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

12/10/2025

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) 69439 (Completion Date 12/10/2025) and 63702 (Completion Date 08/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

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;

The Department staff who did the On Site verification:

Nicole Mcgraw, Community Complaint Investigator

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

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 follow-up on 08/06/2025 of:
BONAVENTURE OF EAST WENATCHEE
50 29TH STREET NW
EAST WENATCHEE, WA 98802

This document references the following SOD dated: 08/08/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 73 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Nicole Mcgraw, 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.

Laura Williams-Davis
Residential Care Services

08/20/2025
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)

9/12/2025
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure that the negotiated service agreement was developed with a documented plan to address the needs of a resident who required behavioral interventions for 1 of 3 residents (Resident 3). This failure placed the resident at risk of unmet needs and services.

Findings included...

Review of Resident 3's facility assessment, dated 02/18/2025, showed the resident had delusional behaviors and would argue with other residents.

Review of Resident 3's negotiated service agreement (NSA), dated 07/03/2025, showed that the resident had behavioral and mood problems including a history of property damage, verbal and physically aggressive behaviors, delusions, hallucinations and memory loss. The NSA did not show documented interventions related to Resident 1's behavioral and mood problems identified on the facility assessment and care plan.

In an interview on 08/06/2025 at 3:19 PM with Staff A, Registered Nurse, stated that they believed the care plans had been updated with behavior interventions for Resident 3's ongoing identified behaviors towards staff, delusions, hallucinations and memory loss.

This is an uncorrected and recurring deficiency previously cited on 06/13/2025 and 04/03/2025.

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) ~~10/1/2025~~ 9/22/2025

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

Administrator (or Representative) — 9/12/2025 Date

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;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure staff held a current long term care worker certification for 6 of 6 staff (Staff A, B, C, D, E, and F). This failure resulted in residents receiving care from uncredentialed staff and placed residents at risk of harm.

Finding included...

<Staff A>

Review of the personnel file for Staff A, Medication Technician, showed that they began working at the facility on 03/01/2023. The file showed that Staff A had exceeded working over 200 days without a Home Care Aide (HCA) credential.

Record review on 08/06/2025 at 11:57 AM of the Department of Health (DOH) Provider Credential Search, showed that Staff A did not hold a long-term care worker certification.

<Staff B>

Review of the personnel file for Staff B, Caregiver, showed that they began working at the facility on 03/04/2022. The file showed that Staff A had exceeded working over 200 days without a HCA credential.

Record review on 08/06/2025 at 11:59 AM of the DOH Provider Credential Search, showed that Staff B did not hold a long-term care certification.

<Staff C>

Review of the personnel file for Staff C, Caregiver, showed that they began working at the facility on 09/10/2019. The file showed that Staff E exceeded working over 200 days without receiving an HCA credential.

Record review on 08/06/2025 at 12:02 PM of the DOH Provider Credential Search, showed that Staff C did not hold a long-term care certification.

<Staff D>

Review of the personnel file for Staff D, Medication Technician, showed that they began working at the facility on 07/15/2022. The file showed that Staff D exceeded working over 200 days without receiving an HCA credential.

Record review on 08/06/2025 at 12:04 PM of the DOH Provider Credential Search, showed that Staff D did not hold a long-term care certification.

<Staff E>

Review of the personnel file for Staff E, Medication Technician, showed that they began working at the facility on 03/26/2024. The file showed that Staff E had exceeded working over 200 days without an HCA credential.

Record review on 08/06/2025 at 12:07 PM of the DOH Provider Credential Search, showed that Staff E did not hold a long-term care certification.

<Staff F>

Review of the personnel file for Staff F, Medication Technician, showed that they began working at the facility on 03/26/2024 . The file showed that Staff F had exceeded working over 200 days without an HCA credential.

Record review on 08/06/2025 at 12:11 PM of the DOH Provider Credential Search, showed that Staff F did not hold a long-term care certification.

On 08/06/2025 at 12:15 PM, Staff G, Assistant Executive Director, stated that they were aware that Staff A, Staff B, Staff C, Staff D, Staff E and Staff F did not have the required credentials to provide care to residents in the facility.

This is an uncorrected and recurring deficiency previously cited on 06/13/2025 and 04/03/2025 and recurring deficiency previously cited on 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) ~~10/4/2025~~ 9/22/2025

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

Administrator (or Representative) — Date: 9/12/2025

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 #: 2026	Compliance Determination #60194
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 1 of 8	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	06/13/2025

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 follow-up on 05/28/2025 of:
BONAVENTURE OF EAST WENATCHEE
50 29TH STREET NW
EAST WENATCHEE, WA 98802

This document references the following SOD dated: 06/13/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Nicole Mcgraw, 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.

Laura Williams-Davis
Residential Care Services

06/27/2025
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)

7-8-25
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to ensure that negotiated service agreements were developed with a documented plan to address the needs of residents who required behavioral interventions for 3 of 3 residents (Residents 1, 2 and 3). This failure placed residents at risk of unmet needs and services.

Findings included...

<Resident 2>

Review of the facility's incident report, dated 01/16/2025, showed that Resident 2 was verbally abusive toward Resident 1.

Review of Resident 2's progress note dated 01/16/2025 11:00 AM, written by Staff A, Medication Technician, showed that Resident 2 had shouted at Resident 1, "hurry up before I push you."

Review of Resident 2's facility's assessment, dated 01/20/2025, showed that they displayed behaviors including "being controlling and unreasonable."

Review of the facility's incident report, dated 02/01/2025, showed that Resident 2 was physically abusive towards Resident 1.

In an interview on 02/13/2025 at 2:09 PM, Staff E, Assistant Executive Director, confirmed that on 02/01/2025, Resident 2 punched Resident 1 with a closed fist and then shook them.

In an interview on 05/28/2025 at 10:23AM, Staff F, Executive Director, stated that visits between Resident 2 and their spouse, Resident 1, were to be in high traffic areas for the safety of Resident 1. Staff F further stated that Resident 2's NSA did not reflect Resident 2's behaviors towards others.

Review of Resident 2's negotiated service agreement (NSA), dated 05/03/2025, showed that it did not include behavioral interventions for Resident 2's aggression or the need for staff supervision.

<Resident 1>

Review of Resident 1's quarterly assessment, dated 01/20/2025, showed that the resident had short term memory loss, hallucinations and delusional thinking.

Review of Resident 1's progress note, dated 01/15/2025 at 4:16 AM, showed that Resident 1 had called for emergency services when the resident believed there was a fire in their apartment and was distressed because no one believed them.

Review of Resident 1's progress note, dated 02/11/2025 at 1:43 PM, showed that the resident had been hallucinating that morning and afternoon.

In an interview on 02/13/2025 at 11:55 AM, Staff D, Registered Nurse, stated that Resident 1 had been hallucinating, and had delusional thoughts such as a fire in the apartment and talking about a baby that was not there.

Review of Resident 1's NSA, dated 03/04/2025, showed that it did not include references or interventions related to delusions or hallucinations.

<Resident 3>

Review of Resident 3's facility assessment, dated 11/04/2024, showed the resident had outbursts of anger and would argue with other residents in the dining room.

In an interview on 02/13/2025 at 11:50 AM, Staff F, Executive Director, stated that Resident 3 had multiple episodes of being verbally aggressive towards staff and would yell at staff in another language.

Observations during an interview with Resident 3 on 02/13/2025 at 1:00 PM, showed that the resident became verbally aggressive when speaking about concerns in their apartment. Resident 3 was observed to have an elevated voice and tone. Further observation showed Resident 3's voice became pressured and shaky as they started yelling at the interviewer in another language.

Review of Resident 3's NSA, dated 01/04/2025, failed to provide documentation on interventions related to Resident 3's verbal outbursts.

In an interview on 05/28/2025 at 10:23 AM, Staff F stated that the NSAs were not updated for Resident 1, Resident 2 and Resident 3, to address resident's behaviors.

This is an uncorrected deficiency previously cited on 04/03/2025.

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) 7.8.25 .

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

Administrator (or Representative) 7.8.25 Date

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff held a current long term care worker certification for 10 of 14 staff (Staff A, B, C E, G, I, J, K, L, and M). This failure resulted in residents receiving care from uncredentialed staff and placed residents at risk of harm.

Findings included...

<Staff A>

Review of the personnel file for Staff A, Medication Technician, showed that they began working at the facility on 03/01/2023. The file showed no documentation of an Home Care Aide (HCA) credential.

Record review on 06/13/2025 at 9:15 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff B>

Review of the personnel file for Staff B, Caregiver, showed that they began working at the facility on 03/04/2022. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:14 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff C>

Review of the personnel file for Staff C, Medication Technician, showed that they began working at the facility on 11/24/2024. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:11 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff E>

Review of the personnel file for Staff E, Caregiver, showed that they began working at the facility on 09/10/2019. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:16 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff G>

Review of the personnel file for Staff G, Caregiver, showed that they began working at the facility on 09/16/2024. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:16 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff I>

Review of the personnel file for Staff I, Medication Technician, showed that they began working at the facility on 07/15/2022. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:12 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff J>

Review of the personnel file for Staff J, Medication Technician, showed that they began working at the facility on 08/01/2023. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:13 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff K>

Review of the personnel file for Staff K, Medication Technician, showed that they began working at the facility on 03/26/2024. The file showed no documentation of an HCA

credential.

Record review on 06/13/2025 at 9:17 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff L>

Review of the personnel file for Staff L, Medication Technician, showed that they began working at the facility on 03/26/2024. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:18 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

<Staff M>

Review of the personnel file for Staff M, Medication Technician, showed that they began working at the facility on 02/15/2019. The file showed no documentation of an HCA credential.

Record review on 06/13/2025 at 9:19 AM of the Department of Health Provider Credential Search showed that Staff A did not hold a long-term care worker certification.

In an interview on 05/28/2025 at 10:48 AM, Staff F, Executive Director, stated that Staff M was working on their CNA (Certified Nursing Assistant) and only had their credentials as a Registered Nursing Assistant (NAR).

On 05/28/2025 11:00 AM, Staff F stated that they were aware that Staff A, Staff B, Staff C, Staff E, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L and Staff M did not have the appropriate credentials to provide care to the residents in the facility.

This is an uncorrected deficiency previously cited on 04/03/2025.

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) 7·28·25 .

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

Administrator (or Representative) — Date: 7·8·25

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 163317
Compliance Determination #: 54758
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Velazquez
Investigation Date(s): 02/13/2025 through 04/03/2025
Complainant Contact Date(s):

Allegation(s):
A resident to resident interaction.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents, Resident to resident interactions, Staff availability and response to resident's needs
Interviews:	Residents, Staff
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation.

Investigation Summary:
Observations showed that resident to resident interactions were appropriate and respectful. Staff interview and record review showed that staff intervened and separated the two residents. The named resident was moved to memory care for increased oversight due to cognitive decline. Facility staff failed to updated the residents' care plans to reflect the identified behaviors. Failed Practice Identified, WAC 388-78A-2140 reference Statement of Deficiencies dated 04/04/2025.

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 EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 166036
Compliance Determination #: 54758
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Velazquez
Investigation Date(s): 02/13/2025 through 04/03/2025
Complainant Contact Date(s):

Allegation(s):

1) A named resident had bed bugs.
2) A named resident is a hoarder.
3) There were mice in the memory care.
4) A named staff member had a bad record.
5) A named staff member gave medications to a resident and did not watch them take the medications.
6) Housekeepers are working the floor as untrained caregivers.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 3 Closed records sample size: 0
Observations:	Resident apartments, Residents, Environment, Staff to resident interactions
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policies, Pest control records, Personnel records,

Investigation Summary:

1) Observation, interview and record review showed that the named resident was moved to a different room and new furniture was purchased. All of the old furniture was quarantined and pest control treated the affected apartment. All notifications made. No failed practice identified.
2) Observations showed that the named resident was not residing in the room that they were previously living in. Staff interview and record review showed that the named resident's guardian had planned to hire a company to declutter the room. No failed practice identified.
3) Observations showed that there were no signs of rodents in memory care. Staff interview and record review showed that pest control assessed the memory care without any findings of rodents and had been doing routine pest control throughout the facility including memory care. No failed practice identified.
4) Interview and record review showed that staff did not have any disqualifying

crimes on their background checks. No failed practice identified.
5) Observations showed that facility staff were observing residents taking their medications. Staff interview and record review showed that the named staff member was not a medication technician and did not pass medications to residents. No failed practice identified.
6) Record review showed that facility staff did not have a current long term care worker certification. Failed Practice Identified, WAC 388-78A-2450 reference Statement of Deficiencies dated 04/04/2025.

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 EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 167423
Compliance Determination #: 54758
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Velazquez
Investigation Date(s): 02/13/2025 through 04/03/2025
Complainant Contact Date(s):

Allegation(s):
A fall with injury and the staff were unable to open the resident room door.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 3 Closed records sample size: 0
Observations:	Environment, Cares, Resident apartments, Staff access to resident apartments, Staff availability and response to resident's needs.
Interviews:	Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policy, Facility incident report and investigation.

Investigation Summary:
Observations showed that the named residents apartment door knob was not the same key as the other apartments. Staff interview and record review showed that the named resident fell and the staff did not have a key readily available to access the resident after their fall with injury. Failed Practice Identified, WAC 388-78A-2703 reference Statement of Deficiencies dated 04/03/2025.

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 #: 2026	Compliance Determination # 54758
Plan of Correction	BONAVENTURE OF EAST WENATCHEE	Completion Date
Page 1 of 8	Licensee: BONAVENTURE OF EAST WENATCHEE LLC	04/03/2025

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 02/13/2025 of:

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

This document references the following complaint number(s): 163317, 166036, 167423

The following sample was selected for review during the unannounced on-site visit: 3 of 61 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 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

04/09/2025
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)

4.9.25
Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(4) Providing door hardware to ensure:

(a) Residents cannot lock themselves in, or out of, rooms or areas accessible to them; and

(5) Providing and informing staff persons of a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to provide door hardware to ensure residents were not able to lock themselves in or out of rooms for 1 of 1 resident (Resident 1). This failure resulted in Resident 1 having increased confusion and hallucinations after a fall with injury and delayed staff ability to get into the resident room.

Findings included...

Resident 1's 12/31/2024 Negotiated Service Agreement showed that they had a cognitive deficit with short term memory loss.

Record review of facility incident report dated 02/13/2025 10:40 AM showed that Resident 1 had a fall in their bedroom and staff could not get into the room and a

caregiver had to get a key from management before they could open the door.

On 02/13/2025 at 11:55 AM, Staff D, Registered Nurse, stated that Resident 1 had been staying in the model room in memory care. The staff in memory care did not have a key to access Resident 1 when there was an emergency. Resident 1 had a fall in their room on 02/13/2025 at 11:00 AM. Staff A further stated that they could not get into the room to assess Resident 1's injuries until staff ran to find management to obtain a key and open the door. Staff A stated that Resident 1 had hit their head causing a laceration, was confused and hallucinating.

On 2/13/2025 at 1:52 PM, Staff B, Activity Director, stated that they heard a loud noise in Resident 1's room and when they went to check on them, the door was locked and none of the staff in memory care had a key. Staff C, Caregiver, had to run to the front office to find a key from management to be able to enter that room. Staff B further stated that Resident 1 had been in the model room for two weeks and they did not have a key to that room since the resident had moved in.

Observation on 02/13/2025 at 2;00 PM showed that Resident 1's door was locked and could not be unlocked with the keys used to open the other resident rooms.

On 02/13/2025 at 2:09 PM, Staff E, Assisted Living Director, stated that on 02/13/2025 at 10:40 AM, they had to give their key to the model room to the memory care staff to get the door open after Resident 1 fell.

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) 4.9.25 .

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

Administrator (or Representative) — Date: 4.9.25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to ensure that negotiated service agreements were developed with a documentation plan to address the needs of residents who required behavioral interventions for 3 of 3 residents (Residents 1, 2, 3). This failure placed residents at risk of unmet needs and services.

Findings included...

<Resident 2>

Facility's 01/16/2025 incident report showed that Resident 2 was verbally abusive toward Resident 1.

Review of Resident 2's progress note dated 01/16/2025 11:00 AM, written by Staff A, Medication Technician, showed that Resident 2 had shouted at Resident 1 "hurry up before I push you."

Review of Resident 2's 01/20/2025 assessment showed that they had behaviors of being controlling and unreasonable.

Facility's 02/01/2025 incident report showed that Resident 2 was physically abusive towards Resident 1.

Resident 2's 02/01/2025 negotiated service agreement (NSA), failed to provide appropriate behavior interventions when Resident 2 had behaviors towards other.

Interview on 02/13/2025 at 2:09 PM, Staff E, Assistant Executive Director, confirmed on 02/01/2025, Resident 2 had punched Resident 1 with a closed fist and then shook Resident 1.

<Resident 1>

Resident 1's 12/31/2024 NSA showed no references or interventions related to behaviors for Resident 1.

Review of Resident 1's 01/20/2025 quarterly assessment showed that resident had short term memory loss, hallucinations and delusional thinking.

Review of Resident 1's progress note written on 01/15/2025 4:16 AM, by Staff G, Caregiver, showed that Resident 1 had called for emergency services when the resident believed there was a fire in their apartment and was distressed because no one believed them.

Review of Resident 1's progress note written 02/11/2025 1:43 PM, by Staff C, Caregiver showed that resident had been hallucinating that morning and afternoon.

Interview on 02/13/2025 at 11:55 AM, Staff D, Registered Nurse, stated that Resident 1 had been hallucinating, and had delusional thoughts such as a fire in the apartment and talking about a baby that was not there.

Review of Resident 1 records 02/20/2025, showed no update NSA to address behavioral intervention (hallucinations and delusional thinking) for Resident 1.

<Resident 3>

Review of Resident 3's 11/04/2024 facility assessment showed the resident had outbursts of anger and would argue with other residents in the dining room.

Review of Resident 1's 01/04/2025, the NSA failed to provide documentation on how to address behavioral intervention (verbal outburst) for Resident 3.

Interview on 02/13/2025 at 11:50 AM, Staff F, Executive Director, confirmed that Resident 3 had multiple episodes of being verbally aggressive towards staff and would yell at staff in another language.

Observations during an interview with Resident 3 on 02/13/2025 at 1:00 PM, showed that the resident became verbally aggressive when speaking about concerns in their apartment. Resident 3 was observed having elevated voice and tone, and their voice became pressured and shaky as they started yelling at the interviewer in another language.

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) 4.9.25 .

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

Administrator (or Representative) — Date: 4.9.25

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;

This requirement was not met as evidenced by:

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

Findings included...

<Staff A>

Review of personnel file for Staff A, Resident Care Coordinator, that worked as a medication technicians, showed that they began working at the facility on 03/01/2023. The file showed that Staff A has exceeded working over 200 days without a Home Care Aide (HCA) credential.

In an interview on 03/13/2025 at 1:07 PM, Staff E, Assistant Executive Director, stated that Staff A needed to finish their training for their HCA and only had their credentials as a Registered Nursing Assistant (NAR).

<Staff C>

Review of the personnel file for Staff C, Medication Technician, showed that they began working at the facility on 11/24/2024. The file showed that Staff C has exceeded working over 200 days without receiving a HCA credential.

<Staff H>

Review of the personnel file for Staff H, Caregiver, showed that they began working at the facility on 01/30/2024. The file showed that Staff H has exceeded working over 200 days without a HCA credential.

On 03/13/2025 at 1:05 PM, Staff E stated that Staff H needed to finish their HCA training and did not have their NAR.

<Staff I>

Review of the personnel file for Staff I, Medication Technician, showed that they began working at the facility on 07/15/2022. The file showed that Staff I has exceeded working over 200 days without receiving a HCA credential.

On 03/13/2025 at 1:09PM, Staff E stated that Staff I had not completed the required HCA training.

<Staff J>

Review of the personnel file for Staff J, Medication Technician, showed that they began working at the facility on 08/01/2023. The file showed that Staff J has exceeded working over 200 days without a HCA credential.

On 03/13/2025 at 1:13 pm, Staff E stated that they were aware that Staff A, Staff C, Staff H, Staff I and Staff J did not have the appropriate credentials to be providing care to the residents in the facility.

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) 6.1.25 .

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

Administrator (or Representative) — Date: 4.29.25