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) 55587 (Completion Date 03/05/2025) and 52136 (Completion Date 01/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2025 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-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-d, WAC 388-78A-2474-4, WAC 388-78A-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b, 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-2150-1, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2480-1, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator

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 # 52136
Plan of Correction	Bonaventure of Salmon Creek	Completion Date
Page 1 of 12	Licensee: Bonaventure of Salmon Creek LLC	01/09/2025

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 off-site follow-up on 12/23/2024 and 01/09/2025 of:
Bonaventure of Salmon Creek
13700 NE Salmon Creek Ave
Vancouver, WA 98686

This document references the following SOD dated: 01/09/2025

The following sample was selected for review during the unannounced off-site verification: 14 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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 off-site verification(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 — 01/21/2025 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 #: 2321	Compliance Determination # 52136
Plan of Correction	Bonaventure of Salmon Creek	Completion Date
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Administrator (or Representative) 1/22/2025 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 3 sampled staff (Staff C, D, and E) had completed and/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.

Findings included...

During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, the department received the requested staff documents.

Record review of Resident documents titled "Negotiated Service Agreement" showed that 4 of 8 sampled residents had a diagnosis of diabetes mellitus (a disease in which your body has difficulty processing suger in the blood) and 2 of 8 had a diagnosis of a mental health disorder.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of orientation and safety training, credentials, mental health specialty training, or first aid/cardiopulmonary resuscitation (CPR) training was found for Staff C and only a recorded 16.75 hours of core basic training was provided.

Staff D

Record review for Staff D, Medication Aide, showed that Staff D was hired on 01/14/2024. No documentation of orientation and safety training, core nurse delegation or nurse delegation: Diabetes was found for Staff D.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No documentation of orientation and safety training, 70-hour basic training, credentials, specialty training, or first aid/CPR training was found.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25 .

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

[signature] 1/22/25
Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete or document a Washington state name and date of birth background check for 1 of 3 sampled staff (Staff G). 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).

Statement of Deficiencies	License #: 2321	Compliance Determination # 52136
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Findings Included...

During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, the department received the requested staff documents.

Staff G
Record review for Staff G, Activities Director, showed that Staff G was hired on 08/21/2022. Review of Staff G's Washington State name and date of birth background check showed that it expired 09/18/2024.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25 .

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

Administrator (or Representative) — Date: 1/22/25

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;

(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 specific resident identified care and service needs for 3 of 10 sampled residents (Resident 3, 10, and 13). 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.

Findings included...

During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, the department received the requested resident records.

Resident 3 (R3)
Review of R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristic roster (RCR) documented that R3 utilized a medical device.

In an email communication on 01/07/2025 at 8:09 PM, the facility confirmed that R3 utilized bed rails.

Record review of R3's NSA dated 05/25/2024, showed no documentation that R3 utilized any medical devices.

Resident 10 (R10)
Review of R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Record review of R10's Portable Orders for Life Sustaining Treatment (POLST) documented that R10 was "do not resuscitate" (DNR).

Record review of R10's NSA dated 10/19/2024 documented that R10 is to be resuscitated.

Resident 13 (R13)
Review of R13's records showed that R13 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of the facility's RCR documented that R13 was receiving home health services.

In an email communication on 01/07/2025 at 8:09 PM, the facility confirmed that R13 was currently on home health.

Record review of R13's NSA dated 11/18/2024 showed no documentation that R13 was receiving home health services.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25 .

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

[signature] 1/22/25

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the resident or the responsible party at least annually for 3 of 10 sampled residents (Resident 10, 13, and 14). This failure placed these residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, the department received the requested resident records.

Resident 10 (R10)
Review of R10's records showed that R10 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Record review of R10's NSA dated 10/19/2024 showed no signature from R10 and/or their representative.

Resident 13 (R13)
Review of R13's records showed that R13 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R13's NSA dated 11/18/2024 showed no signature from R13 and/or their representative.

Resident 14 (R14)
Review of R14's records showed that R14 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Record review of R14's NSA dated 12/13/2024 showed no signature from R14 and/or their representative.

In an email communication on 01/07/2025 at 8:09 PM, the facility confirmed that R13 and R14 did not have a current NSA signed.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25.

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

[signature] 11/22/25

Administrator (or Representative) Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 2 of 10 sampled residents (Resident 4 and 14). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 4 (R4)
During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, R4's records showed that R4 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R4's negotiated service agreement (NSA) dated 10/03/2024, documented that R4 had a diagnosis of [redacted].

Record review of the facility's resident characteristic roster (RCR) had no documentation that R4 was a diabetic. The RCR also documented that R4 utilizes a medical device, has had falls in the last 90 days and is on home health.

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In an email communication on 01/07/2025 at 8:09 PM, the facility confirmed that R4 has a diagnosis of [redacted] uses no medical device, is not a fall risk and has no falls in the last 90 days, and is not currently on home health.

Resident 14 (R14)
On 12/27/2024 at 12:45 PM, R14's records showed that R14 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Record review of R14's NSA dated 12/13/2024 documented that R14 has a stage four pressure ulcer.

Record review of the facility's RCR showed no documentation of any wounds or skin issues for R14.

In an email communication on 01/07/2025 at 8:09 PM, the facility confirmed that R14 had a stage one pressure sore during preadmission assessment and again up admission.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25 .

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

Administrator (or Representative) 1/22/25 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.

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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 within three days of hire for 1 of 3 sampled staff (Staff C). This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. Review of Staff C's TB test records showed documentation that the first step was initiated on 06/24/2024 and read on 06/26/2024. Documentation showed that Staff C's second step was initiated on 07/17/2024. No documentation was found to show that Staff C's second step results were evaluated.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25 .

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

Administrator (or Representative) 1/22/25 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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

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(2) Be provided both orally and in writing in a language that the resident understands;

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

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 1 of 4 sampled residents (Resident 13). This failure placed this resident at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

Resident 13 (R13)
During an unannounced licensing full inspection follow up on 12/27/2024 at 12:45 PM, R13's records showed that R13 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R13's Medicaid policy showed no documentation of a signature and no email confirmation of an acknowledgement.

During an exit interview on 01/09/2025 at 2:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is an uncorrected deficiency previously cited on 11/07/2024.

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) 02/23/25.

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

Statement of Deficiencies	License #: 2321	Compliance Determination # 52136
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Administrator (or Representative)

1/22/25
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

Statement of Deficiencies	License #: 2321	Compliance Determination # 49773
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 11/04/2024 and 11/07/2024 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: 12 of 85 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Sharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Yvonne Chitekwe

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

11.20.2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 11/04/2024 and 11/07/2024 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: 12 of 65 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Yvonne Chitekwe

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 _____ 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.

Administrator (or Representative) 12/2/24 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:

Based on interview and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to obtain written consent prior to delegating nursing tasks for 1 of 2 residents (Resident 1). The nurse delegator also failed to delegate 5 of 7 Medication Aides (Staff H, I, J, K, and L) prior to administering medications to this resident. This failure placed this resident at risk for harm and injury.

Administrator (or Representative) 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:

Based on interview and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to obtain written consent prior to delegating nursing tasks for 1 of 2 residents (Resident 1). The nurse delegator also failed to delegate 5 of 7 Medication Aides (Staff H, I, J, K, and L) prior to administering medications to this resident. This failure placed this resident at risk for harm and injury

due to untrained and unsupervised care staff.

Findings included…

WAC 246-840-930
Criteria for delegation.
(1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
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 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 every two weeks 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.

During an unannounced licensing full inspection on 11/04/2024 at 11:30 AM, record review of the facility's resident characteristics roster provided, documented two residents required nurse delegation.

Resident 1 (R1)
On 11/04/2024 at 1:00 PM, R1's records showed that R1 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Initial review of R1's records showed no nurse delegation documents or a negotiated service agreement (NSA).

On 11/05/2024 at 9:00 AM, the facility provided nurse delegation documents, and an NSA dated 11/04/2024 for R1.

Record review of R1's nurse delegation records showed a consent signed on 11/04/2024.

Record review of R1's nurse delegation: nursing visit, dated 11/04/2024, showed only two staff delegated:
• Staff M, hired on 08/20/2024.
• Staff N, hired on 05/07/2024.

Record review of R1's medication administration record (MAR) dated [redacted]2024 to 11/04/2024 showed that the following medication aides administered medications to R1:
• Staff H, hired on 08/28/2024.
• Staff I, hired 07/16/2023.
• Staff J, hired on 07/18/2024
• Staff K, hired on 07/18/2024.
• Staff L, former employee. Hire and termination date unknown.
• Staff M, hired on 08/20/2024.

* Staff N, hired on 05/07/2024.

During an exit interview on 11/07/2024 at 1:30 PM, Staff A, Executive Director, acknowledged that the nurse delegation consent for R1 was signed late and that 5 of the 7 medication aides that had been administering medications to R1 had not been delegated.

This is a recurring deficiency previously cited on 09/21/2023.

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) 12/22/24.

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

Administrator (or Representative) — Date: 12/2/24

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication service when 3 of 3 medication carts had expired medications not removed from the medication cart, as well as opened inhalers, creams, eyedrops, and insulin without dates documenting when they were open. This failure placed all residents at risk of harm from adverse reactions due to medications being expired.

Findings included...

During an unannounced full licensing inspection on 11/06/2024 at 11:45 AM, the department completed an audit of the medication cart in the memory care unit.

• Staff N, hired on 05/07/2024.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that the nurse delegation consent for R1 was signed late and that 5 of the 7 medication aides that had been administering medications to R1 had not been delegated.

This is a recurring deficiency previously cited on 09/21/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication service when 3 of 3 medication carts had expired medications not removed from the medication cart, as well as opened inhalers, creams, eyedrops, and insulin without dates documenting when they were open. This failure placed all residents at risk of harm from adverse reactions due to medications being expired.

Findings Included…

During an unannounced full licensing inspection on 11/06/2024 at 11:45 AM, the department completed an audit of the medication cart in the memory care unit.

The department found a medication labeled fluticasone with an expiration date of March 2023. The medication had a notation that stated, “discard one month after removed from foil pouch.” No date was found to show when this medication had been removed from the foil pouch.

The department found a medication labeled albuterol with an expiration date of January 2024.

The department found a medication labeled lorazepam 0.5 milligrams (mg) with an expiration date of 09/21/2024.

At 1:08 PM, the medication cart for the third and fourth floors of assisted living was audited by the department.

The department found no inhalers, creams, insulin, or eyedrops labeled with the dates that they had been opened.

During an interview at 1:09 PM, Staff H, Medication Aide, stated that it was not standard practice to document dates opened on inhalers, creams, eyedrops, and insulin. Staff H also stated that staff should be doing it but that no one does it.

The department found a medication labeled albuterol with an expiration date of 05/16/2024.

The department found oxycodone 5 mgs with an expiration date of 01/22/2024 and another for 02/10/2024.

At 1:30 PM, the medication cart for the second floor of assisted living was audited by the department.

The department found no inhalers, creams, insulin, or eyedrops labeled with the dates that they had been opened.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department’s findings.

This is a recurring deficiency previously cited on 09/12/2024.

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) 12/22/24.

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to monitor a recurring condition in a resident's physical functioning that has previously required intervention by others for 1 of 12 residents (Resident 12). This failure put this resident at risk of their care needs not being met.

Findings included...

Resident 12 (R12)
During an unannounced licensing full inspection on 11/05/2024 at 1:02 PM, R12's records showed that R12 admitted to the facility on [redacted]/2023 with various diagnoses including A[redacted], also known as a[redacted].

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to monitor a recurring condition in a resident's physical functioning that has previously required intervention by others for 1 of 12 residents (Resident 12). This failure put this resident at risk of their care needs not being met.

Findings included…

Resident 12 (R12)
During an unannounced licensing full inspection on 11/05/2024 at 1:02 PM, R12's records showed that R12 admitted to the facility on [redacted]/2023 with various diagnoses including A [redacted] ([redacted]), also known as a [redacted]

Review of the facility's resident characteristics roster documented that R12 was receiving home health services.

Review of R12's records showed an NSA dated 02/04/2024 that documented that home health was providing wound care to R12.

Review of R12's progress notes documented that home health services were discontinued on 09/11/2024.

During an interview on 11/07/2024 at 12:02 PM, Staff B, Registered Nurse, stated that R12's wound had been resolved but that they would observe R12 to confirm. After observation, Staff B stated that R12 currently has wounds.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that the facility failed to monitor R12's recurring wounds.

This is a recurring deficiency previously cited on 09/27/2023.

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) 12/22/24.

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

Administrator (or Representative) — Date: 12/2/24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

Review of the facility's resident characteristics roster documented that R12 was receiving home health services.

Review of R12's records showed an NSA dated 02/04/2024 that documented that home health was providing wound care to R12.

Review of R12's progress notes documented that home health services were discontinued on 09/11/2024.

During an interview on 11/07/2024 at 12:02 PM, Staff B, Registered Nurse, stated that R12's wound had been resolved but that they would observe R12 to confirm. After observation, Staff B stated that R12 currently has wounds.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that the facility failed to monitor R12's recurring wounds.

This is a recurring deficiency previously cited on 09/27/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 3 sampled staff (Staff C, D, and E) had completed and/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.

Findings included…

During an unannounced licensing inspection on 11/04/2024 at 11:30 AM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of orientation and safety training, 70-hour basic training, credentials, specialty training, or first aid/cardiopulmonary resuscitation (CPR) training was found for Staff C.

Staff D
Record review for Staff D, Medication Aide, showed that Staff D was hired on 01/14/2024. No documentation of orientation and safety training, 70-hour basic training, credentials, core nurse delegation, nurse delegation: diabetes, specialty training, or first aid/CPR training was found for Staff D.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No documentation of orientation and safety training, 70-hour basic training, credentials, specialty training, or first aid/CPR training was found.

During an interview on 11/05/2024 at 11:18 AM, Staff A, Executive Director stated, “If it is not here, we don’t have it.”

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department’s findings.

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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) 12/22/24.

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2462 Background checks. Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a Washington state name and date of birth background check and/or a national fingerprint background check for 5 of 5 sampled staff (Staff C, D, E, F, and G). This failure placed all residents and staff at risk for harm 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 11/04/2024 at 11:30 AM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of a national fingerprint background check was found for Staff C.

Staff D
Record review for Staff D, Medication Aide, showed that Staff D was hired on 01/14/2024. No documentation of a national fingerprint background check was found for Staff D.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete and/or document a Washington state name and date of birth background check and/or a national fingerprint background check for 5 of 5 sampled staff (Staff C, D, E, F, and G). This failure placed all residents and staff at risk for harm 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 11/04/2024 at 11:30 AM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of a national fingerprint background check was found for Staff C.

Staff D
Record review for Staff D, Medication Aide, showed that Staff D was hired on 01/14/2024. No documentation of a national fingerprint background check was found for Staff D.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No

documentation of a Washington State name and date of birth background check was found for Staff E.

Staff F
Record review for Staff F, Activities, showed that Staff F was hired on 11/27/2018. No documentation of a national fingerprint background check was found for Staff F.

Staff G
Record review for Staff G, Activities, showed that Staff G was hired on 08/21/2022. No documentation of a Washington State name and date of birth background check was found for Staff G.

During an interview on 11/05/2024 at 11:18 AM, Staff A, Executive Director stated, "If it is not here, we don't have it."

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department's findings.

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) 12/22/24

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

Administrator (or Representative) — Date 12/2/24

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 3 of 12 sampled residents (Resident 6, 8, and 9). This failure placed these residents at risk of harm from adverse reactions due to medications not being given as prescribed.

documentation of a Washington State name and date of birth background check was found for Staff E.

Staff F
Record review for Staff F, Activities, showed that Staff F was hired on 11/27/2015. No documentation of a national fingerprint background check was found for Staff F.

Staff G
Record review for Staff G, Activities, showed that Staff G was hired on 08/21/2022. No documentation of a Washington State name and date of birth background check was found for Staff G.

During an interview on 11/05/2024 at 11:18 AM, Staff A, Executive Director stated, “If it is not here, we don’t have it.”

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department’s findings.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications in a correct and timely manner for 3 of 12 sampled residents (Resident 6, 8, and 9). This failure placed these residents at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included…

Resident 6 (R6)

During an unannounced licensing full inspection on 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R6's medication administration records (MAR) dated 08/01/2024 to 11/04/2024, showed the following medications not given due to the medications not being available:

• Lidocaine patch (a medication used for pain): 09/17/2024 to 09/28/2024

• Fish oil (a vitamin supplement): 09/1/2024 to 10/09/2024

• Folic acid (a health supplement): 09/17/2024 to 10/06/2024

• Hydrocortisone (a medication used for itching): 09/17/2024 to 09/28/2024

Resident 8 (R8)

At 1:10 PM, R8's records showed that R8 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R8's MAR dated 08/01/2024 to 11/04/2024, showed the following medication not given due to the medication not being available:

• Fluoxetine (a medication used for depression): 08/29/2024 to 09/01/2024.

Resident 9 (R9)

At 11:15 AM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] ([redacted]).

Record review of R9's MAR dated 08/01/2024 to 11/04/2024, showed the following medications not given due to the medications not being available:

• Melatonin (a medication used for sleep): 10/09/2024, 10/10/2024, 10/11/2024, and 10/14/2024.

• Voltaren (a medication used for pain): 10/09/2024, three times on 10/10/2024, and two times on 10/11/2024.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is a recurring deficiency previously cited on 09/20/2022, 12/14/2022, 01/03/2024.

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) 12/22/24.

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(e) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person:

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

• Melatonin (a medication used for sleep): 10/09/2024, 10/10/2024, 10/11/2024, and 10/14/2024.

• Voltaren (a medication used for pain): 10/09/2024, three times on 10/10/2024, and two times on 10/11/2024.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

This is a recurring deficiency previously cited on 09/20/2022, 12/14/2022, 01/03/2024.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to ensure that appropriate actions were taken when 1 of 11 sampled residents (Resident 3) repeatedly refused prescribed medications. This failure placed this resident at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

Resident 3 (R3)
During an unannounced licensing full inspection on 11/04/2024 at 1:25 PM, R3's records showed that R3 admitted to the facility on [redacted] 2022 with various diagnoses including [redacted] ([redacted]).

Record review of R3's medication administration record (MAR) dated August 2024, documented that R3 refused their medications 11 of the 31 days.

Review of R3's records showed no communication with R3's physician notifying them of the numerous refusals.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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) 12/22/24

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(2) The assisted living facility must develop, implement and inform residents of the assisted living facility's policies regarding how the assisted living facility interacts with external health care providers, including:

Based on interview and record review, the facility failed to ensure that appropriate actions were taken when 1 of 11 sampled residents (Resident 3) repeatedly refused prescribed medications. This failure placed this resident at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included…

Resident 3 (R3)
During an unannounced licensing full inspection on 11/04/2024 at 1:25 PM, R3's records showed that R3 admitted to the facility on [redacted]2022 with various diagnoses including[redacted]([redacted]).

Record review of R3's medication administration record (MAR) dated August 2024, documented that R3 refused their medications 11 of the 31 days.

Review of R3's records showed no communication with R3's physician notifying them of the numerous refusals.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

(2) The assisted living facility must develop, implement and inform residents of the assisted living facility's policies regarding how the assisted living facility interacts with external health care providers, including:

(a) The conditions under which health care information regarding a resident will be shared with external health care providers, consistent with chapter 70.02 RCW; and

(b) How residents' rights to privacy will be protected, including provisions for residents to authorize the release of health care information.

(3) The assisted living facility may disclose health care information about a resident to external health care providers without the resident's authorization if the conditions in RCW 70.02.050 are met.

(4) If the conditions in RCW 70.02.050 are not met, the assisted living facility must request, but may not require, a resident to authorize the assisted living facility and the external health care provider to share the resident's health care information when:

(a) The assisted living facility becomes aware that a resident is receiving health care services from a source other than the assisted living facility; and

(b) The resident has not previously authorized the assisted living facility to release health care information to an external health care provider.

(5) When a resident authorizes the release of health care information or resident authorization is not required under RCW 70.02.050 , the assisted living facility must contact the external health care provider and coordinate services.

(6) When authorizations to release health care information are not obtained, or when an external health care provider is unresponsive to the assisted living facility's efforts to coordinate services, the assisted living facility must:

(a) Document the assisted living facility's actions to coordinate services;

(b) Provide notice to the resident of the risks of not allowing the assisted living facility to coordinate care with the external provider; and

(c) Address known associated risks in the resident's negotiated service agreement.

(7) When coordinating care or services, the assisted living facility must:

(a) Integrate relevant information from the external provider into the resident's preadmission assessment and reassessment, and when appropriate, negotiated service agreement; and

(b) Respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to coordinate services with external health care providers to meet the residents' needs for 1 of 12 residents (Resident 12). This failure placed this resident at risk of their care needs not being met.

Findings included…

Resident 12 (R12)
During an unannounced licensing full inspection on 11/05/2024 at 1:02 PM, R12’s

records showed that R12 admitted to the facility on [redacted]2023 with various diagnoses including a [redacted], also known as a [redacted].

Review of R12's records showed a facsimile (fax) on 11/01/2024 from R12's primary care provider's office with medication discrepancies. The facility noted a plan to follow up and create a temporary care plan. No follow up or temporary care plan was found for R12.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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) 12/22/24.

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

Administrator (or Representative) — Date 12/2/22

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual full assessment for 2 of 12 sampled residents (Residents 2 and 7). This failure placed these two residents at risk of their care needs not being met.

Findings included...

records showed that R12 admitted to the facility on [redacted]/2023 with various diagnoses including a [redacted] ([redacted]), also known as a [redacted]

Review of R12's records showed a facsimile (fax) on 11/01/2024 from R12's primary care provider's office with medication discrepancies. The facility noted a plan to follow up and create a temporary care plan. No follow up or temporary care plan was found for R12.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual full assessment for 2 of 12 sampled residents (Residents 2 and 7). This failure placed these two residents at risk of their care needs not being met.

Findings included…

Resident 2 (R2)
During an unannounced licensing full inspection on 11/04/2024 at 1:20 PM, R2's records showed that R2 admitted to the facility on [redacted] 2022 with various diagnoses including [redacted] ([redacted]).

Record review of R2's assessments showed an assessment dated 11/04/2023. No other assessments were provided.

Resident 7 (R7)
On 11/05/2024 at 10:05 AM, R7's records showed that R7 admitted to the facility on [redacted] 2022 with various diagnoses including [redacted].

Record review of R7's progress notes dated 08/01/2024 to 11/04/2024, showed a note on 10/22/2024 that stated that R7 had a change of condition.

Record review of R7's assessments showed no change of condition assessment dated 10/22/2024.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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) 12/22/24.

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

Administrator (or Representative) — Date: 12/2/24

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:

Resident 2 (R2)
During an unannounced licensing full inspection on 11/04/2024 at 1:20 PM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] ([redacted]).

Record review of R2's assessments showed an assessment dated 11/04/2023. No other assessments were provided.

Resident 7 (R7)
On 11/05/2024 at 10:05 AM, R7's records showed that R7 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R7's progress notes dated 08/01/2024 to 11/04/2024, showed a note on 10/22/2024 that stated that R7 had a change of condition.

Record review of R7's assessments showed no change of condition assessment dated 10/22/2024.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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)_____ .

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

_____ _____
Administrator (or Representative) 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;

(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 specific resident identified care and service needs for 7 of 12 sampled residents (Resident 2, 3, 4, 5, 7, 9, and 10). 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 2 (R2)
During an unannounced licensing full inspection on 11/04/2024 at 1:20 PM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] ([redacted]).

Record review of R2's progress notes dated 08/01/2024 to 11/04/2024, documented outside agency visits for hospice services. R12's medication administration record (MAR) dated 08/01/2024 to 11/04/2024, also documented that R2 was receiving hospice services.

Record review of R2's NSA dated 09/10/2024, showed no documentation of R2 receiving hospice services.

Resident 3 (R3)
On 11/04/2024 at 1:25 PM, R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R3's assessments showed a medical device assessment dated 10/04/2024 for a hospital bed with bed rails.

Record review of R3's NSA dated 03/01/2024, showed no documentation that R3 utilized bed rails.

Resident 4 (R4)
On 11/04/2024 at 1:25 PM, R4's records showed that R4 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R4 had wounds and home health services.

Record review of R4's MAR dated 08/01/2024 to 11/04/2024 documented that facility staff were providing wound care dressing changes.

Record review of R4's NSA date 06/01/2024 showed no documentation of home health services and documented that the facility does not provide wound care dressing changes for R4.

Resident 5 (R5)
On 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's NSA dated 09/17/2024, showed no documentation of the diet that R5 was receiving.

Resident 7 (R7)
On 11/05/2024 at 10:05 AM, R7's records showed that R7 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R7's records showed a "family assistance with medications" plan.

Record review of R7's NSA dated 09/25/2024, showed no documentation that the family is assisting with medication management.

Resident 9 (R9)
On 11/04/2024 at 11:15 AM, R9's records showed that R9 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R9 was receiving home health services.

Record review of R9's NSA dated 07/01/2024 showed no documentation of R9 receiving home health services.

Resident 10 (R10)
On 11/05/2024 at 1:03 PM, R10's records showed that R10 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted].

Record review of R10's Portable Orders for Life Sustaining Treatment (POLST) documented that R10 was do not resuscitate.

Record review of R10's NSA dated 10/09/2024, documented that R10 is to be resuscitated.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that pertinent information was missing from the NSAs of R2, 3, 4, 5, 7, 8, and 10.

This is a recurring deficiency previously cited on 09/21/2023.

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) 12/22/24.

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

Administrator (or Representative) 12/1/24 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:

Record review of the facility's resident characteristics roster documented that R9 was receiving home health services.

Record review of R9's NSA dated 07/01/2024 showed no documentation of R9 receiving home health services.

Resident 10 (R10)
On 11/05/2024 at 1:03 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R10's Portable Orders for Life Sustaining Treatment (POLST) documented that R10 was do not resuscitate.

Record review of R10's NSA dated 10/09/2024, documented that R10 is to be resuscitated.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that pertinent information was missing from the NSAs of R2, 3, 4, 5, 7, 9, and 10.

This is a recurring deficiency previously cited on 09/21/2023.

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)_____ .

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

_____ _____
Administrator (or Representative) 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 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

(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 14 days of the resident's admission to the facility for 3 of 5 sampled residents (Residents 5, 6, and 11). This failure placed these residents at risk of their care needs not being met.

Findings included…

Statement of Deficiencies	License #: 2321	Compliance Determination # 49773
Plan of Correction	Bonaventure of Salmon Creek	Completion Date
Page of 36	Licensee: Bonaventure of Salmon Creek LLC	11/07/2024

Resident 5 (R5)
During an unannounced licensing full inspection on 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R5's assessments showed a preadmission assessment dated 09/12/2024. No assessments were found within 14 days of R5 admitting to the facility.

Resident 6 (R6)
On 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R6's assessments showed a preadmission assessment dated 05/13/2024. No assessments were found within 14 days of R6 admitting to the facility.

Resident 11 (R11)
On 11/05/2024 at 1:00 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R11's assessments showed a preadmission assessment dated 04/10/2024. No assessments were found within 14 days of R11 admitting to the facility.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that the 14-day assessments for R5, 6, and 11 had not been completed.

This is a recurring deficiency previously cited on 09/21/2023.

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) 12/02/24.

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

Administrator (or Representative) 12/2/24 Date

Resident 5 (R5)
During an unannounced licensing full inspection on 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's assessments showed a preadmission assessment dated 09/12/2024. No assessments were found within 14 days of R5 admitting to the facility.

Resident 6 (R6)
On 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R6's assessments showed a preadmission assessment dated 05/13/2024. No assessments were found within 14 days of R6 admitting to the facility.

Resident 11 (R11)
On 11/05/2024 at 1:00 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R11's assessments showed a preadmission assessment dated 04/18/2024. No assessments were found within 14 days of R11 admitting to the facility.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that the 14-day assessments for R5, 6, and 11 had not been completed.

This is a recurring deficiency previously cited on 09/21/2023.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission and/or within 30 days of admission to the facility for 2 of 5 sampled residents (Resident 5 and 11). This failure placed these residents at risk for proper care needs being unmet.

Findings included…

Resident 5 (R5)
During an unannounced licensing full inspection on 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's NSAs showed an NSA dated 09/17/2024. No other NSAs were found within 30 days of R5 admitting to the facility.

Resident 11 (R11)
On 11/05/2024 at 1:00 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R11's NSAs showed NSAs dated 05/02/2024 and 06/30/2024. No NSA was found upon R11's admission into the facility.

Statement of Deficiencies	License # 2321	Compliance Determination # 49773
Plan of Correction	Bonaventure of Salmon Creek	Completion Date
Page of 36	Licensee: Bonaventure of Salmon Creek LLC	11/07/2024

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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) 12/22/24.

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the resident or the responsible party at least annually and/or within a reasonable timeframe for 4 of 12 sampled residents (Resident 1, 4, 8, and 10). This failure placed these residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 1 (R1)
During an unannounced licensing full inspection on 11/04/2024 at 1:00 PM, R1's records showed that R1 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted]

Record review of R1's NSA dated 06/09/2024, showed no signature from R1 or R1's representative.

Resident 4 (R4)
On 11/04/2024 at 1:25 PM, R4's records showed that R4 admitted to the facility on

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the resident or the responsible party at least annually and/or within a reasonable timeframe for 4 of 12 sampled residents (Resident 1, 4, 6, and 10). This failure placed these residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included…

Resident 1 (R1)
During an unannounced licensing full inspection on 11/04/2024 at 1:00 PM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R1's NSA dated 08/09/2024, showed no signature from R1 or R1's representative.

Resident 4 (R4)
On 11/04/2024 at 1:25 PM, R4's records showed that R4 admitted to the facility on

[redacted]2022 with various diagnoses including [redacted].

Record review of R4's NSA dated 08/01/2024, showed a signature dated four months later (10/03/2024).

Resident 6 (R6)
On 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Record review of R6's NSAs showed three NSAs that were signed late or were unsigned. An NSA dated 06/01/2024, showed a signature dated 07/08/2024. An NSA dated 07/08/2024, showed no signature. And an NSA dated 07/09/2024, showed a signature dated 09/25/2024.

Resident 10 (R10)
On 11/05/2024 at 1:03 PM, R10's records showed that R10 admitted to the facility on [redacted]2024 with various diagnoses including [redacted].

Record review of R10's NSA dated 10/19/2024, showed no signature from R10 or R10's representative.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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) 12/22/24.

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

Administrator (or Representative) — Date 12/2/24

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

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

[redacted]/2022 with various diagnoses including [redacted] ([redacted]).

Record review of R4's NSA dated 06/01/2024, showed a signature dated four months later (10/03/2024).

Resident 6 (R6)
On 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

Record review of R6's NSAs showed three NSAs that were signed late or were unsigned. An NSA dated 06/01/2024, showed a signature dated 07/08/2024. An NSA dated 07/08/2024, showed no signature. And an NSA dated 07/09/2024, showed a signature dated 09/25/2024.

Resident 10 (R10)
On 11/05/2024 at 1:03 PM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R10's NSA dated 10/19/2024, showed no signature from R10 or R10's representative.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged the department's findings.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

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

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(2) The assisted living facility must disclose to the department, residents, the residents' legal representatives, if any, and if not the residents' representative if any, and to interested consumers upon request, information describing whether the assisted living facility permits such family administration or assistance and, if so, the extent of any limitations or conditions.

(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 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.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

(6) The assisted living facility must require that whenever a resident's family provides medication assistance or medication administration services, the resident's significant medications remain on the assisted living facility premises whenever the resident is on the assisted living facility premises.

(7) The assisted living facility's duty of care shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280 ; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.

Statement of Deficiencies	License #: 2321	Compliance Determination # 49773
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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan was submitted, included the minimum information required when 1 of 2 residents (Resident 5) 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 6 (R5)
During an unannounced licensing full inspection on 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted] 2024 with various diagnoses including [redacted].

Record review of R5's preadmission assessment dated 09/12/2024, documented under medication management, that family would set up the resident's pill box.

During an interview on 11/06/2024 at 12:28 PM, Staff A, Executive Director, confirmed that R5's family sets up R5's pill box.

Review of R5's records showed no family assistance with medications plan.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that a "family assistance with medications" plan was not completed for R5.

This is a recurring deficiency previously cited on 09/21/2023.

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) 12/22/24.

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

Administrator (or Representative) Date: 12/2/24

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a written plan was submitted included the minimum information required when 1 of 2 residents (Resident 5) 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 5 (R5)
During an unannounced licensing full inspection on 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's preadmission assessment dated 09/12/2024, documented under medication management, that family would set up the resident's pill box.

During an interview on 11/06/2024 at 12:28 PM, Staff A, Executive Director, confirmed that R5's family sets up R5's pill box.

Review of R5's records showed no family assistance with medications plan.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that a "family assistance with medications" plan was not completed for R5.

This is a recurring deficiency previously cited on 09/21/2023.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 5 of 12 sampled residents (Resident 2, 3, 5, 7 and 12). This failure placed these residents at risk for proper care needs not being met.

Findings included…

Resident 2 (R2)
During an unannounced licensing full inspection on 11/04/2024 at 1:20 PM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R2's progress notes dated 08/01/2024 to 11/04/2024, documented outside agency visits for hospice services. R12's medication administration record dated 08/01/2024 to 11/04/2024, also documented that R2 was receiving hospice services.

Record review of the facility's resident characteristics roster showed no documentation that R2 was receiving hospice services or that R2 was diabetic.

Resident 3 (R3)
On 11/04/2024 at 1:25 PM, R3's records showed that R3 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R3's assessments showed a medical device assessment dated 10/04/2024 for a hospital bed with bed rails.

Record review of the facility's resident characteristics roster showed no documentation that R3 was utilizing a medical device or that R3 was diabetic.

Resident 5 (R5)
On 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R5's negotiated service agreement (NSA) dated 09/17/2024, documented that R5 has pressure sores on their heels that are monitored by hospice and wounds on the buttocks. The NSA also documented that the resident is continent with bowel and bladder.

During an interview on 11/06/2024 at 12:28 PM, Staff A, Executive Director, stated that R5 "takes themselves to the bathroom."

Record review of the facility's resident characteristics roster showed no documentation that R5 has wounds and documented R5 as having urinary incontinence.

Resident 7 (R7)
On 11/05/2024 at 10:05 AM, R7's records showed that R7 admitted to the facility on [redacted]2022 with various diagnoses including [redacted].

Review of R7's records showed a "family assistance with medications" plan.

Record review of the facility's resident characteristics roster showed no documentation that R7's family is assisting with medications.

Resident 12 (R12)
On 11/05/2024 at 1:02 PM, R12's records showed that R12 admitted to the facility on [redacted]/2023 with various diagnoses including A [redacted].

Review of R12's records showed an NSA dated 02/04/2024, that documented that home health was providing wound care to R12.

During an interview on 11/07/2024 at 12:02 PM, Staff B, Registered Nurse, confirmed that R12 currently has wounds.

Review of R12's progress notes documented that home health services were discontinued on 09/11/2024.

Record review of the facility's resident characteristics roster showed no documentation that R12 has wounds and still documents R12 as having home health services.

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that the resident characteristics roster had discrepancies.

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) 12/22/24.

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

Administrator (or Representative) — Date: 12/2/24

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.

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 within three days of hire for 2 of 3 sampled staff (Staff C and E) 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 full inspection on 11/04/2024 at 11:30 AM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of TB testing was provided for Staff C.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No documentation of TB testing was provided for Staff E.

During an interview on 11/05/2024 at 11:18 AM, Staff A, Executive Director, stated, "If it is not here, we don't have it."

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that the resident characteristics roster had discrepancies.

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)_____ .

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

_____ _____

Administrator (or Representative) 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.

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 within three days of hire for 2 of 3 sampled staff (Staff C and E) 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 full inspection on 11/04/2024 at 11:30 AM, the department received the requested staff documents.

Staff C
Record review for Staff C, Caregiver, showed that Staff C was hired on 04/11/2024. No documentation of TB testing was provided for Staff C.

Staff E
Record review for Staff E, Caregiver, showed that Staff E was hired on 05/02/2024. No documentation of TB testing was provided for Staff E.

During an interview on 11/05/2024 at 11:18 AM, Staff A, Executive Director, stated, “If it is not here, we don’t have it.”

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department's findings.

This is a recurring deficiency previously cited on 09/21/2023.

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) 12/22/24

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 pets living in the facility had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans. This failure placed all staff and residents at risk for possible exposure and harm from a transmittable disease.

Findings included...

During an unannounced licensing full inspection on 11/05/2024 at 11:00 AM, the department reviewed the requested pet records.

Review of the facility's pet records showed a medical history report for a canine, dated 07/07/2023. The report showed that the canine was due for a rabies vaccination on

During an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged the department's findings.

This is a recurring deficiency previously cited on 09/21/2023.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 pets living in the facility had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans. This failure placed all staff and residents at risk for possible exposure and harm from a transmittable disease.

Findings included…

During an unannounced licensing full inspection on 11/05/2024 at 11:00 AM, the department reviewed the requested pet records.

Review of the facility's pet records showed a medical history report for a canine, dated 07/07/2023. The report showed that the canine was due for a rabies vaccination on

05/23/2024.

Review of the facility's pet records showed a pet record request letter dated 06/29/2023 from Staff A, Executive Director, to a resident living in the facility. On the letter was a handwritten note that stated that the pet had not been to the vet for three years. No documentation was found to show that this pet had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans since moving into the facility.

In an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that there were pets living in the facility that had no documentation that they have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans since moving into 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) 12/22/24.

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

Administrator (or Representative) 12/2/24 Date

WAC 388-78A-2866 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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

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

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

05/23/2024.

Review of the facility's pet records showed a pet record request letter dated 06/29/2023 from Staff A, Executive Director, to a resident living in the facility. On the letter was a handwritten note that stated that the pet had not been to the vet for three years. No documentation was found to show that this pet had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans since moving into the facility.

In an exit interview on 11/07/2024 at 1:00 PM, Staff A acknowledged that there were pets living in the facility that had no documentation that they have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans since moving into 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)_____ .

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

_____ _____

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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

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

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was on a page separate from other documents and was signed on or before admission for 4 of 9 sampled residents (Resident 1, 5, 6, and 11). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included…

Resident 1 (R1)
During an unannounced licensing full inspection on 11/04/2024 at 1:00 PM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

During review of R1's records, no Medicaid policy was found.

Resident 5 (R5)
On 11/04/2024 at 2:25 PM, R5's records showed that R5 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]), [redacted].

During review of R5's records, no Medicaid policy was found.

Resident 6 (R6)
On 11/04/2024 at 1:25 PM, R6's records showed that R6 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] ([redacted]).

During review of R6's records, no Medicaid policy was found.

Resident 11 (R11)
O1/05/2024 at 1:00 PM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

During review of R11's records, no Medicaid policy was found.

In an exit interview on 11/07/2024 at 1:00 PM, Staff A, Executive Director, acknowledged that Medicaid policies for R1, 5, 6, and 11 were not completed and/or documented in the resident's records.

This is a recurring deficiency previously cited on 09/21/2023.

Statement of Deficiencies	License #: 2321	Compliance Determination #: 49773
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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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date) 12/22/24.

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

Administrator (~~or Representative~~)

12/2/24
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 Salmon Creek is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) 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

11/20/2024

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 11/07/2024 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.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to ensure that all sinks used by the resident's had hot water temperatures between 105 degrees Fahrenheit and 120 degrees Fahrenheit. The facility had adjusted the water heater and the hot water temperatures were measured again by the department. The facility was back in compliance prior to the completion of the full inspection.

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.

Sincerely,

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

Enclosure