STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 78052 (Completion Date 05/27/2026) and 74253 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/27/2026 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2468-1

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

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 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: 215059
Compliance Determination #: 74253
Region/Unit #: RCS Region 1 / Unit G
Investigator: Jessica Clapp
Investigation Date(s): 03/16/2026 through 04/02/2026
Complainant Contact Date(s): 03/16/2026

Allegation(s):
Allegation of abuse toward the named resident.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 7 Closed records sample size: 1
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents Family members Executive Director Assistant Executive Director Licensed Practical Nurse
Record Reviews:	Medical records (face sheet, care plan, progress notes, medication administration records) Hospital records Incident investigation Facility policies Personnel files

Investigation Summary:
Interviews showed that the facility responded and investigated allegations of abuse and that staff knew who, when and where to report allegations of abuse or neglect.

Interviews with residents and representatives showed that there were no concerns of abuse or neglect at the facility. Observations showed that facility staff responded to residents' care needs and provided respectful care services. Record review showed that the facility had investigated, ruled about abuse and neglect and made the required notifications when an allegation of abuse occurred. Additional record review showed that the facility failed to complete Washington state name and date of birth background checks within one day of working for staff hired at the facility. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2468(1).

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: 214790
Compliance Determination #: 74253
Region/Unit #: RCS Region 1 / Unit G
Investigator: Jessica Clapp
Investigation Date(s): 03/16/2026 through 04/02/2026
Complainant Contact Date(s):

Allegation(s):
Medication error

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 7 Closed records sample size: 1
Observations:	Residents Activities Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified staff Nursing staff Residents Nursing staff Residents Family members Executive Director Assistant Executive Director Licensed Nurse
Record Reviews:	Medical records (face sheet, care plan, progress notes, medication administration record) Hospital records Incident investigation Facility policies Personnel files

Investigation Summary:
Record review showed that the facility assessed, contacted emergency services, transferred resident to the emergency department, investigated and made the

required notifications when the named resident had a change of condition. Additional record review showed that the facility identified a medication error occurred, investigated and notified the emergency department when the named resident did not receive their medication. Interviews showed that the named resident did not receive their medication for five days after they returned to the facility from a rehabilitation stay. Failed practice was identified. Refer to Washington Administration Code (WAC) 388-78A-2210 (1)(b)(2)(a)(b).

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: 214890
Compliance Determination #: 74253
Region/Unit #: RCS Region 1 / Unit G
Investigator: Jessica Clapp
Investigation Date(s): 03/16/2026 through 04/02/2026
Complainant Contact Date(s):

Allegation(s):
Allegation of abuse toward a resident.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 7 Closed records sample size: 1
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents Family members Human resources Executive Director Assistant Executive Director Licensed Nurse
Record Reviews:	Medical records (face sheet, care plan, progress notes, medication administration record) Hospital records Incident investigation Facility policies Personnel files

Investigation Summary:

Interviews showed that the facility responded and investigated allegations of abuse and that staff knew who, when and where to report allegations of abuse or neglect. Interviews with residents and representatives showed that there were no concerns of abuse or neglect at the facility. Observations showed that facility staff responded to residents' care needs and provided respectful care services. Record review showed that the facility had investigated, ruled about abuse and neglect and made the required notifications when an allegation of abuse occurred. Additional record review showed that the facility failed to complete Washington state name and date of birth background checks within one day of working for staff hired at the facility. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2468(1).

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
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2015	Compliance Determination # 74253
Plan of Correction	BONAVENTURE OF THE TRI-CITIES	Completion Date
Page 1 of 5	Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/02/2026

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 03/16/2026 of:

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

This document references the following complaint number(s): 214890, 214790, 215059

The following sample was selected for review during the unannounced on-site visit: 7 of 80 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2015	Compliance Determination # 74253
Plan of Correction	BONAVENTURE OF THE TRI-CITIES	Completion Date
Page 2 of 5	Licensee: RIVERTON RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/02/2026

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

04/07/2026
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)

4/7/26
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

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure a resident received medications as ordered for 1 of 6 residents (Resident 1). This failure resulted in multiple missed doses of medication for Resident 1.

Findings included...

Review of the facility's policy titled, "Medication Systems", revised 06/04/2025, showed that the facility would establish and maintain a safe medication system for staff to administer and give assistance with administration of medications.

<Resident 1>

Review of Resident 1's demographic sheet, undated, showed that the resident moved into the facility on [redacted]/2025.

Review of Resident 1's physician discharge orders from the rehabilitation facility, dated [redacted]/2026, showed that the resident returned to the assisted living facility that day and had medication orders that included Lactulose (used to treat high ammonia levels in the body due to liver disease). The orders showed that Resident 1 was to receive the medication daily.

Review of Resident 1's Medication Administration Record (MAR) for February 2026 showed that the resident received medications for heart problems and liver disease. The MAR did not show that the resident was to be administered Lactulose daily.

Review of Resident 2's Negotiated Service Agreement (NSA), dated 02/25/2026, showed that the resident required a licensed nurse oversight and the facility to administer all their medications.

Review of Resident 1's progress note, dated [redacted]/2026, showed that the resident had a fall in their room and was found on the floor, partially dressed. The note showed that Resident 1 could not vocalize if they had pain and was transferred by emergency services to the hospital for evaluation.

Review of Resident 1's hospital record, dated [redacted]/2026, showed that the resident had acute metabolic encephalopathy (confusion, lethargy, and agitation) and that it was, "likely due to hepatic encephalopathy" (decline of brain function and lack of coordination caused by severe liver disease). The record showed that Resident 1 had not received their Lactulose medication for five days and that the resident's ammonia levels were high. Further record review showed that Resident 1's prognosis was poor.

Review of the facility's investigation report, dated 03/03/2026, showed that the facility had identified a medication error when Resident 1 had a fall. The investigation showed that Resident 1's medication order for Lactulose was not entered into the Medication Administration Record (MAR) when they returned to the facility and was not given for five days.

In addition, the Investigation report showed that Staff D, Medication Technician (MT) had not finished entering the orders into the MAR before they left their shift when Resident 1 returned to the facility on [redacted]2026. The report showed that Staff D told the next shift MT that the orders were not completed in the system and requested that they finish the orders and review them. The report showed that the orders had not been finished when Staff D returned to work the following day. Staff D resumed entering the

orders, left the document on the desk and saw that they were gone when they returned. The report showed that Staff D assumed the orders had been completed and reviewed in the system.

In an interview on 03/25/2026 at 4:17 PM, Collateral Contact 1 (CC1), Resident 1's Representative, stated the resident was ordered Lactulose for their liver disease and that they had improved with the medication. CC1 stated that Resident 1 had a change of condition on [redacted]/2026 and was transferred to the emergency department for evaluation. CC1 stated that they were not aware Resident 1 had not received their Lactulose until after the resident was transferred. CC1 stated that Resident 1's health improved after the hospital resumed administering Lactulose to the resident. CC1 stated that the situation was avoidable and that they chose not to have Resident 1 return to the facility.

This is a repeated deficiency previously cited on 05/15/2025 for subsections (2)(a)(b).

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) 5/17/2026.

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

Administrator (or Representative) — Date: 4/9/26

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was submitted within one day of starting work in the facility for 2 of 5 staff (Staff A and B). This failure placed residents

at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 03/16/2026 at 11:58 AM, with Staff H, Assistant Executive Director. Staff H stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff A, Caregiver, showed that they started working at the facility on 01/06/2026. Staff A's file showed that a Washington state name and date of birth background check was completed on 02/19/2026, 44 days after they started working at the facility.

Review of the personnel file for Staff B, Medication Technician/Caregiver, showed that they started working at the facility on 12/24/2026. Staff B's file showed that a Washington state name and date of birth background check was completed on 12/30/2026, six days after they started working at the facility.

In an interview on 03/16/2026 at 12:10 PM, Staff H acknowledged that the Washington state name and date of birth background check was submitted late for Staff A and Staff B.

This is a repeated deficiency previous cited on 07/23/2025 and 12/05/2023 for subsection (1).

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) 5/17/24 .

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

Administrator (or Representative) _____ Date 4/9/24