STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Bonaventure of South Hill LLC
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

RE: Bonaventure of Puyallup License # 2555

Dear Administrator:

This letter addresses Compliance Determination(s) 41063 (Completion Date 05/13/2024) and 34799 (Completion Date 03/28/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2024 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-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2565	Compliance Determination # 34799
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 3	Licensee: Bonaventure of South Hill LLC	03/28/2024

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 follow-up on 01/05/2024 and 01/05/2024 of:
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following SOD dated: 03/28/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 87 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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: 04/03/2024

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

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2555	Compliance Determination # 34799
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 3	Licensee: Bonaventure of South Hill LLC	03/28/2024

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 follow-up on 01/05/2024 and 01/05/2024 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following SOD dated: 03/28/2024

The following sample was selected for review during the unannounced on-site visit: 6 of 87 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

04/03/2024
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) 4/22/2024 Date

WAC 388-78A-2464 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff B, Staff C, Staff D and Staff E) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment and a second skin test done one to three weeks after the first one. This failure placed all ALF residents, staff, and visitors at risk of TB infection.

Findings included...

Staff B
Record review of employee list printed 01/05/2024, showed Staff B, Server, was hired by the ALF on 11/12/2023 as a dining room server. Staff B's personnel file showed one TB test dated 12/15/2023. A second TB test was completed on 01/03/2024.

Staff C
Record review of employee list printed 01/05/2024, showed Staff C, Server, was hired by the ALF on 11/12/2023 as a dining room server. Staff C's personnel file showed the first TB test completed on 12/04/2023. A second TB test was completed on 12/15/2023.

Staff D
Record review of employee list printed 01/05/2024, showed Staff D, Server, was hired by the ALF on 11/24/2023 as a dining room server. Staff D's personnel file personnel file did not show an initial or a second TB test having been done.

Staff E
Record review of employee list printed 01/05/2024, showed Staff E, Server, was hired by the ALF on 11/25/2023 as a dining room server. Staff E's personnel file showed one TB test dated 12/15/2023, over two weeks after the date of hire. A second TB test was completed on 01/03/2024.

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled staff (Staff B, Staff C, Staff D and Staff E) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment and a second skin test done one to three weeks after the first one. This failure placed all ALF residents, staff, and visitors at risk of TB infection.

Findings included...

Staff B
Record review of employee list printed 01/05/2024, showed Staff B, Server, was hired by the ALF on 11/12/2023 as a dining room server. Staff B's personnel file showed one TB test dated 12/15/2023. A second TB test was completed on 01/03/2024.

Staff C
Record review of employee list printed 01/05/2024, showed Staff C, Server, was hired by the ALF on 11/12/2023 as a dining room server. Staff C's personnel file showed the first TB test completed on 12/04/2023. A second TB test was completed on 12/15/2023.

Staff D
Record review of employee list printed 01/05/2024, showed Staff D, Server, was hired by the ALF on 11/24/2023 as a dining room server. Staff D's personnel file personnel file did not show an initial or a second TB test having been done.

Staff E
Record review of employee list printed 01/05/2024, showed Staff E, Server, was hired by the ALF on 11/25/2023 as a dining room server. Staff E's personnel file showed one TB test dated 12/15/2023, over two weeks after the date of hire. A second TB test was completed on 01/03/2024.

Statement of Deficiencies	License #: 2555	Compliance Determination # 34780
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 3 of 3	Licensee: Bonaventure of South Hill LLC	03/28/2024

In an interview on 01/05/2024 at 11:30 am , Staff A, Executive Director (ED) stated the person in charge of personnel documents, Staff F, facility's Registered Nurse (RN), was out of the facility due to illness for a one-week period of time when Staff B, Staff C, Staff D, & Staff E completed their new employee orientation with Staff G, Assistant Executive Director (AED). Staff A reported that the facility's policy was that if a qualified staff member was not available or was out of the facility for a period of time to administer TB testing then newly hired staff were to be sent to one of the facility's sister facilities. Staff A reported that this message was conveyed to Staff C but did not occur while Staff B was away due to illness.

In an interview on 01/05/2024, at 11:45 am in an interview, Staff F, person in charge of personnel documents stated that she was away from the facility due to illness for a week when Staff B, Staff C, Staff D & Staff E received their new employee orientation. Staff F reported that she was not aware of Staff B, Staff C, Staff D & Staff E having not been current on their required TB testing until it was brought to her attention through this follow up for the licensing inspection.

This is an uncorrected deficiency previously cited on 11/14/2023.

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 Puyallup is or will be in compliance with this law and / or regulation on (Date) 4-8-2024 .

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

Administrator (or Representative) — Date: 4.8.2024

In an interview on 01/05/2024 at 11:30 am , Staff A, Executive Director (ED) stated the person in charge of personnel documents, Staff F, facility's Registered Nurse (RN), was out of the facility due to illness for a one-week period of time when Staff B, Staff C, Staff D, & Staff E completed their new employee orientation with Staff G, Assistant Executive Director (AED). Staff A reported that the facility's policy was that if a qualified staff member was not available or was out of the facility for a period of time to administer TB testing then newly hired staff were to be sent to one of the facility's sister facilities. Staff A reported that this message was conveyed to Staff C but did not occur while Staff B was away due to illness.

In an interview on 01/05/2024, at 11:45 am in an interview, Staff F, person in charge of personnel documents stated that she was away from the facility due to illness for a week when Staff B, Staff C, Staff D & Staff E received their new employee orientation. Staff F reported that she was not aware of Staff B, Staff C, Staff D & Staff E having not been current on their required TB testing until it was brought to her attention through this follow up for the licensing inspection.

This is an uncorrected deficiency previously cited on 11/14/2023.

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 Puyallup 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
PO Box 99250, Lakewood, WA 98496

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 10/02/2023 and 10/10/2023 of:
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

The following sample was selected for review during the unannounced on-site visit: 9 of 93 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Shirley Grew, LTC Surveyor
Cathleen Davis, ALF Licensor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Manfay Chan, Allied Health Field Manager
Lisa Mason, NCI ALF Licensor
Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licensor
Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

PO Box 99250
Lakewood, WA 98496

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) _____ 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 record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 6 of 9 residents' sampled pets (Resident 1's pet, Resident 2's pet, Resident 3's pet, Resident 4's pet, Resident 5's pet, and Resident 6's pet) living in the ALF had regular examinations and immunizations by a licensed veterinarian. This placed all residents at risk of diseases transmittable by animals to humans.

Findings included…

Record review of the ALF's "Pet Policy ADM 1-12" revised date 07/2011 showed that "Pets must be properly vaccinated and free from disease and fleas. A record of all immunizations needs to be kept in the resident's apartment and in the resident administrative file."

Resident 1 (R1)
Record review of the ALF's "Pet Binder" showed there was no documentation of R1's pet on file to review.

Resident 2 (R2)
Record review of the ALF's "Pet Binder" showed R2's pet was last seen for an examination on 09/03/2015. The record showed R2's pet had a rabies vaccination that expired 08/13/2016.

Resident 3 (R3)
Record review of the ALF's "Pet Binder" showed R3's pet was last seen for an examination on 05/09/2019. The record showed R3's pet had a rabies vaccination that expired 05/09/2022.

Resident 4 (R4)
Record review of the ALF's "Pet Binder" showed there was no documentation of R4's pet on file to review.

Resident 5 (R5)
Record review of the ALF's "Pet Binder" showed there was no documentation of R5's pet on file to review.

Resident 6 (R6)
Record review of the ALF's "Pet Binder" showed there was no documentation of R6's pet on file to review.

During an interview on 10/05/2023 at 2:00 pm, Staff A, Executive Director, said that the "Pet List for AL" coincides with the records kept in the ALF's "Pet Binder."

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 Puyallup 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-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the

following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 3 of 6 sampled staff (Staff B, C, and F) had an initial tuberculosis (a communicable disease, TB) skin test within three days of employment and a second skin test done one to three weeks after the first one. This failure placed all ALF residents at risk of TB infection.

Findings included…

Staff B
Record review showed Staff B, Home Care Aide (HCA), was hired by the ALF on 08/12/2023 as a caregiver. Staff B personnel file included one TB test dated 10/03/2023, more than one month after the date of hire. A second TB test had not been done.

Staff C
Record review showed Staff C, Home Care Aide (HCA), was hired by the ALF on 11/23/2022 as a caregiver. Staff C personnel file included one TB test dated 10/03/2023, more than 10 months after the date of hire. A second TB test had not been done.

Staff F
Record review showed Staff F, Home Care Aide (HCA), was hired by the ALF on 12/05/2020 as a caregiver. Staff F's personnel file included one TB test dated 10/03/2023, more than 2 years and 10 months after the date of hire. A second TB test had not been done.

On 10/05/2023 at 9:28 am in an interview, Staff A, Executive Director (ED) said the person in charge of personnel documents which used to assist no longer works with the ED. Staff A said there were no additional documents for TB tests.

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 Puyallup 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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure a department national fingerprint background check (BGC) was completed for 4 of 6 sampled staff (Staff C, D, E, and F). This failure placed residents at risk of having care and services provided by staff with a disqualifying crime.

Findings included…

Review of personnel records revealed Staff C, Caregiver, was hired on 11/23/2022. A department name and date of birth background check result dated 11/23/2022 was in the personnel file. There was no record of the final fingerprint background check provided or in the file.

Review of personnel records revealed Staff D, Caregiver, was hired on 05/29/2023. A department name and date of birth background check result dated 05/18/2023 was in the personnel file. There was no record of the final fingerprint background check provided or in the file.

Review of personnel records revealed Staff E, Caregiver, was hired on 01/17/2022. A department name and date of birth background check result dated 02/09/2022 was in the personnel file. There was no record of the final fingerprint background check provided or in the file.

Review of personnel records revealed Staff F, Caregiver, was hired on 12/05/2020. A department name and date of birth background check result dated 01/12/2021 was in the personnel file. There was no record of the final fingerprint background check provided or

located in the file.

On 10/04/2023 at 10:00 am during an interview, Staff A, Executive Director said Staff C, D, E and F's fingerprint background check results were not in personnel files.

On 10/05/2023 at 09:28 am second request for complete fingerprint background checks was requested. In an interview at 09:28 am Staff A said there were no additional documents for the final fingerprint background checks.

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 Puyallup 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
PO Box 99250, Lakewood, WA 98496

11/15/2023

Bonaventure of South Hill LLC
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

RE: Bonaventure of Puyallup # 2555

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/14/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250

Lakewood, WA 98496

• 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-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The Assisted Living Facility (ALF) failed to maintain temperature control when delivering meals to resident rooms. On 10/05/2023 at 8:45 am, a department licensor observed an open four-wheeled cart with three breakfast meals on plates covered by clear plastic, sitting on the 2nd floor of the ALF. An observation on 10/05/2023 at 8:50 am showed an open four-wheeled cart with two plates of breakfast food covered by clear plastic, and a medication cart with one plate of food covered by a clear plastic lid, sitting on the 3rd floor of the ALF. Over a 10-minute span, not all the trays were delivered on the 3rd floor. Licensors provided consultation to Staff J, Dining Services Manager, and Staff A, Executive Director, regarding food temperature control for delivered meals. Staff J stated they will look into obtaining temperature-controlled delivery carts for the ALF.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The Assisted Living Facility (ALF) failed to ensure 2 of 13 sampled staff (Staff G, Server, and Staff H, Server) had current food worker cards. Before the full inspection was completed, the ALF provided the department with food worker cards for Staff G and Staff H.

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 (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure