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) 38917 (Completion Date 03/27/2024) and 33439 (Completion Date 12/06/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/27/2024 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-2371, WAC 388-78A-2371-1

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 #:** 33439
**Intake ID:** 104832
**Investigator:** Paul Aube
**Region/Unit #:** RCS Region 3 / Unit E
**Investigation Date(s):** 12/05/2023 through 12/06/2023
**Complainant Contact Date(s):**

**Allegation(s):**
Other: Public allegation of sexual abuse from a staff to a resident in the community,

**Investigation Methods:**

**Sample:**
Total residents: 68
Resident sample size: 1
Closed records sample size: 1

**Observations:**
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

**Interviews:**
Residents
Nursing staff
Management

**Record Reviews:**
Resident Characteristic Roster
Facility policies
Incident Log
Resident Progress Notes

**Investigation Summary:**
Other: Facility failed to follow policy, and complete an Occurrence Report when they became aware of an allegation of sexual abuse in the community. Facility also failed to document investigation, and investigative actions. 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 # 33439 |
| Plan of Correction | Bonaventure of Lacey | Completion Date |
| Page 1 of 4 | Licensee: Bonaventure of Lacey LLC | 12/06/2023 |

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 12/05/2023 and 12/07/2023 of:

Bonaventure of Lacey
4528 Intelco Loop SE
Lacey, WA 98503

This document references the following complaint number(s): 104832

The following sample was selected for review during the unannounced on-site visit: 1 of 68 current residents and 1 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.

Cory Cisneros
Residential Care Services

12/19/2023
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 Hart
Administrator (or Representative)

12/19/2023
Date

**WAC 388-78A-2371 Investigations. The assisted living facility must:**

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to investigate, and document investigative actions after they became aware of an allegation of abuse for 1 of 1 resident reviewed (Resident 1, (R1)). This failure resulted in the facility being unable to demonstrate their investigative actions and findings, which placed the resident at risk for ongoing abuse.

Findings included...

Review of the facility policy, titled, "Abuse, Neglect, or Exploitation Policy," last reviewed on 02/15/2021, under the section titled, "Reporting Requirements", stated, "Report any suspected or witnessed abuse to the Nurse Consultant or to the Executive Director, both of whom will do an immediate investigation... A summary / progress note is to be recorded in the resident medical chart."

Review of the facility policy, titled, "Occurrence Reporting Policy," last reviewed on 07/17/2023, stated, "It is the expectation of this community that all resident occurrences, defined as any incident involving a resident or resident(s) that is out of the ordinary or unusual to that resident, will be documented, investigated and reported as applicable and appropriate resident specific measures put in place to reduce the risk of re-occurrence and/or serious injury." Under the section titled "Documentation of the incident", stated, "The Occurrence Report is most appropriately completed by the first person witnessing or becoming aware that an incident has occurred but can also be completed by a supervisory staff person (in conjunction with the person first becoming aware of the incident). The Occurrence Report will be used to document the following:
- Date and Time
- Resident type
- Location of the event
- Type of occurrence
- Type of injury
- Description of the occurrence
- Resident Statement
- Immediate action taken"

In an interview on 12/05/2023 at 11:35AM, Staff D, a Medication Technician, was asked what they would do if they became aware of an allegation of abuse. Staff D stated that they would report it to Staff A, the Executive Director, or Staff B, the Assistant Executive Director. Staff D was asked if there was any documentation that they would be required to do for the allegation. Staff D stated, "I would do an Occurrence Report, and place the resident on alert charting [in the resident progress notes]".

In an interview on 12/05/2023 at 11:45AM, Staff E, a Medication Technician, was asked what they would do if they became aware of an allegation of abuse. Staff E stated that they would report it to management. Staff E was asked if there was any documentation that they would be required to do for the allegation. Staff E stated, "I would have to do charting on my computer, I would put them on alert for 72 hours. We would do temporary service plan. An Occurrence Report has to be done as well."

In an interview on 12/05/2023 at 10:22AM, Collateral Contact 1(CC1), R1's friend, stated that in September of 2023, they were notified by R1 that R1 was involved in a sexual relationship with who they believed to be Staff C, a maintenance person at the facility. CC1 stated that upon learning this, they reported the relationship to Staff A.

Review of the facility Incident Log from September 2023 to December 2023 showed no incidents documented involving R1.

Review of R1's progress notes from September of 2023 to December of 2023 showed no documentation of any allegations of sexual abuse from any facility staff to R1. Further review showed no documented investigation, or investigative actions regarding the allegations.

During an interview on 12/05/2023 at 11:58AM, Staff B was asked if there was an Occurrence Report completed for the allegation made by CC1. Staff B stated that there was not one completed. Staff B was asked the reasoning for it not being done, and Staff B stated they did not feel that these allegations were substantiated. "There were too many things with [CC1's] story that didn't add up." Staff B stated they did not do an occurrence report because they did not feel it was necessary.

In an interview on 12/05/2023 at 11:58AM, Staff A was asked if they were aware of any allegations of sexual abuse regarding Staff C and R1. Staff A confirmed that they became aware of the allegation on 09/26/2023. Staff A stated that CC1 reported that they believed R1 was having an intimate relationship with an employee. In that allegation, CC1 stated that the employee was the "maintenance guy who stays across the hall from [R1's] apartment." Staff A stated that CC1 was unable to give any timeline of events, or directly name the alleged staff person. Staff A stated that CC1 made another allegation on 10/11/2023 and named Staff C as the alleged staff person that was having relations with R1. Staff A stated that this could not be true, as Staff C was not hired until 10/03/2023 and the initial allegations were in late September. Staff A was asked if any of the investigative actions were documented in the resident record, or in an occurrence report. Staff A stated that they do not believe much was documented regarding the incident in the

resident record. Staff A stated that an Occurrence Report should have been completed, and that there should have been documentation in the resident record.

This is a recurring deficiency, previously cited on 05/31/2023, 11/14/2022, and 01/05/2022.

**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) 1/20/2024.

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

Megan Hart — 12/19/2023

Administrator (or Representative) — Date