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

10/23/2024

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

RE: Bonaventure of Salmon Creek # 2321

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 49182 (Completion Date 10/23/2024) and 45558 (Completion Date 09/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/23/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

The Department staff who did the On Site verification:
Yvonne Chitekwe

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

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Salmon Creek
License/Cert.#: 2321
Compliance Determination #: 45558
Investigator: Yvonne Chitekwe
Provider Type: Assisted Living Facility
Intake ID: 139069
Region/Unit #: RCS Region 3 / Unit I
Investigation Date(s): 08/20/2024 through 09/12/2024
Complainant Contact Date(s): 09/11/2024

Allegation(s):

1. Quality of Care/Treatment: Complaint that the facility failed to start resident's prescription medication when it order to start.

Investigation Methods:

Sample:	Total residents: 72 Resident sample size: 3 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Nursing staff Med Techs Executive Director Residents Family members
Record Reviews:	Physician order Facility policies Medication logs Alert Charting Face Sheets Resident Characteristic Roster Negotiated Care Plan. Facility policies

Investigation Summary:

1. Quality of Care/Treatment: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews,

observations, and a review of records, the investigation substantiated that the facility failed to administer the resident's prescription medication on the date it was ordered.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2321	Compliance Determination # 45558
Plan of Correction	Bonaventure of Salmon Creek	Completion Date
Page 1 of 3	Licensee: Bonaventure of Salmon Creek LLC	09/12/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 08/20/2024 and 08/20/2024 of:

Bonaventure of Salmon Creek
13700 NE Salmon Creek Ave
Vancouver, WA 98686

This document references the following complaint number(s): 139069

The following sample was selected for review during the unannounced on-site visit: 3 of 72 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

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 — 09/17/2024 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.

Administrator (or Representative)

10/1/24
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 and record review, the facility failed to promote and provide safe medication administration service for 1 of 3 residents (Resident 1/ R1) reviewed for medication service. This failure resulted in R1 not receiving medication as ordered for 5 days and placed them at risk for worsening medical complications.

Findings Included...

Record review of a facility policy, titled, "Med 11-07 – MEDICATION ADMINISTRATION PROGRAM POLICY", dated 07/2009, regarding the facility's responsibility for medication administration, showed "Bonaventure Senior Living will provide medication assistance to Residents who request or need assistance. This service will be indicated on the Negotiated Service Agreement and will be in compliance with the States' administrative rules and regulations and as ordered by the physician".

Record review of R1's Service Plan (SP), not signed, dated 01/02/2024, documented that R1 had a diagnosis of [redacted]. The SP showed the facility will provide R1 support with their medication administration 1 to 3 times a day and that staff would administer R1's medications according to the Doctor's orders.

Record review of a physician's order for R1, which was faxed from a local pharmacy, dated 07/12/2024, showed a signed order for Cephalexin (an antibiotic) 500mg to take 1 capsule by mouth twice daily for 10 days.

Record review of R1's Medication Administration Record (MAR) for July 2024 showed orders for Cephalexin, 500MG Capsule, to give 1 Capsule by mouth twice daily for 10 days. The first dose was to be given to R1 on 07/17/2024.

In an Interview on 08/21/2024 at 09:21AM, Staff A, Assisted Living Director, stated that

Statement of Deficiencies	License #: 2321	Compliance Determination # 45558
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R1's Cephalexin medication was ordered and delivered to Bonaventure ALF on 07/12/2024. Staff A reported that R1 started taking the prescription medication on 07/17/2024 instead of 07/12/2024 as it was ordered. They admitted stating that "this was an error on our part".

In an Interview on 08/21/2024 at 09:40AM, Staff B, Medication Technician, admitted that R1's Cephalexin was received from pharmacy on the day they worked 07/12/2024.They attempted to contact the prescriber's clinic 07/13/2024. Staff B reported that when they returned to work on 07/14/2024, the medication had not been given to R1. They stated they informed Staff A, and continued to call Pharmacy to obtain orders.

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) 10/27/24 .

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

Administrator (or Representative) 10/1/24 Date