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

January 21, 2025

ELECTRONIC-FACSIMILE

Administrator
Bonaventure of Salmon Creek
c/o 3425 Boone Rd SE,
Salem, OR 97317

Assisted Living Facility License # **2321**
Licensee: Bonaventure of Salmon Creek LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On January 9, 2025, 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 civil fines on the license for your assisted living facility, also known as **Bonaventure of Salmon Creek,** located at **13700 NE Salmon Creek Ave, Vancouver,** 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.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated January 9, 2025**.**

Civil Fines

WAC 388-78A-2474(1)(a)(b)(c)(d)(4) Training and home care aide certification requirements. **$300.00**

The licensee failed to ensure three staff had completed or had documentation of the required training to work as a long-term care worker in assisted living facilities or received their required health care aide (HCA) certification within the required 200 days. These failures placed all residents at risk for harm due to staff not being properly trained.

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2462(2)(a)(b) Background checks—Who is required to have. **$300.00**

The licensee failed to complete or document a Washington state name and date of birth background check for one staff member. This failure placed all residents at risk for harm by employing staff with a possible disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2140(1)(a)(i)(ii)(iii)(b)(c)(d)(e) Negotiated service agreement contents. **$300.00**

The licensee failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for three residents. Failure to document a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2150(1) Signing negotiated service agreement. **$300.00**

The licensee failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the resident or the responsible party at least annually for three residents. This failure placed these residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2390(1)(2) Resident records. **$300.00**

The licensee failed to maintain a current characteristic roster accurately documenting resident care needs and services for two residents. This failure placed these residents at risk for proper care needs not being met.

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2480(1) Tuberculosis—Testing—Required. **$300.00**

The licensee failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for one staff. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

This is an uncorrected deficiency previously cited on November 7, 2024.

WAC 388-78A-2665(1)(2)(3)(4)(5)(6) Resident rights—Notice—Policy on accepting medicaid as a payment source. **$300.00**

The licensee failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for one resident. This failure placed this resident at risk of not being aware of their rights as they pertain to Medicaid.

This is an uncorrected deficiency previously cited on November 7, 2024.

NOTE: These are the violations, which resulted in the fines; 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:

Michael Burdick, Field Manager
Region 3, Unit I
800 NE 136th Ave Suite 220
Vancouver, WA 98684
Phone: (360) 450-1218/ Fax: (360) 992-7969
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 civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **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

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$2,100.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the

rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Michael Burdick, Field Manager, at (360) 450-1218.

Sincerely,

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit I
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP