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

01/21/2025

BONAVENTURE OF EAST WENATCHEE LLC
BONAVENTURE OF EAST WENATCHEE
3425 Boone Rd., SE
SALEM, OR 97317

RE: BONAVENTURE OF EAST WENATCHEE # 2026

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 52937 (Completion Date 01/21/2025) and 50016 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/21/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-112A-0210 What content must be included in facility and long-term care worker orientation?

(1) For those individuals identified in WAC 388-112A-0200 (1) who must compete facility orientation training:

(a) Orientation training may include the use of videotapes, audiotapes, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas:

(i) The care setting;

(ii) The characteristics and special needs of the population served;

(iii) Fire and life safety, including:

(A) Emergency communication (including phone system if one exists);

(B) Evacuation planning (including fire alarms and fire extinguishers where they exist);

(C) Ways to handle resident injuries and falls or other accidents;

(D) Potential risks to residents or staff (for instance, aggressive resident behaviors and how to handle them); and

(E) The location of home policies and procedures;

(iv) Communication skills and information, including:

(A) Methods for supporting effective communication among the resident/guardian, staff, and family members;

(B) Use of verbal and nonverbal communication;

(C) Review of written communications and documentation required for the job, including the resident's service plan;

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;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

(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;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

(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;

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

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.

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

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

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

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

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)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, Field Manager
Region 1, Unit G
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

BONAVENTURE OF EAST WENATCHEE LLC
BONAVENTURE OF EAST WENATCHEE
3425 Boone Rd., SE
SALEM, OR 97317

RE: BONAVENTURE OF EAST WENATCHEE # 2026

Dear Administrator:

This document references the following complaint numbers 154173.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 11/15/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Laura Williams-Davis, 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The facility failed to maintain veterinary records for pets living at the facility. The facility's management addressed the concern and obtained the veterinary records.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to maintain water temperatures between 105 degrees and 120 degrees Fahrenheit in common areas of the facility. The facility addressed and adjusted the water temperatures to be within the appropriate range.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

The facility failed to ensure window screens were intact and in good repair. The facility's management had a plan to replace the affected window screens.

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)225-2823.

Sincerely,

Laura Williams-Davis

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

Enclosure

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 the unannounced on-site full inspection and complaint investigation on 11/12/2024, 11/13/2024, 11/14/2024 and 11/15/2024 of:

BONAVENTURE OF EAST WENATCHEE
50 29TH STREET NW
EAST WENATCHEE, WA 98802

This document references the following complaint numbers: 154173.

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor
Tracy Ramirez, 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.

Laura Williams-Davis
Residential Care Services

11/22/2024
Date

Statement of Deficiencies	License #: 2026	Compliance Determination # 60016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 5 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

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.

Administrator (or Representative) 12.1.24 Date

WAC 388-112A-0210 What content must be included in facility and long-term care worker orientation?

(1) For those individuals identified in WAC 388-112A-0200 (1) who must compete facility orientation training:

(a) Orientation training may include the use of videotapes, audiotapes, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas:

(i) The care setting;

(ii) The characteristics and special needs of the population served;

(iii) Fire and life safety, including;

(A) Emergency communication (including phone system if one exists);

(B) Evacuation planning (including fire alarms and fire extinguishers where they exist);

(C) Ways to handle resident injuries and falls or other accidents;

(D) Potential risks to residents or staff (for instance, aggressive resident behaviors and how to handle them); and

(E) The location of home policies and procedures;

(iv) Communication skills and information, including:

(A) Methods for supporting effective communication among the resident/guardian, staff, and family members;

(B) Use of verbal and nonverbal communication;

(C) Review of written communications and documentation required for the job, including the resident's service plan;

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;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the

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

WAC 388-112A-0210 What content must be included in facility and long-term care worker orientation?

(1) For those individuals identified in WAC 388-112A-0200 (1) who must compete facility orientation training:

(a) Orientation training may include the use of videotapes, audiotapes, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas:

(i) The care setting;

(ii) The characteristics and special needs of the population served;

(iii) Fire and life safety, including:

(A) Emergency communication (including phone system if one exists);

(B) Evacuation planning (including fire alarms and fire extinguishers where they exist);

(C) Ways to handle resident injuries and falls or other accidents;

(D) Potential risks to residents or staff (for instance, aggressive resident behaviors and how to handle them); and

(E) The location of home policies and procedures;

(iv) Communication skills and information, including:

(A) Methods for supporting effective communication among the resident/guardian, staff, and family members;

(B) Use of verbal and nonverbal communication;

(C) Review of written communications and documentation required for the job, including the resident's service plan;

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;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the

care and services;

(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;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

(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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff were oriented to the facility for 2 of 4 staff (Staff A and C), held a current long term care worker certification for 5 of 5 staff (Staff B, C, D, E and F). This failure resulted in all residents living in the facility receiving care from untrained and uncredentialed staff and placed the residents at risk of harm.

Findings included...

<Orientation to the facility>

Review of the personnel file for Staff A, Executive Director, showed that they began working at the facility in 07/2024. Review of the file showed no documentation of facility orientation for Staff A.

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 01/30/2024. Review of the file showed no documentation of facility orientation for Staff C.

<Long term care worker certification>

Staff B

Review of the personnel file for Staff B, Medication Technician (MT), showed that they were hired on 08/04/2024. Staff B's file showed that they were hired as a Home-Care Aid (HCA) and that their credentials had expired on 10/10/2024.

In an interview on 11/13/2024 at 2:15 PM, Staff G, Regional Director of Operations, confirmed that Staff B's HCA credential had expired.

Staff C

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 01/30/2024. The file showed that Staff C did not have an HCA credential.

Staff D

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 02/09/2024. Staff D's file showed that they were hired as a medical health care assistant and that their credentials had expired on 06/28/2015.

In an interview on 11/13/2024 at 2:40 PM, Staff G, stated Staff D was not qualified to work as a caregiver due to expired credentials. Staff G stated that prior to hiring the facility's process was to check credentials.

Staff E
Review of the personnel file for Staff E, MT, showed that they were hired on 07/04/2022. Staff E's, file did not have documentation that they had any long term care worker certification.

Staff F

Review of the personnel file for Staff F, Caregiver, showed that they were hired on 09/10/2019. Staff F's file showed that they were hired as a Nursing Assistance Certified (NAC). The record showed that Staff F's NAC had expired on 12/12/2008.

In an interview on 11/13/2024 at 3:15 PM, Staff G stated that they were unsure why

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 8 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

Staff F had an expired NAC.

In an interview on 11/13/2024 at 3:00 PM, Staff G stated they had no documentation of Staff C and Staff E having an active credential.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12/20/24 .

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

Administrator (or Representative) 12.1.24 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a fingerprint background check was completed for 3 of 3 staff (Staff A, B and D). This failed practice placed residents at risk of receiving care by unqualified staff.

Findings included...

Review of Staff A's, Executive Director, personnel file showed that they were hired on 12/19/2019. Staff A's file did not show that they had a fingerprint background check pending and/or completed.

Review of Staff B's, Medication Technician, personnel file showed that they were hired on 07/31/2024. Staff B's file did not show that they had a fingerprint background check pending and/or completed.

Review of Staff D's, Caregiver, personnel file showed that they were hired on 02/09/2024. Staff D's file did not show that they had a fingerprint background check

Staff F had an expired NAC.

In an interview on 11/13/2024 at 3:00 PM, Staff G stated they had no documentation of Staff C and Staff E having an active credential.

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 EAST WENATCHEE 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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a fingerprint background check was completed for 3 of 3 staff (Staff A, B and D). This failed practice placed residents at risk of receiving care by unqualified staff.

Findings included…

Review of Staff A's, Executive Director, personnel file showed that they were hired on 12/19/2019. Staff A's file did not show that they had a fingerprint background check pending and/or completed.

Review of Staff B's, Medication Technician, personnel file showed that they were hired on 07/31/2024. Staff B's file did not show that they had a fingerprint background check pending and/or completed.

Review of Staff D's, Caregiver, personnel file showed that they were hired on 02/09/2024. Staff D's file did not show that they had a fingerprint background check

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 9 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

pending and/or completed.

In an interview on 11/13/2024 at 1:38 PM, Staff G, Regional Director of Operations, acknowledged that Staff A, B and D worked with residents unsupervised.

This is a recurring deficiency previously cited on 05/29/2024 and 12/28/2023.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12 · 20 · 24 .

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

Administrator (or Representative) 12 · 1 · 24 Date

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff member was not hired and worked with a disqualified background check for 1 of 1 staff (Staff C). This failure resulted in a disqualified caregiver providing unsupervised care to residents living in the facility.

Findings included...

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 01/30/2024. The file showed that a Washington state name and date of birth background check was completed on 01/26/2024 and showed that Staff C had a disqualifying crime. Staff C worked in the facility unsupervised with residents for 291 days.

pending and/or completed.

In an interview on 11/13/2024 at 1:38 PM, Staff G, Regional Director of Operations, acknowledged that Staff A, B and D worked with residents unsupervised.

This is a recurring deficiency previously cited on 05/29/2024 and 12/28/2023.

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 EAST WENATCHEE 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-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830 , if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040 .

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff member was not hired and worked with a disqualified background check for 1 of 1 staff (Staff C). This failure resulted in a disqualified caregiver providing unsupervised care to residents living in the facility.

Findings included...

Review of the personnel file for Staff C, Caregiver, showed that they were hired on 01/30/2024. The file showed that a Washington state name and date of birth background check was completed on 01/26/2024 and showed that Staff C had a disqualifying crime. Staff C worked in the facility unsupervised with residents for 291 days.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 10 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

In an interview on 11/15/2024 at 12:21 PM, Staff G, Regional Director of Operations, acknowledged that Staff C had a disqualifying Washington state name and date of birth background check.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 11.15.24 .

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

Administrator (or Representative) 12.1.24 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff who worked as long-term care workers obtained the specialty training for dementia and mental health for 2 of 4 staff (Staff A and C), failed to ensure continuing education was completed for 6 of 6 staff (Staff A, B, C, D, E and F), and failed to ensure staff obtained cardiopulmonary resuscitation and first aid trainings for 2 of 4 staff (Staff C and D). These failures placed residents at risk of receiving care from untrained staff.

Findings included...

<Specialty training for dementia and mental health>

Review of the personnel file for Staff A, Executive Director, showed that they were hired on 12/11/2019. Staff A's file did not show that they had completed the specialty trainings for dementia and mental health.

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 02/09/2024. Staff D's file did not show that they had completed the specialty trainings for dementia and mental health.

In an interview on 11/15/2024 at 12/:21 PM, Staff G, Regional Director of Operations, acknowledged that Staff C had a disqualifying Washington state name and date of birth background check.

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 EAST WENATCHEE 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-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff who worked as long-term care workers obtained the specialty training for dementia and mental health for 2 of 4 staff (Staff A and C), failed to ensure continuing education was completed for 6 of 6 staff (Staff A, B, C, D, E and F), and failed to ensure staff obtained cardiopulmonary resuscitation and first aid trainings for 2 of 4 staff (Staff C and D). These failures placed residents at risk of receiving care from untrained staff.

Findings included...

<Specialty training for dementia and mental health>

Review of the personnel file for Staff A, Executive Director, showed that they were hired on 12/11/2019. Staff A's file did not show that they had completed the specialty trainings for dementia and mental health.

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 02/09/2024. Staff D's file did not show that they had completed the specialty trainings for dementia and mental health.

In an interview on 11/14/2024 at 11:14 AM, Collateral Contact 1, anonymous contact, stated that they were concerned that facility staff were not appropriately trained to manage residents that exhibited dementia behaviors such as anxiety, agitation and distress.

<Continuing Education>

Review of WAC 388-112A-0611 showed that staff were to obtain 12 hours of continuing education credits from birthday to birthday every year.

Review of the personnel file for Staff A showed that they were hired on 12/11/2019. Staff A's file showed that they had not completed any hours of continuing education credits from their birthday in 2023 to their birthday in 2024.

Review of the personnel file for Staff B, Medication Technician (MT), showed they had been a caregiver since January 2018 and showed that they were hired at the facility on 08/04/2024. Staff B's file showed that they had not completed any hours of continuing education credits from their birthdate in 2023 to their birthdate in 2024.

Review of the personnel file for Staff C, Caregiver, showed that they were hired by the facility on 01/30/2024. Staff C's file showed that they had not completed any hours of continuing education credits from their birthdate in 2023 to their birthdate in 2024.

Review of the personnel file for Staff D showed that they were hired by the facility on 02/09/2024. Staff D's file showed that they had not completed any hours of continuing education credits from their birthdate in 2023 to their birthdate in 2024.

Review of the personnel file for Staff E, MT, showed that they were hired by the facility on 07/04/2022. Staff E's file showed that they had not completed any hours of continuing education credits from their birthdate in 2023 to their birthdate in 2024.

Review of the personnel file for Staff F, Caregiver, showed that they were hired by the facility on 09/10/2019. Staff F's file showed that they had not completed any hours of continuing education credits from their birthdate in 2023 to their birthdate in 2024.

<CPR and First-aid Training>

Review of WAC 388-112A-0720 showed that staff were required to obtain and maintain Cardiopulmonary Resuscitation (CPR) and first-aid training certificates within 30 days of hire.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50018
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 12 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

Review of the personnel file for Staff C showed that they were hired 01/30/2024. Staff C's file showed that they had not completed first aid and CPR training, which was 316 days after their hire date.

Review of the personnel file for Staff D showed that they were hired 02/09/2024. Staff D's file showed that they had not completed first aid and CPR training, which was 279 days after their hire date.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12·20·24 .

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

Administrator (or Representative) 12·1·24 Date

WAC 388-76A-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 an initial test for tuberculosis was completed within three days of hire for 1 of 4 staff (Staff B). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of Staff B's, Medication Technician, personnel file showed that they were hired on 08/04/2024. Staff B's file showed that a first step Tuberculosis (TB) skin test was completed on 09/20/2024 (48 days after their hire date).

In an interview on 11/13/2024 at 2:15 PM, Staff H, Registered Nurse, stated that they did not know why the TB test was late for Staff B. Staff H acknowledged that TB test was to be initiated within three days of hire.

Review of the personnel file for Staff C showed that they were hired 01/30/2024. Staff C's file showed that they had not completed first aid and CPR training, which was 316 days after their hire date.

Review of the personnel file for Staff D showed that they were hired 02/09/2024. Staff D's file showed that they had not completed first aid and CPR training, which was 279 days after their hire date.

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 EAST WENATCHEE 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-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 an initial test for tuberculosis was completed within three days of hire for 1 of 4 staff (Staff B). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of Staff B's, Medication Technician, personnel file showed that they were hired on 08/04/2024. Staff B's file showed that a first step Tuberculosis (TB) skin test was completed on 09/20/2024 (48 days after their hire date).

In an interview on 11/13/2024 at 2:15 PM, Staff H, Registered Nurse, stated that they did not know why the TB test was late for Staff B. Staff H acknowledged that TB test was to be initiated within three days of hire.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 13 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12·1·24 .

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

Administrator (or Representative) 12·1·24 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff were fit tested with the appropriate N95 face mask for 11 of 11 staff (Staff A, B, C, D, E, F, H, I, J, K, and L). This failure placed residents at risk of contagious respiratory illnesses.

Findings included...

Record review of staff files on 11/13/2024 at 1:38 PM, showed that Staff A, Executive Director, Staff B, Medication Technician, Staff C, Caregiver, Staff D, Caregiver, Staff E, Medication Technician and Staff F, Caregiver, did not have current fit testing documentation.

In an interview on 11/13/2024 at 2:20 PM, Staff H, Registered Nurse, stated, "We are very behind on fit testing." Staff H also stated that when the facility had a recent COVID-19 outbreak, staff had worn N95's (masks that require fit testing to ensure an adequate seal) without being fit tested.

In an interview on 11/14/2024 at 3:30 PM, Staff L, Caregiver, stated that they had not been fit tested for an N96.

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 EAST WENATCHEE 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-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff were fit tested with the appropriate N95 face mask for 11 of 11 staff (Staff A, B, C, D, E, F, H, I, J, K, and L). This failure placed residents at risk of contagious respiratory illnesses.

Findings included…

Record review of staff files on 11/13/2024 at 1:38 PM, showed that Staff A, Executive Director, Staff B, Medication Technician, Staff C, Caregiver, Staff D, Caregiver, Staff E, Medication Technician and Staff F, Caregiver, did not have current fit testing documentation.

In an interview on 11/13/2024 at 2:20 PM, Staff H, Registered Nurse, stated, “We are very behind on fit testing.” Staff H also stated that when the facility had a recent COVID-19 outbreak, staff had worn N95’s (masks that require fit testing to ensure an adequate seal) without being fit tested.

In an interview on 11/14/2024 at 3:30 PM, Staff L, Caregiver, stated that they had not been fit tested for an N95.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 14 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

In an interview on 11/14/2024 at 3:48 PM, Staff H, Staff I, Memory Care Director, and Staff J, Assisted Living Director, stated that their fit testing had expired more than a year ago.

In an interview on 11/15/2024 at 8:45 AM Staff K, Medication Technician, stated that their fit testing had expired.

This is a recurring deficiency previously cited on 05/17/2022 for subsections (1)(2)(d).

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12·20·24 .

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

Administrator (or Representative) 12·1·24 Date

WAC 388-76A-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 interview and record review, the facility failed to inform each resident upon admission and at least every twenty-four months in writing, of the service items, charges, activities available in the facility, and the rules of the facility's operation, for 3 of 3 residents (Resident 2, 4, and 6). This failure prevented residents from making informed decisions regarding living choices at the facility.

Findings included...

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 2 moved into the facility on [redacted]/2021. Resident 2's record showed the most current rental agreement was signed on 11/05/2021. The record did not show that Resident 2 had been informed every twenty-four months as required, of the facility's available service items, charges, activities and the rules of the facility's operation.

In an interview on 11/14/2024 at 3:48 PM, Staff H, Staff I, Memory Care Director, and Staff J, Assisted Living Director, stated that their fit testing had expired more than a year ago.

In an interview on 11/15/2024 at 8:45 AM Staff K, Medication Technician, stated that their fit testing had expired.

This is a recurring deficiency previously cited on 05/17/2022 for subsections (1)(2)(d).

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 EAST WENATCHEE 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-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 interview and record review, the facility failed to inform each resident upon admission and at least every twenty-four months in writing, of the service items, charges, activities available in the facility, and the rules of the facility's operation, for 3 of 3 residents (Resident 2, 4, and 6). This failure prevented residents from making informed decisions regarding living choices at the facility.

Findings included...

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 2 moved into the facility on [redacted]/2021. Resident 2's record showed the most current rental agreement was signed on 11/05/2021. The record did not show that Resident 2 had been informed every twenty-four months as required, of the facility's available service items, charges, activities and the rules of the facility's operation.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 15 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 4 moved into the facility on [redacted]/2019. Resident 4's record showed the most current rental agreement was signed on 06/24/2022. The record did not show that Resident 4 had been informed every twenty-four months as required, of the facility's available service items, charges, activities, and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 6 moved into the facility on [redacted]/2022. Resident 6's record showed the most current rental agreement was signed on [redacted]/2022. The record did not show that Resident 6 had been informed every twenty-four months as required, of the facility's available service items, charges, activities and the rules of the facility's operation.

In an interview on 11/13/2024 at 3:34 PM, Staff G, Regional Director of Operations, stated that the twenty-four-month rental agreements were not completed because they were probably missed.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12·20·24 .

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

Administrator (or Representative) 12·1·24 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a new background authorization form was submitted to the department every two years for 1 of 2 staff (Staff E). This failure placed the residents at risk of being cared for by disqualified staff.

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 4 moved into the facility on [redacted]/2019. Resident 4's record showed the most current rental agreement was signed on 06/24/2022. The record did not show that Resident 4 had been informed every twenty-four months as required, of the facility's available service items, charges, activities, and the rules of the facility's operation.

Review of the facility's characteristic roster, dated 11/12/2024, showed that Resident 6 moved into the facility on [redacted]/2022. Resident 6's record showed the most current rental agreement was signed on [redacted]/2022. The record did not show that Resident 6 had been informed every twenty-four months as required, of the facility's available service items, charges, activities and the rules of the facility's operation.

In an interview on 11/13/2024 at 3:34 PM, Staff G, Regional Director of Operations, stated that the twenty-four-month rental agreements were not completed because they were probably missed.

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 EAST WENATCHEE 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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a new background authorization form was submitted to the department every two years for 1 of 2 staff (Staff E). This failure placed the residents at risk of being cared for by disqualified staff.

Statement of Deficiencies	License #: 2026	Compliance Determination # 50016
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 16 of 16	Licensee: BONAVENTURE OF EAST WENATCHEE	11/15/2024

Findings included...

Review of Staff E's, Medication Technician, personnel file showed that they were hired on 07/04/2022. Staff E's file showed that their most recent background check was completed on 07/03/2022, which was two years, four months and 11 days prior. Staff E's file showed that the facility had not submitted a background check within two years.

In an interview on 11/13/2024 at 1:38 PM, Staff G, Regional Director of Operations, acknowledged that the background check had not been submitted for Staff E. Staff G stated that they did not know the reason why the two-year background check had not been completed.

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 EAST WENATCHEE is or will be in compliance with this law and / or regulation on (Date) 12·20·24 .

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

Administrator (or Representative) 12·1·24 Date

Findings included...

Review of Staff E's, Medication Technician, personnel file showed that they were hired on 07/04/2022. Staff E's file showed that their most recent background check was completed on 07/03/2022, which was two years, four months and 11 days prior. Staff E's file showed that the facility had not submitted a background check within two years.

In an interview on 11/13/2024 at 1:38 PM, Staff G, Regional Director of Operations, acknowledged that the background check had not been submitted for Staff E. Staff G stated that they did not know the reason why the two-year background check had not been completed.

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 EAST WENATCHEE 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