STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Bonaventure of Lacey LLC
Bonaventure of Lacey
3425 Boone Rd SE
Salem, OR 97317

RE: Bonaventure of Lacey License # 2036

Dear Administrator:

This letter addresses Compliance Determination(s) 26547 (Completion Date 07/12/2023) and 21806 (Completion Date 03/29/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/12/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2990, WAC 388-78A-2990-1-b

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Lacey
Provider Type: Assisted Living Facility
License/Cert.#: 2036
Compliance Determination #: 21806
Intake ID: 73029
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 03/29/2023 through 03/29/2023
Complainant Contact Date(s):

Allegation(s):
Physical Environment: Public report of it being too cold in the dining room during breakfast hours.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions Dining
Interviews:	Family members Nursing staff Residents
Record Reviews:	Medical records Grievance log Maintenance Log Incident investigation Facility policies Resident Care Plans Resident Progress Notes

Investigation Summary:
Physical Environment: Observed dining room temperature at 63F. Failed practice identified.

Conclusion / Action:

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

☐ N/A

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2036	Compliance Determination # 21806
Plan of Correction	Bonaventure of Lacey	Completion Date
Page 1 of 3	Licensee: Bonaventure of Lacey LLC	03/29/2023

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 03/29/2023 and 03/29/2023 of:

Bonaventure of Lacey
4528 Intelco Loop SE
Lacey, WA 98503

This document references the following complaint number(s): 69950, 69483, 72476, 73029, 76839

The following sample was selected for review during the unannounced on-site visit: 4 of 61 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Cory Cisneros
Residential Care Services

04/10/2023
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.

Megan Harrison
Administrator (or Representative)

4/21/2023
Date

WAC 388-78A-2990 Heating-cooling Temperature. The assisted living facility must:

(1) Equip each resident-occupied building with an approved heating system capable of maintaining a minimum temperature of 70 F. The assisted living facility must:

(b) Maintain the assisted living facility at a minimum of 68 F during waking hours, except in rooms:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain the minimum temperature of 68F (Fahrenheit) during waking hours for one of two dining rooms reviewed. This failure placed 46 of 61 residents, staff, and visitors who utilize the dining area at risk for experiencing a cold and uncomfortable environment.

Findings included...

On 03/29/2023, the Department entered the facility at 8:20AM noting that the entryway and lobby temperature felt warm. At 8:26AM, upon entering the assisted living dining area, it was observed to be cooler than the independent dining area and lobby. Observation of the thermostat in the dining room, showed that the thermostat was set to 75F, but the room temperature was reading 63F. Observation showed multiple residents in the dining room wearing thick sweatshirts and blankets.

During an interview with Collateral Contact 1 (CC1), family of Resident 1 (R1), on 03/29/2023 at 8:34AM, when asked how often they had breakfast with R1, they stated that they had breakfast with them every day. When asked how they felt about the temperature of the dining area at breakfast times, they stated, "It is usually very cool, every day." CC1 stated that [R1] does not speak often but remembers them complaining of the temperature being "too cold" on multiple occasions. Upon observation, R1 was noted to be sitting in their wheelchair in a sweater, with a large blanket on their lap to assist in keeping them warm.

During an interview with Resident 2 (R2), on 03/29/2023 at 8:40AM, when asked what they thought about the temperature in the dining room during breakfast hours they stated, "Every day it is cold in here." When asked if they reported this to anyone they stated, "We have told the front desk, but they have not done anything about it." Observation showed that R2 was wearing a thick sweater to help keep warm, to which R2 corrected, "No, I am wearing TWO sweatshirts!"

Review of the Maintenance Log, on 03/29/2023 showed that there was a community work order placed, dated 02/24/2023, which stated, "dining room heating needs to be looked at". There was no indication on the maintenance log to determine if this was ever completed.

On 03/29/2023 at 8:54AM, a second observation of the thermostat in the assisted living dining room read 63F.

During an interview with Staff A, the Executive Director, on 03/29/2023 at 8:58AM, they were asked to observe the thermostat in the assisted living dining area. When asked if they could read the temperature off of the thermostat, they stated, "It reads 63F, but is set to 75F." Staff A was asked if they were aware of the minimum temperature that was acceptable in communal areas per the WAC, to which Staff A replied, "No."

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 Lacey is or will be in compliance with this law and / or regulation on (Date) May 13, 2023

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

Megan Hart — Administrator (or Representative)

4/21/2023 — Date