



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 Salmon Creek LLC
Bonaventure of Salmon Creek
3425 Boone Rd SE
Salem, OR 97317

RE: Bonaventure of Salmon Creek License # 2321

Dear Administrator:

This letter addresses Compliance Determination(s) 32815 (Completion Date 11/20/2023) and 28736 (Completion Date 09/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2023 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-2320, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-2-f, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2, WAC 388-78A-24701, WAC 388-78A-24701-1, WAC 388-78A-24701-2, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2060, WAC 388-78A-2060-1, WAC 388-78A-2060-2, WAC 388-78A-2060-3, WAC 388-78A-2060-4, WAC 388-78A-2060-5, WAC 388-78A-2060-6, WAC 388-78A-2060-7, WAC 388-78A-2060-8, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC

Bonaventure of Salmon Creek # 2321

11/20/2023

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388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2665-3, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2450-3-d-i-A

The Department staff who did the off-site verification:

Kyle Gehlen, ALF Licenser - LTC

Jennifer Siharath, ALF Licenser

If you have any questions, please contact me at (360)450-1218.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Burdick".

Michael Burdick, Field Manager

Region 3, Unit I

Residential Care Services



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

Statement of Deficiencies	License #: 2321	Compliance Determination # 28736
Plan of Correction	Bonaventure of Salmon Creek	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 the unannounced on-site full inspection on 09/05/2023 and 09/21/2023 of:
Bonaventure of Salmon Creek
13700 NE Salmon Creek Ave
Vancouver, WA 98686

The following sample was selected for review during the unannounced on-site visit: 11 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licenser
Kyle Gehlen, ALF Licenser - LTC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit I
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.

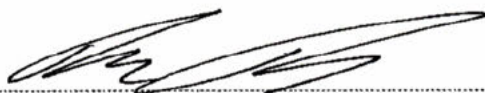
Residential Care Services

09/28/2023

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.

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Administrator (or Representative)

10/3/23

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(f) Availability of the supervisor, in person, by pager, or by telephone, to respond to residents' needs on the assisted living facility premises as necessary.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

WAC 246-840-930

Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

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ASSESS

(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).

(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.

(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.

(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.

(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.

(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.

(8) Verify that the nursing assistant or home care aide:

(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;

(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;

(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and

(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.

(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

PLAN

(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.

(12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:

(a) The rationale for delegating the nursing task;

(b) The delegated nursing task is specific to one patient and is not transferable to another

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patient;

(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;

(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;

(e) A clear description of the procedure or steps to follow to perform the task;

(f) The predictable outcomes of the nursing task and how to effectively deal with them;

(g) The risks of the treatment;

(h) The interactions of prescribed medications;

(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;

(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:

(i) How to notify the registered nurse delegator of the change;

(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and

(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;

(k) How to document the task in the patient's record;

(l) Document teaching done and a return demonstration, or other method for verification of competency; and

(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.

(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.

IMPLEMENT

(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.

(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).

EVALUATE

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

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(19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Based on interview and record review, the facility failed to develop and implement systems that support and promote the safe practice of nursing for each resident when they provided intermittent nursing services to 4 of 4 sampled residents (Resident 1, 5, 10 and 11). This failure placed all residents requiring intermittent nursing services at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

During an unannounced licensing full inspection on 09/05/2023 at 11:50 AM, Staff C, Regional Nurse, delivered the facility's nurse delegation documents and stated that they only have two residents, Resident 10, and Resident 11, requiring nurse delegation at this time.

Review of the facility's nurse delegation certifications showed that Staff D, Assisted Living Director, was hired on 05/01/2021 and completed their nurse delegation training on 07/28/2023 and their delegation on diabetes training on 04/04/2018. Review of the facility's nurse delegation certifications showed that Staff E, Memory Care Director, was hired on 09/07/2021 and completed their nurse delegation training and delegation on diabetes training on 03/07/2022. No other nurse delegation certifications were found for any other medication technicians.

Review of the facility's care staff schedules for August 2023 and September 2023 showed Staff G, I, J, K, L, M, N, O, and P as the on-duty medication technicians. No nurse delegation certifications or training documentation were found for these nine medication technicians.

Resident 1 (R1)

During an unannounced full inspection on 09/07/2023 at 11:00 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R1's Resident Service Plan dated, 06/16/2023, documented that R1 talks in "word salad" (speech that is unrecognizable) and is unable to make needs known.

Review of R1's records showed no documentation that R1 was receiving nurse delegation due to progression in R1's dementia.

In an interview on 09/05/2023 at 11:50 AM, Staff C confirmed that R1 does not have nurse

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delegation at this time.

During an interview on 09/05/2023, at 1:05 PM, Staff A, Executive Director, stated that they do not believe that all memory care residents are cognitively aware and physically capable of taking their medications on their own or with assistance.

Resident 5 (R5)

On 09/06/2023 at 12:00 PM, R5's records showed that R5 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED]

Review of R5's Resident Service Plan dated, 04/17/2023, documented that R5's spouse obtains R5's Capillary Blood Glucose (CBG) reading and administers R5's insulin. R5's Resident Service Plan also stated that if R5's spouse is unable to obtain R5's CBG reading and/or administer R5's insulin, then a delegated medication technician will complete these tasks.

Review of R5's records showed no documentation that R5 was receiving nurse delegation.

In an interview on 09/05/2023 at 11:50 AM, Staff C confirmed that R5 does not have nurse delegation at this time.

Resident 10 (R10)

On 09/07/2023 at 11:00 AM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R10's nurse delegation nursing visit dated, 08/24/2023, documented R10 requiring nurse delegation due to their dementia. R10's nursing visit listed Staff D and Staff E under the long-term care worker being evaluated. The type of training and competency was left blank from the nursing visit for R10.

Review of R10's nurse delegation documents showed an incomplete consent form. The date and signature for both the nurse delegator and the resident or responsible party were left blank from the consent form for R10.

Resident 11 (R11)

On 09/08/2023 at 11:00 AM, R11's records showed that R11 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R11's nurse delegation nursing visit dated, 08/24/2023, documented R11 requiring nurse delegation due to their dementia. R11's nursing visit listed Staff D and Staff E under the long-term care worker being evaluated. The type of training and

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competency was left blank from the nursing visit for R11.

Review of R11's nurse delegation documents showed an incomplete consent form. The date and signature for both the nurse delegator and the resident or responsible party were left blank from the consent form for R11.

On 09/08/2023 at 1:00 PM, no additional nurse delegation documentation was received by the department.

In an interview on 09/08/2023 at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that the nurse delegation documentation for Staff, R1, R5, R10 and R11 lacked the requirements to meet WAC 246-840-930.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/2023.

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


Administrator (or Representative)

10/3/23
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be

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considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Washington State name and date of birth background check was completed prior to employment for 2 of 3 sampled staff (Staff B and F) and/or a current Washington State name and date of birth background check for 1 of 5 sampled staff (Staff H). The facility also failed to complete and/or document a national fingerprint background check for 2 of 5 sampled staff (Staff B and G). These failures placed all residents and staff at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 09/05/2023 at 11:30 AM, the department received the requested staff records from Staff A, Executive Director.

Staff B

Record review for Staff B, Assistant Executive Director, showed Staff B was hired on 03/31/2023. Review of Staff B's Washington State name and date of birth background check showed that it was completed on 04/27/2023. Documentation of a national fingerprint background check was not found for Staff B.

Staff F

Record review for Staff F, Caregiver, showed Staff F was hired on 05/30/2023. Review of Staff F's Washington State name and date of birth background check showed that it was completed on 06/04/2023.

Staff G

Record review for Staff G, Medication Aide, showed that Staff G was hired on 02/09/2023. Documentation of a national fingerprint background check was not found for Staff G.

Staff H

Record review for Staff H, Caregiver, showed Staff H was hired on 05/15/2019. Review of Staff H's Washington State name and date of birth background check showed an expiration date of 08/01/2023.

On 09/08/2023, at 1:00 PM, no additional documentation of a current Washington State name and date of birth background check had been received by the department for Staff H and no additional documentation of a current national fingerprint background check had been received by the department for Staff B or G.

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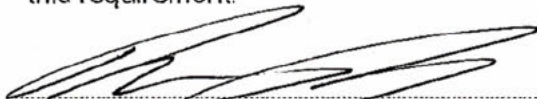
In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that the Washington State background checks for Staff B and F were completed late, that Staff H did not have a current Washington State background check documented, and that the national fingerprint background checks were not documented in the staff personnel files for Staff B and G.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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



Administrator (or Representative)

10/3/23

Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

(2) Nothing in this section should be interpreted as requiring the employment of any person against the better judgment of the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to determine 1 of 1 sampled staff (Staff B) had the Character, Competence, and Suitability to work with vulnerable adults in long-term care facilities. This failure placed all residents and staff at risk by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 09/05/2023 at 11:30 AM, the department received the requested staff records from Staff A, Executive Director.

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Record review for Staff B, Assistant Executive Director, showed Staff B was hired on 03/31/2023. Review of Staff B's Washington State name and date of birth background check, completed on 04/27/2023, showed that Staff B had information reported by one or more background check sources that requires a Character, Competence, and Suitability (CCS) review. Documentation of a CCS review to work with vulnerable adults in long-term care was not found for Staff B.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for Staff B.

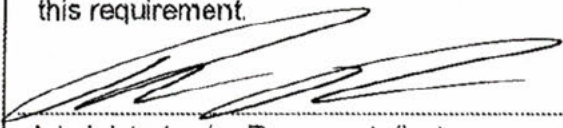
In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that the CCS review to work with vulnerable adults in long-term care was not documented in the staff personnel file for Staff B.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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


Administrator (or Representative)

10/3/23

Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;

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- (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;
- (c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;
- (d) The plan to provide necessary health support services, if provided by the assisted living facility;
- (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 3 of 11 sampled residents (Resident 1, 3, and 5). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 09/07/2023 at 11:00 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of the facilities updated Resident Characteristic Roster, given to the department on 09/06/2023, documented that R1 was receiving hospice services.

Review of R1's NSA dated, 06/16/2023, from the resident's chart, showed no signatures and no mention of hospice services being provided to R1.

Review of R1's records showed an outside provider after visit summary dated, 04/25/2023, for a hospice admission. Additional outside provider after visit summaries dated 04/25/2023 – 08/17/2023, confirmed continued hospice services were being provided to R1.

A signed copy of the NSA dated 06/16/2023, was given to the department. Review of this copy of the NSA showed handwritten documentation of R1 receiving hospice services. No dates were found for the addendums to the NSA. Review of this NSA also showed the NSA was signed by all parties on 09/06/2023, nearly three months after the NSA was created.

Resident 3 (R3)

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On 09/07/2023 at 10:30 AM, R3's records showed that R3 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of the facilities updated Resident Characteristic Roster documented that R3 was receiving home health services.

Review of R3's NSA dated, 08/18/2023, showed no mention of home health services being provided to R3.

Review of R3's outside provider after visit summaries dated, 06/28/2023 – 08/30/2023, confirmed R3 was receiving home health services.

Resident 5 (R5)

On 09/06/2023 at 12:00 PM, R5's records showed that R5 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R5's NSA dated, 04/17/2023, documented R5 as having diabetes and receiving insulin injections but showed no mention of a diabetic diet being provided to R5. R5's NSA also documented that R5 had no known allergies.

Review of R5's chart and Medication Administration Records (MAR's) documented R5 as having an allergy to garlic.

In an interview on 09/06/2023 at 1:00 PM, R5 confirmed that they are diabetic and allergic to garlic. R5 stated that they receive food from the kitchen with garlic "quite a bit."

In an exit interview on 09/08/2023 at 2:48 PM, Staff A, Executive Director, acknowledged that the NSA's for R1, R3, and R5 lacked the necessary health support services from outside providers and/or specific resident identified care and service needs.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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

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WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

- (1) Medical history;
- (2) Necessary and contraindicated medications;
- (3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;
- (4) Significant known behaviors or symptoms that may cause concern or require special care;
- (5) Mental illness diagnosis, except where protected by confidentiality laws;
- (6) Level of personal care needs;
- (7) Activities and service preferences; and
- (8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a preadmission assessment for 1 of 11 sampled residents (Resident 8 [R8]). This failure placed this resident at risk for their care needs not being met.

Findings Included...

During an unannounced full inspection on 09/07/2023 at 1:00 PM, R8's records showed that R8 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R8's records showed an assessment dated [REDACTED]/2023, a month after R8 had moved into the facility. No other assessments were found on or before R8 admitted to the facility.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for R8.

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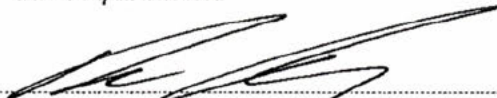
In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A, Executive Director, acknowledged that a pre-admission assessment was not documented in R8's records.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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



Administrator (or Representative)

10/3/24

Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

- (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
- (b) Chronic, current, and potential skin conditions; or
- (c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

- (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
- (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
- (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on

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the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

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(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 2 of 6 sampled residents (Residents 8 and 10) and failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices, for 1 of 6 sampled residents (Resident 1). These failures placed these residents at risk of their care needs not being met.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 09/07/2023 at 11:00 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of the facilities updated Resident Characteristic Roster, given to the department on 09/06/2023, documented that R1 has a medical device.

Review of R1's Negotiated Service Agreement (NSA) dated, 06/16/2023, documented that R1 has bed rails.

During review of R1's records, no assessments were found.

Resident 8 (R8)

On 09/07/2023 at 1:00 PM, R8's records showed that R8 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

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Review of R8's records showed an assessment dated [REDACTED]/2023, a month after R8 had moved into the facility. No other assessments were found within 14 days of R8 admitting to the facility.

Resident 10 (R10)

On 09/07/2023 at 11:00 AM, R10's records showed that R10 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R10's records showed an assessment dated [REDACTED]/2023 and an assessment dated [REDACTED]/2023. No other assessments were found within 14 days of R10 admitting to the facility.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for R1, R8 and R10.

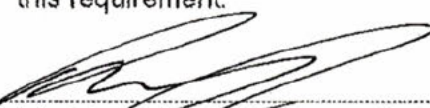
In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A, Executive Director, acknowledged that an assessment for R1's medical device was not documented in R1's records, and that R8 and R10's assessments were completed after 14 days of them admitting to the facility.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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


Administrator (or Representative)

10/3/23
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family

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member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;
- (d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and
- (e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the written plan submitted included the minimum information required when 4 of 4 residents (Resident 2, 5, 7, and 8) had family assisting with medications. This failure placed these residents at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 09/06/2023 at 11:30 AM, R2's records showed that R2 admitted to the facility on [REDACTED]/2020 with various diagnoses including [REDACTED].

Review of R2's Negotiated Service Agreement (NSA) dated, 08/19/2023, documented that staff are to call son for the over the counter (OTC) medications. Review of R2's records showed no written plan documenting family assisting with medications.

Resident 5 (R5)

On 09/06/2023 at 12:00 PM, R5's records showed that R5 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R5's NSA dated, 04/17/2023, documented that husband administers insulin. Review of R5's records showed no written plan documenting family assisting with medications.

Resident 7 (R7)

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On 09/06/2023 at 1:00 PM, R7's records showed that R7 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of the facilities Resident Characteristic Roster, given to the department on 09/05/2023, documented that R7 was receiving nurse delegation and assistance with medications. On 09/06/2023, the facility delivered an updated Resident Characteristic Roster that documented R7 had family assisting with medications.

Review of R7's records showed no written plan documenting family assisting with medications.

Resident 8 (R8)

On 09/07/2023 at 1:00 PM, R8's records showed that R8 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of the facilities Resident Characteristic Roster, given to the department on 09/05/2023, documented that R8 was independent with medications. On 09/06/2023, the facility delivered an updated Resident Characteristic Roster that documented R8 had family assisting with medications.

Review of R8's records showed no written plan documenting family assisting with medications.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for R2, R5, R7 and R8.

In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A, Executive Director, acknowledged that a written plan documenting family assisting R2, R5, R7, and R8 with medications could not be found in their records.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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

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Administrator (or Representative)	Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(3) Be provided to prospective residents, before they are admitted to the home;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was signed on or before admission for 3 of 11 sampled residents (Resident 1, 7, and 8). This failure placed these residents and their responsible party at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 09/07/2023 at 11:00 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Review of R1's records showed a Medicaid policy signed by Staff A, Executive Director, and R1's responsible party on 09/06/2023.

Resident 7 (R7)

On 09/06/2023 at 1:00 PM, R7's records showed that R7 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R7's records showed a Medicaid policy signed by Staff A and R7 on 09/06/2023.

Resident 8 (R8)

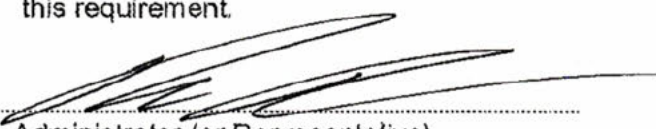
On 09/07/2023 at 1:00 PM, R8's records showed that R8 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R8's records showed a Medicaid policy signed by Staff A and R8's responsible party on 02/28/2023.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that the Medicaid

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policies for R1, R7, R8 were signed late.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) <u>11/5/23</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>10/3/23</u> Date

WAC 388-78A-2480 Tuberculosis Testing Required.

- (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 3 of 3 sampled staff (Staff B, Staff F, and Staff G) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing inspection on 09/05/2023 at 11:30 AM, the department received the requested staff records from Staff A, Executive Director.

Staff B

Record review for Staff B, Assistant Executive Director, showed Staff B was hired on 03/31/2023. Documentation of TB testing was not found for Staff B.

Staff F

Record review for Staff F, Caregiver, showed Staff F was hired on 05/30/2023. Documentation of TB testing was not found for Staff F.

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Staff G

Record review for Staff G, Medication Aide, showed that Staff G was hired on 02/09/2023. Review of Staff G's TB records showed that Staff G had their first step TB test initiated over a month after employment on 07/12/2023 and read on 07/14/2023 and their second step TB test completed on 07/25/2023 and read on 07/28/2023.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for Staff B, Staff F or Staff G.

In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that TB testing was not documented in Staff B and Staff F's personnel files and TB testing for Staff G was completed late.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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


Administrator (or Representative)

10/3/23
Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(A) Training required by chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 5 sampled staff (Staff B and G) completed required training per regulations. This failure placed all residents

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at risk of being cared for by untrained staff.

Findings included...

During an unannounced licensing inspection on 09/05/2023 at 11:30 AM, the department received the requested staff records from Staff A, Executive Director.

Staff B

Record review for Staff B, Assistant Executive Director, showed Staff B was hired on 03/31/2023. Documentation of Orientation and Safety Training was not found for Staff B.

Staff G

Record review for Staff G, Medication Aide, showed that Staff G was hired on 02/09/2023. Documentation of 70 Hour Basic Training was not found for Staff G.

On 09/08/2023, at 1:00 PM, no additional documentation was received by the department for Staff B or Staff G.

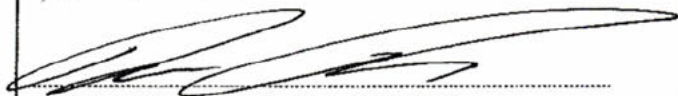
In an interview on 09/08/2023, at 1:30 PM, Staff A stated that if a document hadn't been given, then they don't have it.

In an exit interview on 09/08/2023 at 2:48 PM, Staff A acknowledged that the required training was not documented in Staff B and Staff G's personnel files.

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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 11/5/23.

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


Administrator (or Representative)

10/3/23
Date



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

09/28/2023

Bonaventure of Salmon Creek LLC
Bonaventure of Salmon Creek
3425 Boone Rd SE
Salem, OR 97317

RE: Bonaventure of Salmon Creek # 2321

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/21/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(5) The facility must furnish a written description of residents rights that includes:

(b) A posting of names, addresses, and telephone numbers of the state survey and certification agency, the state licensure office, the state ombudsmen program, and the protection and advocacy systems; and

The facility did not post the protection and advocacy organization Disability Rights Washington (DRW) poster. The facility was provided information on obtaining a poster and agreed to post as soon as they obtained it.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)450-1218.

Bonaventure of Salmon Creek # 2321

09/21/2023

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Sincerely,

A handwritten signature in black ink, appearing to read "Michael Burdick", written in a cursive style.

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure