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) 30569 (Completion Date 10/10/2023) and 25969 (Completion Date 07/26/2023).

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-2350-1

The Department staff who did the on-site verification:

Shirley Grew, LTC Surveyor
Cathleen Davis, ALF Licensor
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 #: 25969
Intake ID: 85095
Investigator: Carol Gijima
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 06/28/2023 through 07/26/2023
Complainant Contact Date(s):

Allegation(s):

1. Resident did not receive her medications
2. Resident received incorrect insulin dose

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms Resident behaviors
Interviews:	Resident representative Staff Collateral contact
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff progress notes Medical records (lab reports, H & P summary)’

Investigation Summary:

1. Per record review, interviews with resident's representative, collateral contact and staff the facility failed to give medications as ordered. The ALF demonstrated failed provider practice, however no additional citations written as facility is currently out of compliance for medications. The ALF failed to coordinate services with the doctor when resident did not receive her critical medication. The ALF demonstrated failed provider practice as documented in the Statement of Deficiencies dated 07/26/2023.
2. Per record review, interviews with resident's representative, collateral contacts, and staff, there was not sufficient information to support failed practice.

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 #: 2555	Compliance Determination # 25969
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 4	Licensee: Bonaventure of South Hill LLC	07/26/2023

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 06/28/2023 and 06/28/2023 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following complaint number(s): 85095

The following sample was selected for review during the unannounced on-site visit: 4 of 8 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

07/31/2023
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-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.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to notify the doctor and coordinate alternative medication treatment for 1 of 4 sampled residents (Resident 1), when her critical medication was not delivered for a week. This failure placed Resident 1 at risk for malnutrition (deficiency in intake of sufficient nutrients), weight loss, abdominal pain, and failure to thrive.

Findings included…

Record review of Resident 1's (R1) care plan dated 08/26/2022 showed that R1 was admitted to the ALF on [redacted]/2022 with diagnoses which included [redacted] and [redacted] R1 had her pancreas removed and depended on medications to digest food normally.

Review of the Medication Administration Records (MARs) showed that R1 had two orders for medicines to help digest food; Zenpep was ordered as one pill three times a day and Creon, 1 pill three times a day as needed to assist with food digestion. Further review of the June MAR showed that R1 did not receive the Zenpep for the following days, 06/01/2023, 06/02/2023, 06/03/2023, 06/04/2023, 06/05/2023, 06/06/2023, and 06/07/2023. Notes in the MAR showed that the medication had not been received from pharmacy. There was no documentation in the progress notes of any efforts by the facility to contact the doctor or to obtain further instructions.

During an interview on 06/07/2023 at 12:43pm, Resident 1's Representative (RR1) stated that she was not notified by the facility that R1 did not have her medications available. She stated that R1 went for 7 days without her essential medications. RR1 became aware of the medication not being available when the pharmacy called her seeking authorization after they did not get a response from the facility. RR1 stated that R1 needed this medication to help with food digestion as she had her pancreas removed.

During an interview on 06/28/2023 at 11:40am, Staff D, Medication Technician stated that resident's representative and doctor would be notified if a resident missed medications.

When asked if R1 had missed any medications, Staff D stated she was not aware of any missed medication. Staff D stated that any notifications to resident's family and doctor would be documented in the progress notes.

During an interview on 06/28/2023 at 11:55am, Staff A, Administrator stated that she was aware that R1 did not receive her medications that helped with food digestion. Staff A stated that R1's medication had not been delivered by the pharmacy as an authorization that family needed to sign was pending. When asked if the family was notified of the need to sign the authorization, Staff A stated that Staff B, Assisted Living Director, stated she had called the family, but did not speak to anyone. When asked if the doctor was notified, Staff A stated not.

During an interview on 07/05/2023 at 1:07pm, Primary Care Physician's Registered Nurse (CC1), stated that the facility did not notify them that R1 did not receive the Zenpep. CC1 stated that R1 had Creon which could have been administered while waiting for the Zenpep to be delivered.

During an interview on 07/10/2023 at 12:06pm, Staff C, Registered Nurse was asked the circumstances surrounding R1's missed Zenpep medication. Staff C stated she was not "too familiar with the situation." When asked who was notified, Staff C stated that Staff B called the family but "neglected to leave a voicemail." Staff C was asked if she was informed of medication concerns as the licensed nurse. Staff C stated that medication technicians report to Staff B. When asked how Staff B would know how to respond to medical questions when she was not a nurse, Staff C stated that "there was lack of communication."

During an interview on 07/11/2023 at 11:52am, Staff B stated that she gave pharmacy the family's information when they called about pre-authorization of Zenpep. Staff B was asked if she had talked to family about the mediation and that pharmacy needed pre-authorization before they could deliver the medication. Staff B stated she did not. When asked if the nurse could have coordinated with the doctor to perhaps have R1 get the Creon while waiting for the Zenpep, Staff B stated the licensed nurse "doesn't do meds," and that she (Staff B) was involved with that. When asked why the nurse would not be involved in medication issues and doctor coordination, Staff B stated she was still trying to figure that out.

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