



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

October 13, 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 FINE AND
IMPOSITION OF CONTINUED AND AMENDED
CONDITIONS ON A LICENSE

Dear Administrator:

On October 2, 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 a civil fine and the imposition of continued and amended conditions 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 and 18.20.520.

The civil fine and continued and amended conditions on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 2, 2023**.

Civil Fine

WAC 388-78A-2610(1)(2)(c)(d) Infection control.

\$3,000.00

The licensee failed to provide the necessary handwashing supplies in one memory care unit. Additionally, the licensee failed to implement proper infection control measures and implement appropriate hand hygiene during mealtime services for two areas. These failures placed all 66 residents, staff, and visitors at risk for spread of infectious disease or illness.

This is an uncorrected deficiency previously cited on July 12, 2023, March 30, 2023, and a recurring deficiency previously cited on January 12, 2023, July 28, 2022, June 17, 2022, January 13, 2022, and January 27, 2021.

Continued and Amended Conditions on License

WAC 388-78A-2610(1)(2)(c)(d) Infection control.

The licensee failed to provide the necessary handwashing supplies in one memory care unit. Additionally, the licensee failed to implement proper infection control measures and implement appropriate hand hygiene during mealtime services for two areas. These failures placed all 66 residents, staff, and visitors at risk for spread of infectious disease or illness.

This is an uncorrected deficiency previously cited on July 12, 2023, March 30, 2023, and a recurring deficiency previously cited on January 12, 2023, July 28, 2022, June 17, 2022, January 13, 2022, and January 27, 2021.

The department has determined that the following continued and amended conditions (amended are underlined) shall be placed on your assisted living facility license:

- ***The licensee must continue to employ, at their own expense, the registered nurse consultant (RNC) familiar with assisted living facility regulations, hired on August 11, 2023, to assist with the following:***
 - *Train staff on facility expectations for hand washing protocol.*
 - *Develop a system to ensure hand washing supplies are readily available to meet infection control needs.*
 - *Review, revise as needed, and ensure implementation of a facility policy and procedure for proper hand washing.*
 - *Ensure the staff training documentation is available in the facility.*
- ***The RNC will send weekly updates to the RCS Field Manager each Friday documenting efforts and progress towards compliance.***
- ***The RNC will be available to the Department to answer questions.***
- ***The licensee will give the consultant a copy of the Statement of Deficiencies, dated October 02, 2023.***
- ***The licensee must post this Notice of Continued and Amended Conditions of Operation, with the license, in a visible location in a common use area accessible to residents and visitors.***

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These continued and amended conditions are effective on **October 13, 2023**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the fine and continued and amended conditions; see the attached Statement of Deficiencies for any additional violations.

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.

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Send your **written** request to:

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

Formal Administrative Hearing

You may contest the civil fine and continued and amended conditions by requesting a formal administrative hearing to challenge the deficiency(ies), which resulted in the civil fine and continued and amended conditions. **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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$3,000.00** 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

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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.

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