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 License # 2026

Dear Administrator:

This letter addresses Compliance Determination(s) 43238 (Completion Date 06/26/2024) and 41872 (Completion Date 05/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/26/2024 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-2040-1

The Department staff who did the off-site verification:
Nicole Velazquez, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 130918
Compliance Determination #: 41872
Region/Unit #: RCS Region 1 / Unit C
Investigator: Nicole Velazquez
Investigation Date(s): 05/29/2024 through 05/29/2024
Complainant Contact Date(s):

Allegation(s):
A failed Deputy State Fire Marshal follow-up visit.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 42 Closed records sample size: 0
Observations:	Environment, Fire Safety
Interviews:	Facility staff and others not associated with the facility.
Record Reviews:	Characteristic Roster, Deputy State Fire Marshal Report, Department Records.

Investigation Summary:
Interview and record review showed that the facility failed their follow up visit for their Life and Safety inspection by the Deputy State Fire Marshal on 04/09/2024. Deficient Practice Identified, WAC 388-78A-2040 dated 05/29/2024.

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

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 05/29/2024 and 05/29/2024 of:

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

This document references the following complaint number(s): 130918

The following sample was selected for review during the unannounced on-site visit: 42 of 42 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Velazquez, 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 R. Closner
Residential Care Services

06/03/2024
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.

Administrator (or Representative) 6/10/2024 Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Protection Bureau when the ALF failed their second Fire and Life Safety Inspection. This failure placed all residents, staff, and visitors at risk for fire safety.

Findings included...

Review of Department's ALF Management System, on 05/29/2024, showed the ALF was licensed for 149 beds. Review of the Resident Characteristics Roster, undated, showed the ALF was providing care and services for 42 residents.

Record review of the Deputy State Fire Marshal (DSFM) ALF Inspection and letter dated 04/09/2024 showed that the ALF failed their initial Fire and Life Safety Inspection on 02/27/2024. It further showed that the ALF had the following uncorrected violations at the failed follow-up visit on 04/09/2024:
• Extension cords (International Fire Code (IFC) 604.5 2018), use of extension cords an permanent wiring in the ALF.
• Inspection and Maintenance (IFC 607.3.3 2018), annual fire door inspections not completed. A resident room #3444 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching.
• Testing and Maintenance (IFC 903.5 2009, 2012, 2015, 2018), facility was unable to provide documentation for the 5-year piping inspection, and the walk in freezer and cooler had ordinary temperature heads installed.
• Extinguishing System Service (IFC 904.12.5.2 2018) Kitchen suppression system remote pull station was broken, and the tamper rod was no longer secure. Additionally, the kitchen suppression system nozzles were not properly aimed.
• Portable Fire Extinguishers (IFC 906.2 2015, 2018) Two portable fire extinguishers were missing, near rooms 281 and 451.
• Inspection, Testing and Maintenance (IFC 907.8 2018), the fire alarm system had active supervisory alarms, was in trouble status and was silenced.
• Inspections and Maintenance (IFC 912.7 2018), the ALF was unable to provide documentation that the Fire Department Connection had been hydrostatically tested in accordance with The National Fire Protection Association (NFPA) 25. (NFPA 25 (2017) – 13.8.5 The piping from the fire department connection to the fire department check valve

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Protection Bureau when the ALF failed their second Fire and Life Safety Inspection. This failure placed all residents, staff, and visitors at risk for fire safety.

Findings included...

Review of Department's ALF Management System, on 05/29/2024, showed the ALF was licensed for 149 beds. Review of the Resident Characteristics Roster, undated, showed the ALF was providing care and services for 42 residents.

Record review of the Deputy State Fire Marshal (DSFM) ALF inspection and letter dated 04/09/2024 showed that the ALF failed their initial Fire and Life Safety Inspection on 02/27/2024. It further showed that the ALF had the following uncorrected violations at the failed follow-up visit on 04/09/2024:
• Extension cords (International Fire Code (IFC) 604.5 2018), use of extension cords an permanent wiring in the ALF.
• Inspection and Maintenance (IFC 607.3.3 2018), annual fire door inspections not completed. A resident room #3444 fire door that opens to the corridor was blocked open by a wedge, preventing it from closing and latching.
• Testing and Maintenance (IFC 903.5 2009, 2012, 2015, 2018), facility was unable to provide documentation for the 5-year piping inspection, and the walk in freezer and cooler had ordinary temperature heads installed.
• Extinguishing System Service (IFC 904.12.5.2 2018) Kitchen suppression system remote pull station was broken, and the tamper rod was no longer secure. Additionally, the kitchen suppression system nozzles were not properly aimed.
• Portable Fire Extinguishers (IFC 906.2 2015, 2018) Two portable fire extinguishers were missing, near rooms 281 and 451.
• Inspection, Testing and Maintenance (IFC 907.8 2018), the fire alarm system had active supervisory alarms, was in trouble status and was silenced.
• Inspections and Maintenance (IFC 912.7 2018), the ALF was unable to provide documentation that the Fire Department Connection had been hydrostatically tested in accordance with The National Fire Protection Association (NFPA) 25. (NFPA 25 (2017) – 13.8.5 The piping from the fire department connection to the fire department check valve

shall be hydrostatically tested at 150 psi (pressure per square inch) for 2 hours at least once every five years.)
• Maintenance (IFC 915.6 2018), documentation for ALF's monthly carbon monoxide detector testing report dated 10/11/2023 showed a list of carbon monoxide detectors with pass/fail status and there were notations of units that had deficiencies that had not been documented as repaired.
• Delayed Egress Locking System (IFC 1010.1.9.8.1 20180, the delayed egress doors leaving the main entrance of the memory care unit did not have the required signage on the doors.
• Internally Illuminated Exit Signs (IFC 1013.5 2018), in the ALF dining room, the internally illuminated exit sign did not illuminate when the activation test button was pushed.
• Maintenance (IFC 1203.4.2018), the ALF failed to provide documentation for the annual servicing of the emergency generator. The ALF further failed to provide documentation for the generator weekly inspections and monthly 30-minute full load test.

On 05/29/2024 at 9:50 AM, Staff A, Regional Director of Operations, stated that they were aware of the multiple failed Life and Safety Inspections. They stated that there were multiple documents that had not been filed correctly or obtained by the previous administrator. Staff A further stated that Staff B, Maintenance Director, was out when the DSFM did their initial inspection on 02/28/2024.

On 05/29/2024 at 10:00 AM, Staff B stated that they were not working for a couple of months, and they had left reports on their desk but had not filed them in the Fire Safety Logbook. Staff B confirmed that they started working on the uncorrected violations when they became aware of them from Staff A.

This is a recurring deficiency previously cited on 05/17/2022, 08/11/2022, and 06/03/2023.

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) 6/19/2024

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

Angel Cruz — 6/19/24

Administrator (or Representative) — Date

shall be hydrostatically tested at 150 psi (pressure per square inch) for 2 hours at least once every five years.)
• Maintenance (IFC 915.6 2018), documentation for ALF's monthly carbon monoxide detector testing report dated 10/11/2023 showed a list of carbon monoxide detectors with pass/fail status and there were notations of units that had deficiencies that had not been documented as repaired.
• Delayed Egress Locking System (IFC 1010.1.9.8.1 20180, the delayed egress doors leaving the main entrance of the memory care unit did not have the required signage on the doors.
• Internally illuminated Exit Signs (IFC 1013.5 2018), in the ALF dining room, the internally illuminated exit sign did not illuminate when the activation test button was pushed.
• Maintenance (IFC 1203.4 2018), the ALF failed to provide documentation for the annual servicing of the emergency generator. The ALF further failed to provide documentation for the generator weekly inspections and monthly 30-minute full load test.

On 05/29/2024 at 9:50 AM, Staff A, Regional Director of Operations, stated that they were aware of the multiple failed Life and Safety Inspections. They stated that there were multiple documents that had not been filed correctly or obtained by the previous administrator. Staff A further stated that Staff B, Maintenance Director, was out when the DSFM did their initial inspection on 02/28/2024.

On 05/29/2024 at 10:00 AM, Staff B stated that they were not working for a couple of months, and they had left reports on their desk but had not filed them in the Fire Safety Logbook. Staff B confirmed that they started working on the uncorrected violations when they became aware of them from Staff A.

This is a recurring deficiency previously cited on 05/17/2022, 08/11/2022, and 06/03/2023.

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