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

July 26, 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 CONTINUED AND AMENDED CONDITIONS ON A LICENSE AND STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On July 12, 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 imposition of continued and amended conditions on the license and stop placement order prohibiting admissions 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 continued and amended conditions on the license and stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **July 12, 2023.**

Stop Placement order prohibiting admissions.

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

The stop placement order prohibiting admissions to your assisted living facility is effective on **July 26, 2023,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Cory Cisneros, Field Manager, at (253) 254-3190.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Continued and Amended Conditions on License

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

The licensee failed to maintain a respiratory protection program to ensure all staff were fit tested for an N95 respirator for five staff and failed to provide necessary handwashing supplies in one memory care unit. These failures placed all 64 residents, staff, and visitors at risk for spread of infectious disease.

This is an uncorrected deficiency previously cited on 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 hire, at their own expense, by August 11, 2023, a registered New nurse consultant (RNC) familiar with assisted living facility regulations, not currently or previously affiliated with the facility, to assist with the following:***
    - ***Ensure ALL staff are fit tested for N95 respirators and provided all necessary PPE for all staff assuming care and services while working inside the facility no later than August 25, 2023.***
    - ***Develop and implement processes for ensuring fit testing is documented: to include the employee's name, test date, type of fit test performed, description (type, manufacturer, model, style, and size) of the respirator tested, results of fit tests).***
    - ***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 and fit testing documentation is available in the facility.***

- ***The licensee will provide the RCS Field Manager with the RNC contact information as soon as the RNC is hired.***

- ***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 July 12, 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.***

These continued and amended conditions are effective on **July 26, 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 continued and amended conditions on a license and stop placement order prohibiting admissions; 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.

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 continued and amended conditions on a license and stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the continued and amended conditions on a license and stop placement order prohibiting admissions. **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

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
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature Date