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) 31417 (Completion Date 10/20/2023) and 28311 (Completion Date 08/25/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/20/2023 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-2450-2, WAC 388-78A-2450-2-d, WAC 388-78A-2300, WAC 388-78A-2300-1, WAC 388-78A-2300-1-e, WAC 388-78A-2300-1-e-ii

The Department staff who did the on-site verification:
Paul Aube, ALF NCI
Pamela Horlick, NCI RN Complaint Investigator

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

Sincerely,

p.p.

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 #: 28311
Intake ID: 91115
Investigator: Paul Aube
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 08/18/2023 through 08/25/2023
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment: Public Report of lack of staffing which resulted in care needs not being met.
2. Dietary Services: Public report of long wait times, and insufficient staff assistance during meal times. Reports of running out of main entrée, and desserts during dinner services.

Investigation Methods:

Sample:
Total residents: 60
Resident sample size: 3
Closed records sample size: 0

Observations:
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen
Food preparation

Interviews:
Residents
Nursing staff
Kitchen staff
Management

Record Reviews:
Grievance log
Incident Logs
Facility policies
Staff training records
Dietary Menu's
Food Preparation Guidelines

Investigation Summary:

1. Quality of Care/Treatment: Facility failed to keep actual worked staff schedules on-site for department review. Unable to evaluate staffing of facility. Failed Practice Identified.
2. Dietary Services: Facility currently out of compliance for long wait times, and

insufficient staff during meal times. Reports of main entrée and desserts running out during dinner service substantiated through interview and record review. 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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Statement of Deficiencies	License #: 2036	Compliance Determination # 28311
Plan of Correction	Bonaventure of Lacey	Completion Date
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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 08/18/2023 and 08/25/2023 of:

Bonaventure of Lacey
4528 Intelco Loop SE
Lacey, WA 98503

This document references the following complaint number(s): 91115

The following sample was selected for review during the unannounced on-site visit: 3 of 60 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 Ste 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.

Jody Just
Residential Care Services

08/30/2023
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.

Statement of Deficiencies	License #: 2036	Compliance Determination # 28311
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Megan Hz
Administrator (or Representative)

9/3/2023
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(d) Document and retain for twelve weeks, weekly staffing schedules, as planned and worked;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document, and retain on-site, weekly staffing schedules, as planned and worked, for 2 of 2 units reviewed. These failures prevented the Department from conducting an investigation and placed all 60 of 60 residents at risk for unmet care and services.

Findings included...

During an onsite visit at the facility on 08/18/2023 at 09:35AM, Staff A, the Executive Director, was asked to provide the Department the staffing schedule (actual worked) for both the Assisted Living Unit, and the Memory Care Unit for the last 30 days. Upon review of the provided Assisted Living Unit and Memory Care Unit schedules, there were no notations made on the schedule for staff call-outs, and other staffing changes.

On 08/18/2023 at 10:32AM, asked Staff B, the Director of Health Services, why there were no notations made on the provided schedules. Also asked if there were any staff that called out for this period of time. Staff B stated that they were unsure of why there were no notations made on the schedule, and stated they were also unsure if there were any staff call-outs during that time period. Staff B stated that they would speak with Staff C, the Memory Care Director about the schedule. On 08/18/2023 at 10:58AM, Staff B stated Staff C was not aware that they were required to keep records of actual worked shifts and was also required to document and retain changes to the schedule. Staff B also stated that Staff D, the Assisted Living Director, was currently out of the facility and unable to provide the schedule for the Assisted Living Unit, stating it was in their person, and out of the facility.

During an interview with Staff A, on 08/18/2023 at 3:56PM, Staff A was asked why the Assisted Living schedule was taken home by Staff D. Staff A stated that Staff D should not have taken the schedule home and that it should have remained in the facility. Staff A was also asked why Staff C did not document and retain staffing schedules for the Memory Care Unit. Staff A stated that Staff C stated they were unaware that this was a requirement.

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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) 10/14/2023 10/9/2023.

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

Megan Han — Administrator (or Representative)

9/3/23 — Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(e) Serve nourishing, palatable and attractively served meals adjusted for:

(ii) Individual preferences to the extent reasonably possible.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure adequate amounts of food was prepared for all residents in the building, for 1 of 2 dining rooms. This failure caused the kitchen staff to run out the main entrée, and forced all residents who preferred the entrée to order alternate food items.

Findings included...

Review of the facility policy, titled, "Dining Room Service Policy", dated 07/2009, showed, "Each community will provide dining room service with high standards of graciousness and hospitality. The Executive Director and Food Services Director are jointly responsible to assure the quality of the dining experience...Promptly respond to resident's individual requests and needs..."

During an interview with the Collateral Contact 1 (CC1) on 08/18/2023, they stated that they were notified by multiple residents in the facility of many occasions where the kitchen would run out of the main entrée and were unable to provide them to residents who have ordered it. CC1 stated that this forced residents to order alternate food items which has caused them much grief, and frustration. CC1 stated that this has been an ongoing issue at the facility for a long period of time.

During an interview with Staff F, a server, on 08/18/2023 at 1:11PM, Staff F was asked to explain the process for dining room services. Staff F stated that there were 2 dining rooms

in the facility, the Assisted Living (AL) Dining Room, and the Independent Living (IL) Dining Room. Staff F stated that during meal service, the IL Dining Room would be served first, and then afterwards the AL Dining Room. Staff F was asked if they ever noticed that after serving the IL side, that the AL side entrée would run out. Staff F stated, "Yes." Staff F stated one occasion, "we did not make enough of the chicken pot pies, and the residents on the Assisted side did not get that." Staff F was asked what they did after learning the kitchen ran out of that entrée. "We had to order an alternative [for the residents]. We are just not making enough, not enough [entrées] prepared." Asked Staff F who decides how much food to make. Staff F stated that the cook decides this. Asked Staff F if residents from the AL side would sit in the IL Dining Room for dining services. Staff F stated that AL residents would sometimes do this to ensure they can get the meal they ordered before running out. Staff F stated that some residents are assisted to the AL dining room side, and lack the mobility needed to come to the IL dining room side for services.

During an interview with Resident 1 (R1), on 08/18/2023 at 11:05AM, R1 was asked if they ever noticed a time where food items were running out during meal service. R1 stated, "they said that yesterday or so. They did not get in what they were supposed to give us, so they gave us something else, but I can't remember what it was. There have been different times where they said, 'we will give you a sandwich today because we ran out of food.' It makes us very angry that they we are not treated the same [as the Independent Living (IL) residents].

During an interview with Resident 2 (R2), on 08/18/2023 at 11:38AM, R2 was asked if they ever noticed a time where food items were running out during meal service. R2 stated, "That has happened." R2 stated that during these times, they were forced to order alternative dishes. "You can always get tilapia, hamburgers or hotdogs if they have them, grilled cheese sandwiches, or other deli sandwiches like ham and cheese. I personally like the hot dogs myself, but they run out of hot dogs sometimes too."

During an interview with Resident 3 (R3), on 08/18/2023 at 2:59PM, R3 was asked if they ever noticed a time where food items were running out during meal service. R3 stated, "I forget what the entrée was, but I went to order it, but they said, "Oh we are out." We asked what else there was, and they stated they had hamburgers and hot dogs. I then ordered a Hamburger, and they said they were out. I got a hot dog. And they were also out of ketchup and mustard."

During an interview with Staff A, the Executive Director on 08/18/2023 at 09:51AM, Staff A was asked what the kitchen staff used to prepare dining service meals for resident in the facility. Staff A stated that the kitchen used the Kitchen Menu Binder to prepare meals. Staff A stated that there were 6 binders in total. Staff A stated that each binder, which were labeled "Week 1, Week 2, Week 3, Etc.," were used respectively, and lists all of the meals provided for residents in a 6-week rotation.

Review of the undated Kitchen Menu Binders showed recipes for each meal (breakfast, lunch and dinner), for all 7 days of the week. Each binder, (Week 1 through 6) showed recipes for preparation of meals for that particular mealtime. For example, for week 1, Sunday, during lunchtime, Maple Glazed Ham with Potatoes Au Gratin and Sautéed Spinach

would be served. Below the title it showed the recipe to prepare the meal which was broken down into 3 different portion sizes, 25 portions, 50 portions, and 75 portions. For 25 portions it stated that 7 pounds (lbs.) of ham would be needed. For 50 portions it stated that 14 lbs. of ham would be needed, and for 75 portions it stated that 19 lbs. of ham would be needed.

During an interview with Staff E, the Director of Dining Services, on 08/18/2023 at 2:19PM, Staff E was asked how cooks are trained to prepare meals for residents in the building. Staff E stated, "What we train staff to do, it is broken down to 25, 50, and 75 portions." They stated that this change was implemented to make it easier for cooks to make changes to the recipes based on resident census. Staff E stated that every morning during a management meeting, they discuss the total amount of residents in the building. Staff E stated that this number, the total census, is used for cooks to determine how much of what entrée they are going to make. Staff E stated for example, if there is a total of 100 residents in the building, then the cooks would add the 75-portion recipe to the 25-portion recipe, for a total of 100 portions. Staff E was asked how what the total census was for the residents that day. Staff E stated there were 128 residents in the building that day.

During an interview with Staff G, a Cook, on 08/18/2023 at 11:21AM, asked Staff G what they used as a guide when preparing food for meal services. Staff G stated that they used the 6-week Kitchen Menu Binders. Staff G was asked how they determined how much food to prepare, and Staff G stated that they always prepared the largest recipe amount, for 75 portions. Asked Staff G if they ever noticed that an entrée would run out during meal services. Staff G stated, "Sometimes I will run out." Staff G stated that "There is not enough poundage of meat for the recipe. The food preparation for 75 [portions] is just not enough." When asked if they knew how many total residents were in the building, they stated, "around 120." Staff G stated, "Out of 120, you might get about 80 down for breakfast, for lunch we might get a little more. Not all of them come down." Asked Staff G what they would do while preparing food for 75 portions, if more than 75 residents wanted the main entrée. Staff G stated that they would "hope that there was enough." Staff G stated that they would encourage those residents to utilize the "Always Available" menu, which listed alternates food items to be ordered.

During an interview with Staff H, a Cook, on 08/18/2023 at 2:39PM, asked Staff H what they were preparing for dinner services that evening. Staff H stated they were having garlic shrimp for the main entrée. Staff H was asked what they used as a guide when preparing food for meal services. Staff H stated that they used the 6-week Kitchen Menu Binders. "I follow the recipes and it tells me exactly how much I need to prepare." Staff H was asked to clarify which recipe was used. Staff H verified that they were using the 75-portion recipe. Asked Staff H how much shrimp she needed to prepare for dinner services. Staff H said that on the 75-portion recipe, it called for 7.5 lbs. of shrimp. They stated that each bag of shrimp was one pound, so instead of cooking the 7.5lbs, they would cook the whole bag, or 8lbs. Staff H was asked if they ever heard of any complaints from residents that entrées were running out during meal services. Staff H stated, "I haven't seen that happen, but I am sure it does." Staff H was asked if they knew how many residents were in the building. Staff H responded, "I last checked about 2 weeks ago, and they [management] stated there was about 120 residents in the building."

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Observation of the walk-in refrigerator on 08/18/2023 at 2:47PM showed that there was 8 lbs. of shrimp, thawed, and ready to be cooked for dinner services.

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) ~~10/14/2023~~ 10/9/2023.

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

Administrator (or Representative) — Date: 9/3/2023