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

08/18/2025

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) 63701 (Completion Date 08/18/2025) and 59425 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/18/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2371 Investigations. The assisted living facility must:

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

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:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

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

Residential Care Services
Investigation Summary Report

Provider/Facility: BONAVENTURE OF EAST WENATCHEE
Provider Type: Assisted Living Facility
License/Cert.#: 2026
Intake ID: 175170
Compliance Determination #: 59425
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 05/12/2025 through 06/10/2025
Complainant Contact Date(s):

Allegation(s):
A named resident left the facility unaccompanied.

Investigation Methods:

Sample:	Total residents: 64 Resident sample size: 64 Closed records sample size: 2
Observations:	Residents, Cares, Staff availability and response to residents needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility incident report and investigation, Facility policies.

Investigation Summary:
Based on interview and record review, the facility failed to put interventions in place to prevent recurrence of the named resident from leaving the facility unaccompanied. The facility failed to have a missing resident policy for the Assisted Living Facility. Failed Practice Identified, WAC 388-78A-2371 and WAC 388-78A-2600 reference Statement of Deficiencies dated 06/10/2025.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 05/12/2025, 05/28/2025 and 06/09/2025 of:

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

This document references the following complaint number(s): 175170, 178353

The following sample was selected for review during the unannounced on-site visit: 64 of 64 current residents and 2 former residents.

The department staff that investigated 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

06/17/2025
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-2371 Investigations. The assisted living facility must:

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure staff documented and implemented measures following an elopement for 1 of 1 resident (Resident 1). This failure resulted in Resident 1 leaving the facility unaccompanied several times and placed them at risk of harm.

Findings included ..

Review of 07/17/2023 facility policy, titled, "Occurrence Reporting Policy," showed that the facility was to put appropriate measure in place to reduce the risk of re-occurrence after an out of the ordinary incident occurred

Review of Resident 1's facility's assessment, dated 08/08/2024, showed that the resident was admitted to the facility on [redacted]'2024 with diagnoses of [redacted] and [redacted].

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/15/2025, showed that prior to updates on 04/15/2025, resident had been assessed to be able to recognize and remember not to leave the facility unsupervised, was not at risk for elopement and did not have interventions in place for risk for elopement.

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.

Residential Care Services _____ 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) _____ Date _____

WAC 388-78A-2371 Investigations. The assisted living facility must:

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Review of 07/17/2023 facility policy, titled, “Occurrence Reporting Policy,” showed that the facility was to put appropriate measure in place to reduce the risk of re-occurrence after an out of the ordinary incident occurred.

Review of Resident 1’s facility's assessment, dated 08/08/2024, showed that the resident was admitted to the facility on [redacted]/2024 with diagnoses of [redacted] and [redacted].

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/15/2025, showed that prior to updates on 04/15/2025, resident had been assessed to be able to recognize and remember not to leave the facility unsupervised, was not at risk for elopement and did not have interventions in place for risk for elopement.

<Incident 03/19/2025>

Review of the facility's investigation report, dated 03/19/2025, showed that Resident 1 had left the facility unaccompanied, and that resident had almost made it to a busy highway before facility staff responded and ran outside to get the resident. The document showed that the resident was unaware of the dangers of trying to leave the premises unaccompanied due to their dementia. Further review of the document showed no intervention were implemented to prevent additional elopements.

<Incident 03/20/2025>

Review of Resident 1's progress note, dated 03/20/2025 at 11:22 AM, written by Staff A, Registered Nurse, showed that Staff A was concerned about the resident's safety and judgement following the resident eloped on 03/19/2025.

Review of the facility's investigative report, dated 03/20/2025, showed that Resident 1 left the facility unaccompanied and had made it out to the main street. Further review showed no documentation of actions taken to prevent additional elopements.

In an interview on 05/12/2025 at 12:00 PM, Staff A stated that there were no actions taken to prevent recurrence after the incidents in March 2025.

<Incident 04/10/2025>

Review of the facility's investigative report, dated 04/10/2025, showed that Resident 1 had left the facility unaccompanied and was found walking down the street a half mile away from the building.

Interview on 05/12/2025 at 12:00 PM, Staff A stated that there were no interventions put into place after Resident 1 left the facility unaccompanied on 03/19/2025 and 03/20/2025. Staff A further stated that the resident's negotiated service agreement was not updated with interventions to prevent re-occurrence until after the 04/10/2025 incident. Staff A acknowledged that the 04/10/2025 incident may have been prevented if they would have put appropriate measures into place to prevent recurrence.

This is a recurring deficiency previously cited on 05/17/2022.

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) 7.25.25 .

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

Administrator (or Representative) — Date: 7.8.25

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:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure policies and procedures were developed and implemented to address when a resident leaves the facility unaccompanied for 1 of 1 resident (Resident 1). The failure resulted in the resident leaving the facility unsupervised several times and placed residents at risk of harm.

Findings included...

Review of the Assisted Living Facility (ALF) policies and procedures showed no documentation of a policy and procedure for what staff should do, in the event a resident elopement (leaving the facility without authorization or the necessary supervision).

On 05/12/2025 at 11:52 AM, Staff B, Executive Director stated that the facility did not have ALF specific policies and procedures to follow in the event that a resident left the facility unaccompanied. Staff B further stated ALF staff had not been trained on what to do if a resident eloped. Staff B further stated that there was not a way to identify who was an elopement risk in the facility.
elopement training held november 2024; elopement drill had not (in-service) been conducted

On 05/12/2025 at 12:00 PM, Staff A, Registered Nurse stated that they did not have a procedure for when there was a resident that left the facility unaccompanied. Staff A stated that when Resident 1 eloped on 03/19/2025, 03/20/2025 and 04/10/2025 they

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

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Findings included…

Review of the Assisted Living Facility (ALF) policies and procedures showed no documentation of a policy and procedure for what staff should do, in the event a resident elopement (leaving the facility without authorization or the necessary supervision).

On 05/12/2025 at 11:52 AM, Staff B, Executive Director stated that the facility did not have ALF specific policies and procedures to follow in the event that a resident left the facility unaccompanied. Staff B further stated ALF staff had not been trained on what to do if a resident eloped. Staff B further stated that there was not a way to identify who was an elopement risk in the facility.

On 05/12/2025 at 12:00 PM, Staff A, Registered Nurse stated that they did not have a procedure for when there was a resident that left the facility unaccompanied. Staff A stated that when Resident 1 eloped on 03/19/2025, 03/20/2025 and 04/10/2025 they

did not have a procedure to follow.

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) 8·1·25.

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

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

did not have a procedure to follow.

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