



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

October 4, 2023

ELECTRONIC-FACSIMILE

Administrator
Bonaventure of Lacey
c/o 3425 Boone Rd SE
Salem, OR 97317

Assisted Living Facility License #2036
Licensee: Bonaventure of Lacey LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On September 21, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Bonaventure of Lacey**, located at **4528 Intelco Loop SE, Lacey**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated September 21, 2023.

Civil Fines

WAC 388-78A-2240 Nonavailability of medications.

\$600.00

The licensee failed to ensure two residents' medications were available to be administered. This failure resulted in the residents not receiving their medications as ordered and placed the residents at risk for unmet care needs, delay in treating a medical condition, contributing to one resident experiencing swelling to the right ankle, and placed the resident at risk for medical complications associated with not receiving medications as ordered.

This is a recurring deficiency previously cited on January 5, 2022, and an uncorrected deficiency previously cited on May 31, 2023.

WAC 388-78A-2305(1)(2) Food sanitation.

\$400.00

The licensee failed to properly store and label food for three kitchens reviewed. These failures placed 66 residents at risk for exposure to foodborne illnesses.

This is an uncorrected deficiency previously cited on May 31, 2023.

WAC 388-78A-3090(1)(a)(b)(c) Maintenance and housekeeping.

\$300.00

The licensee failed to provide a safe, sanitary, and well-maintained environment for three areas within the building. The facility failed also to keep equipment and furnishings clean. These failures placed 66 residents at risk to have a diminished quality of life due to unsafe, unsanitary, and unmaintained living conditions for all residents.

This is an uncorrected deficiency previously cited on May 31, 2023.

WAC 388-78A-2320(3)(c) Intermittent nursing services systems.

\$500.00

The licensee failed to ensure residents had the required Nurse Delegation oversight, training, and documentation by the Registered Nurse (RN) Delegator for five residents receiving nurse delegated services. These failures placed all residents receiving RN delegated services and all medication technicians that administer RN delegated services at risk for harm and injury due to not having the appropriate RN delegation oversight, training, documentation, and information available.

This is an uncorrected deficiency previously cited on May 31, 2023.

WAC 388-78A-3100(1)(2)(4) Safe storage of supplies and equipment.

\$100.00

The licensee failed to secure potentially hazardous supplies accessible to memory care and assisted living residents for one location within the facility. This failure placed 66 residents at risk for ingesting potentially toxic materials.

This is an uncorrected deficiency previously cited on May 31, 2023.

WAC 388-78A-2660(2)(4)(7) Resident rights.

\$500.00

The licensee failed to address and resolve six grievances. These failures placed the residents at risk for experiencing decreased quality of life.

This an uncorrected deficiency previously cited on May 31, 2023, for 388-78A-2660 for subsections (2)(4).

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

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Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Cory Cisneros, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (253) 254-3190 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

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Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$2,400.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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If you have any questions, please contact Cory Cisneros, Field Manager, at (253) 254-3190.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP