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) 34933 (Completion Date 01/24/2024) and 29671 (Completion Date 09/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/24/2024 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-3152-1, WAC 388-78A-3152-6, WAC 388-78A-3152-6-a, WAC 388-78A-3152-6-b

The Department staff who did the on-site verification:
Anissa Bearden, Licensor

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 #: 29671
Intake ID: 98504
Investigator: Anissa Bearden
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 09/13/2023 through 09/21/2023
Complainant Contact Date(s):

Allegation(s):

1) Concern the facility was not back in compliance with their plan of correction by their attestation date.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 3 Closed records sample size: 0
Observations:	N/A
Interviews:	Administrative Staff
Record Reviews:	Facility's plan of correction Facility's plan of correction binder Resident records

Investigation Summary:

1) Based on interview and record review failed practice found. The facility will be cited for WAC 388 78A 3152 (1)(6)(a)(b) as they did not have their plan of correction completed by the attestation date.

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 # 29671
Plan of Correction	Bonaventure of Lacey	Completion Date
Page 1 of 5	Licensee: Bonaventure of Lacey LLC	09/21/2023

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 09/13/2023 and 09/21/2023 of:

Bonaventure of Lacey
4528 Intelco Loop SE
Lacey, WA 98503

This document references the following complaint number(s): 98504

The following sample was selected for review during the unannounced on-site visit: 3 of 66 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

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.

Cory Cisneros
Residential Care Services

10/02/2023
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 # 29671
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Megan Ham
Administrator (or Representative)

10/2/2023
Date

WAC 388-78A-3152 Plan of correction Required.

(1) The assisted living facility must comply with all applicable licensing laws and regulations at all times.

(6) On each attestation of correction statement, the home must:

(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(b) By signature and date showing that the home has or will correct, and maintain correction, of each deficiency.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to be back in compliance with their plan of correction for 1 of 1 (annual full follow ups) reviewed. This failure placed all 66 residents and their resident representatives at risk for being uneducated about their rights and responsibilities while living at the facility and at risk of making uniformed decisions about placement with consideration of potential changes in their financial circumstances. This failure placed all residents at risk of receiving care and services from staff not properly trained on facility policies and procedures.

Findings included...

Record review of the "Department of Social And Health Services" document, Completion date 05/31/2023, showed "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. 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." The administrator section showed Staff B, Assistant Executive Director, signed the document on 08/22/2023. Staff B signed the "Plan/Attestation Statement" for all citations cited that read "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, [the facility] is or will be in compliance with this law and/or regulation on 07/15/2023."

Record review of the facility's, "Employee In-Service Attendance Record", dated 07/21/2023, showed Staff B had an hour and a half lecture with facility staff about Infection control, MSDS (Material Safety Data Sheet), fall prevention, proper storage of chemicals, proper cleaning tools, and hand washing. There were 35 employees that signed the in-service. This was completed after the facility's attested Plan of Correction date.

Disclosure of Services

Resident 1 (R1)

Record review of R1's "Disclosure of Services", dated 08/24/2023, showed R1's resident representative and the executive director signed that they acknowledged they received a copy of the disclosure of services form from the facility. This was completed after the facility's attested Plan of Correction date.

Resident 2 (R2)

Record review of R2's "Disclosure of Services", dated 09/04/2023, showed R2, R2's resident representative, and the executive director signed that they acknowledged they received a copy of the disclosure of services form from the facility. This was completed after the facility's attested Plan of Correction date.

Resident 3 (R3)

Record review of R3's "Disclosure of Services", dated 07/16/2023, showed R3's resident representative, and the executive director signed that they acknowledged they received a copy of the disclosure of services form from the facility. This was completed after the facility's attested Plan of Correction date.

In an interview on 09/13/2023 at 11:56 AM Staff C, Chief Office of Operating Corporate, stated it was Staff B's responsibility to ensure that the facility was back in compliance with providing all residents a copy of the disclosure of services by their attestation date of 07/15/2023. Staff C stated that not all residents signed the disclosure of services by the attestation date and that they were past due on ensuring the audit had been completed.

Medicaid

R1

Record review of R1's "Medicaid Payment Policy", dated 08/24/2023, showed R1's resident representative and the executive director signed that they acknowledged they received a copy of the Medicaid payment policy form from the facility. This was completed after the facility's attested Plan of Correction date.

R2

Record review of R2's "Medicaid Payment Policy", dated 09/04/2023, showed R2's resident representative and the executive director signed that they acknowledged they received a copy of the Medicaid payment policy form from the facility. This was completed after the facility's attested Plan of Correction date.

R3

Record review of R3's "Medicaid Payment Policy", dated 07/16/2023, showed R3's resident representative and the executive director signed that they acknowledged they received a copy of the Medicaid payment policy form from the facility. This was completed after the facility's attested Plan of Correction date.

In an interview on 09/13/2023 at 11:56 AM Staff C stated that when new residents moved into the facility, they would sign the Medicaid acknowledgement. Staff C acknowledged that not all residents had signed the Medicaid acknowledgement by their attestation date of 07/15/2023.

In an interview on 09/13/2023 at 11:56 AM Staff D, Registered Nurse Director of Nursing Corporate, stated the facility staff had been auditing what they were cited for and continued to audit their work to ensure they were back in compliance with their plan of correction.

In an interview on 09/15/2023 at 2:20 PM, Staff A, Staff C, and Staff D expressed understanding that they would be cited for not completing their plan of correction from the annual full inspection by their attestation date of 07/15/2023. Staff A, Staff C, and Staff D expressed understanding of the timeframe that they had 45 days to work on their plan of correction and be back in compliance.

In an interview on 09/21/2023 at 10:00 AM, Staff A stated it would be their responsibility to ensure the plan of correction would be completed by their attestation date. Staff C stated Staff B was the one who had their name on the facility's administrative license and ultimately Staff B would be responsible to ensure the plan of correction would be completed by their attestation date.

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) 11/15/2023 .

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

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Megan Hart 10/2/2023

Administrator (or Representative) Date