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) 30568 (Completion Date 10/10/2023) and 25552 (Completion Date 06/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/10/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3140-2, WAC 388-78A-3140-1

The Department staff who did the on-site verification:

Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Lisa Mason, NCI ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Puyallup
Provider Type: Assisted Living Facility
License/Cert.#: 2555
Compliance Determination #: 25552
Intake ID: 86168
Investigator: Carol Gijima
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 04/19/2023 through 06/20/2023
Complainant Contact Date(s):

Allegation(s):
1. Facility failed to provide documents per request during an investigation.

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	Not on site
Interviews:	Administrator
Record Reviews:	Characteristic roaster

Investigation Summary:
1. The facility failed to provide the department requested records for residents and staff during an investigation. Failed facility practice identified. See Statement of Deficiency dated 06/20/2023.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 04/19/2023 and 04/19/2023 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following complaint number(s): 86168

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

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-3140 Responsibilities during inspections. The assisted living facility must:

(1) Cooperate with the department during any on-site inspection or complaint investigation;

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to cooperate with the department in providing requested records during 1 of 1 investigations. This failure resulted in the department not having the necessary information to conduct a thorough and timely investigation and placed residents at risk of receiving services not in compliance with the licensing requirements.

Findings Included…

On 04/19/2023, the department completed an unannounced follow up visit to the facility.

During an interview on 04/19/2023 at 1:40pm Staff B, Assisted Living Director was asked for Residents 1, 2, 3, and 4's records, and staff records for Staff B, C, D, E, F G, and H, Medication Technicians. No records were provided during the visit. Staff B stated she would send the requested documents before the end of day. No documents were received by the department.

On 04/24/2023 a follow up email was sent to Staff A, Administrator who sent records for Residents 1 & 2, and some staffs' nurse delegation certifications. Another email was sent on 06/07/2023 requesting the remaining residents and staff record documents. No other records were provided.

During an interview on 06/13/2023 at 1:20pm, Staff A stated she thought she had sent the requested documents. Staff A stated she had the requested staff documents on hand and would send them. No documents were received as of 06/20/2023.

This is a recurring deficiency previously cited on 07/01/2022.

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