



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) 40258 (Completion Date 04/24/2024) and 35543 (Completion Date 03/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/24/2024 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-2600-2-d

The Department staff who did the on-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 Z
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE **Provider Type:** Assisted Living Facility

License/Cert.#: 2026

Intake ID: 115403

Compliance Determination #: 35543

Region/Unit #: RCS Region 1 / Unit G

Investigator: Nicole Velazquez

Investigation Date(s): 01/22/2024 through 03/06/2024

Complainant Contact Date(s):

Allegation(s):

The named resident was found deceased.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 0 Closed records sample size: 2
Observations:	Environment, Cares, Staff availability and response to resident's needs.
Interviews:	Facility staff and other not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation, Coroner's record.

Investigation Summary:

Observations showed that staff were observed to be available and responsive to resident's needs. Staff interview and record review showed that the upon finding the named resident unresponsive, Cardiopulmonary Resuscitation (CPR) was not initiated. The facility failed to implement CPR policy when a resident is found unresponsive. Failed practice identified. WAC 388-78A-2600(2)(d), reference Statement of Deficiencies dated 03/07/2024.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2026	Compliance Determination # 35543
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 1 of 3	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	03/06/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 01/22/2024, 02/15/2024 and 02/15/2024 of:

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

This document references the following complaint number(s): 115403, 117618

The following sample was selected for review during the unannounced on-site visit: 0 of 51 current residents and 2 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 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.

Gwin Kaercher
Residential Care Services

03/15/2024
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.

This document was prepared by Residential Care Services for the Locator website.

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Administrator (or Representative)

03/25/24

Date

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(d) When a resident stops breathing or a resident's heart appears to stop beating, including, but not limited to, any action staff persons must take related to advance directives and emergency care;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Physician Orders for Life Sustaining Treatment (POLST - advanced directive) for Cardiopulmonary Resuscitation (CPR -- an emergency lifesaving procedure performed when the heart stops beating) for 1 or 2 residents (Resident 1). Additionally, the facility's policy did not provide clear guidance regarding following the POLST directives. These failures contributed to Resident 1 not receiving CPR and placed residents at risk for unmet emergency care needs.

Findings included...

Review of facility's "Resident Death/Unresponsive Policy," dated 08/2009, showed that "if the staff member believes CPR is warranted, begin CPR." The policy did not provide clear guidance to follow the physician ordered directives as indicated on the resident's POLST.

Resident 1's physician signed POLST dated 11/24/2021 showed that Resident 1 was to have CPR attempted and wanted full treatment with the primary goal of prolonging life by all medically effective means.

Review of the facility's Incident Report dated [REDACTED] 2024 showed that Resident 1 had been found unresponsive at 8:18 AM by Staff A, Dietary Manager. Staff A's written statement showed they found Resident 1 laying outside on the ground. Staff A then called for EMS but did not start CPR.

Interview on 01/26/2024 at 1:40 PM, Staff A stated that they were the one that found Resident 1 laying outside unresponsive, and that Resident 1 was not breathing. Staff A called for assistance from Staff B, Assisted Living Director.

During an interview on 01/24/2024 at 3:20 PM, Staff B stated that Staff A had found

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Resident 1 laying outside on the ground. The resident was not breathing and did not have a heartbeat. They further stated that they knew Resident 1 was a full code and neither Staff A nor Staff B had initiated CPR. Staff B stated that both Staff A and Staff B were CPR certified. Staff A concluded with, "Maybe I should have started CPR."

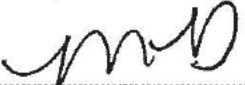
Interview on 03/06/2024 at 11:48 AM, Staff C, Administrator, stated that the facility's policy did not give clear guidance on when CPR was warranted. They further stated that the facility did not have a policy to allow staff to pronounce death and not start CPR, not even the nurse.

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) 04/16/2024

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



Administrator (or Representative)

03/25/24

Date