Facility policies Personnel files (hire dates, credentials, background checks) Staff patterns Resident Characteristic roster

Investigation Summary:
Named resident had a ring of unknown monetary value missing from their jewelry box. The named resident had declined the use of the facility lockbox. The facility investigated the incident, made all appropriate notifications, and followed their policies and residential rental agreements. The facility failed to ensure staff had the appropriate credentials to be long term care workers, and failed to ensure fingerprint back ground checks were submitted in the required time frame. Failed practice identified, see written consultation under WAC 388-78A-2450 and citation under WAC

388-78A-24681.

Conclusion / Action:

- [x] 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 #32417
Plan of Correction | BONAVENTURE OF THE TRI-CITIES | Completion Date
Page 1 of 3 | Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY | 12/06/2023

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 11/13/2023 and 11/13/2023 of:

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

This document references the following complaint number(s): 104385, 103808, 106073, 106315

The following sample was selected for review during the unannounced on-site visit: 3 of 86 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Rainville, Assisted Living Facility Licensor

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.

S.M
Residential Care Services

12/06/2023
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.

Kallman Haugen
Administrator (or Representative)

12/15/23
Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that a fingerprint background result was pending within 120 days as required for 1 of 1 provisionally hired staff (Staff C), who had unsupervised access to the residents in the home. This failure placed residents at risk of being cared for by potentially disqualified staff.

Findings included...

Staff records were reviewed with Staff A, Administrator, on 11/13/2023 at 2:43 PM.

The file for Staff C, Medication Technician (MT), showed they were hired on 06/08/2023. Their file showed a Washington state name and date of birth background check result dated 06/08/2023. Staff C's file showed their fingerprint background check result was submitted 11/08/2023. Staff C did not have a national fingerprint background request submitted and pending, for 151 days after they were hired.

Review of the ALF's October 2023 staff schedules showed that Staff C typically worked unsupervised as the MT Tuesday through Saturday on the 2:00 PM – 10:00 PM shift.

On 11/13/2023 at 4:10 PM Staff A stated that Staff C continued to miss their fingerprint appointments.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2015	Compliance Determination # 32417
Plan of Correction	BONAVENTURE OF THE TRI-CITIES	Completion Date
Page 3 of 3	Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY	12/05/2023

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) January 8, 2024.

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

Kathleen Hayes — Administrator (or Representative)

12/15/23 — Date

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 # 2015

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 12/05/2023 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services

Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, 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-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

The Assisted Living Facility failed to ensure that a staff member had a long term care worker credential in good standing.

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:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure