



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

July 31, 2023

ELECTRONIC-FACSIMILE

Administrator
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

Assisted Living Facility License #2555
Licensee: Bonaventure of South Hill LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On July 18, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Bonaventure of Puyallup**, located at **14503 Meridian Avenue E, Puyallup**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **July 18, 2023**.

Civil Fines

**WAC 388-78A-2474 (3) Training and home care
aide certification requirements.**

\$300.00

The licensee failed to ensure staff were trained and oriented to perform their job responsibilities for nine staff. This placed all 81 residents at risk for not receiving adequate care and services and a risk of decrease in quality of life.

This is an uncorrected deficiency previously cited on December 6, 2022.

WAC 388-78A-2160 Implementation of negotiated service agreement. **\$600.00**

The licensee failed to provide showers as agreed upon for three residents. This failure placed the three residents at risk for skin related infections and a decrease in quality of life.

This is a recurring deficiency on March 21, 2022, and August 31, 2022, and an uncorrected deficiency previously cited on December 6, 2022.

WAC 388-112A-0550 (1)(a)(b)(ii)(2)(a)(b) Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when? **\$300.00**

The licensee failed to ensure that staff were delegated for five staff before checking residents' blood sugars or administering insulin for six residents. This failure resulted in all six residents receiving care from unqualified staff and placing them at risk for serious negative health consequences, inadequate/poor disease management and poor quality of life.

This is an uncorrected deficiency previously cited on December 6, 2022.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Manfay Chan, Field Manager
Region 3, Unit D
9501 Lakewood Dr SW Suite E
Lakewood, WA 98499
Phone: (253) 442-3013/ Fax: (253) 589-7240
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

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

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Mail a check for **\$1,200.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Manfay Chan, Field Manager, at (253) 442-3013.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

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