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) 30567 (Completion Date 10/12/2023) and 22782 (Completion Date 07/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/12/2023 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-2474-3, WAC 388-78A-2160, WAC 388-112A-0550-1, WAC 388-112A-0550-1-a, WAC 388-112A-0550-1-b-ii, WAC 388-112A-0550-2-a, WAC 388-112A-0550-2-b

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

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 # 22782
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 7	Licensee: Bonaventure of South Hill LLC	07/18/2023

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 follow-up on 04/19/2023 and 06/28/2023 of:
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following SOD dated: 07/18/2023

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 inspected 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)

8.15.23
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure staff were trained and oriented to perform their job responsibilities for 9 of 11 sampled staff (Staff B, D, E, F, G, H, I, J, and L). This placed all 81 residents at risk for not receiving adequate care and services and a risk of decrease in quality of life.

Findings Included...

Record review on 04/19/2023 of staff records showed no training and orientation related to their job responsibilities for Staff B (Assisted Living Director), Staff D, E, F, G, H, I, J and L, Medication Technicians (Med Techs). The ALF did not have training records on file for these staff.

During an interview on 04/19/2023 at 12:15pm, Resident 1 (R1) stated that sometimes staff did not get her up because they did not know how to use the Hoyer Lift (an assistive medical lift used to safely transfer a resident from one surface to another). R1 stated she didn't feel comfortable getting out of bed with some staff because she was "scared they don't know how to get me up using the Hoyer."

During an interview on 04/19/2023 at 12:30pm, Staff F, was asked if she had been trained on how to do her job. Staff F stated she was not. When asked how she would know how to care for residents, Staff F stated she took care of her grandmother and knew caregiving.

During an interview on 04/19/2023 at 12:55pm, Staff C, Memory Care Director stated that staff were supposed to be trained for four days before working with residents on their own. Staff C stated there would be no reason why staff would not be trained on how to perform their jobs.

During an interview on 04/19/2023 at 1:22pm, Staff D, stated that staff were trained on the floor for four days before working on their own with residents. Staff stated that after training, both the new staff and the trainer signed off on a checklist.

During an interview on 04/19/2023 at 1:40pm, Staff B stated that staff were trained on how to perform their job duties for four days before starting work with residents. Staff B stated there was a checklist that employees signed upon completion of job training. When asked if she worked on the floor, Staff B stated she helped when needed. When asked if she received training prior to working with residents, Staff B stated she had.

During an interview on 07/10/2023 at 4:23pm, Staff G, stated she was not sure if she had been trained on how to do her job. When asked what her credentials were, Staff G stated she didn't know.

During an interview on 07/18/2023 at 10:40am, Staff A, Administrator was asked why employees were not trained or oriented to their job responsibilities. Staff A stated that each employee should have a check off list completed when they got trained. Staff A stated that they sometimes do not get the checklists back from the employees and at other times, they had problems filing them correctly.

This is an uncorrected deficiency previously cited on 12/06/2022.

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) 8/31/23 .

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

Administrator (or Representative) — 8.15.23 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to provide showers as agreed upon for 3 of 4 sampled residents (Residents 1, 3 and 4). This failure placed Residents 1, 3, and 4 at risk for skin related infections and a decrease in quality of life.

Findings Included...

Resident 1 (R1)
Record review on 04/19/2023 of R1's Service Plan dated 03/18/2023 showed that R1 was admitted to the ALF on [redacted]/2021 with diagnoses which included [redacted] The service plan showed that R1 was to receive two showers per week with staff assistance. Further record review showed no shower records from the ALF for R1 on 04/19/2023 or on follow up requests on 04/24/2023 and 06/07/2023.

Resident 3 (R3)
Record review on 07/17/2023 of R3's Service Plan dated 12/04/2022 showed that R3 was admitted to the ALF on [redacted]/2022 with diagnoses which included [redacted] The Service Plan showed that R3 required physical assistance with showers twice a week. Further record review showed no shower records from the ALF for R3 on 04/19/2023 or on follow up requests on 04/24/2023 and 06/07/2023.

Resident 4 (R4)
Record review on 07/17/2023 of R4's Service Plan dated 04/20/2023 showed that R4 was admitted to the ALF on [redacted]/2020 with diagnoses which included [redacted] The Service Plan showed that R4 required assistance under "Bathing." Further record review showed no shower records from the ALF for R4 on 04/19/2023 or on follow up requests on 04/24/2023 and 06/07/2023.

During an interview on 04/19/2023 at 12:15pm, R1 stated that she still wasn't receiving her showers as scheduled. R1 stated that her family bought a shower chair for her, but staff were still not providing showers. R1 stated that staff were afraid to use the Hoyer Lift to transfer her into the shower chair.

During an interview on 04/19/2023 at 1:40pm, Staff B, Assisted Living Director was asked why R1 was not getting showers as agreed upon in her service plan. Staff B stated that they did not give her showers per family request. When asked why the family requested R1 not to have a shower, Staff B did not provide an answer.

During an interview on 07/17/2023 at 10:26am, Staff C, Memory Care Director stated that residents have showers twice a week, and that showers were scheduled on specific days. Staff C stated that there was no reason a resident should not receive their shower. Staff C stated that if a resident refuses, they attempt at least 3 times, then the next shift attempts, then they attempt the following day, and try different staff. Staff C stated that R4 refused showers a lot.

During an interview on 04/19/2023 at 12:30pm, Staff F, Medication Technician stated that resident showers were scheduled. When asked why R1 was not getting her showers, Staff F

stated that she didn't know what was going on with her not getting her showers.

During an interview on 07/17/2023 at 4:04pm, R4's representative stated the ALF had a hard time giving R4 showers.

During an interview on 07/18/2023 at 10:40am, Staff A, Administrator was asked why residents were still not receiving their showers. Administrator stated she was at a loss as she had provided education to staff.

This is a recurring deficiency on 03/21/2022 and 08/31/2022 and an uncorrected deficiency previously cited on 12/06/2022.

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) 8.31.23 .

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

Administrator (or Representative) — Date: 8.15.23

WAC 388-112A-0550 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when?

(1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must:

(a) Successfully complete the DSHS designated nurse delegation core training, "nurse delegation for nursing assistants & home care aides";

(b) Be one or more of the following:

(ii) Nursing assistant certified under chapter 18.88A RCW;

(2) Before long-term care workers in adult family homes and assisted living facilities may perform the task of insulin injections, the long-term care workers must:

(a) Meet the requirements in subsection (1)(a) and (b) of this section; and

(b) Successfully complete the DSHS designated specialized diabetes nurse delegation training.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure that staff were delegated for 5 of 10 sampled staff (Staff B, E, G, J, and K) before checking residents' blood sugars or administering insulin for 6 of 6 sampled residents. This failure resulted in all 6 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.

Findings Included...

Record review of staff records on 04/19/2023 and 07/14/2023 showed that Medication Technicians (Staff B, E, G, J, and K) did not have the required training (DSHS designated nurse delegation core training, "nurse delegation for nursing assistants & home care aides") to perform blood sugar checks and administer insulin injections (medication for diabetes; high levels of blood sugar).

During an interview on 04/19/2023 at 12:30pm, Staff E, Med Tech was asked if she was delegated to check blood sugars and administer insulin. Staff E stated she was delegated. When asked if she had received training, Staff E stated she had not.

During an interview on 04/19/2023 at 12:55pm, Staff C, Memory Care Director stated that every Medication Technician (Med Tech) "is delegated" to check blood sugars and administer insulin. Staff C stated there was no reason undelegated staff should be checking blood sugar and administering insulin.

During an interview on 04/19/2023 at 1:22pm, Staff D stated that everyone who works on the medication cart should be delegated to check residents' blood sugars and administer insulin.

During an interview on 04/19/2023 at 1:40pm, Staff B, Assisted Living Director was asked if she checked resident's blood sugar and administered insulin. Staff B stated that she did, and that she was delegated to perform these tasks. In a separate interview on 07/11/2023 at 11:52am, Staff B stated she will send her diabetes training and delegation certifications. No documents were received.

During an interview on 07/10/2023 at 4:23pm, Staff G was asked if she checked residents blood sugars and administer insulin. Staff G stated she did. When asked if she was delegated to perform those tasks, Staff G stated, "I don't think so." When Staff G was asked what her credentials were, Staff G stated, "I don't know."

During an interview on 07/18/2023 at 10:40am, Staff A, Administrator was asked why The Medication Technicians did not have diabetes and insulin training, Staff A stated all Medication Technicians were delegated and the ALF should have the documentation. Administrator also stated that some Medication Technicians should not be performing delegated tasks as they were in the process of being trained.

This is an uncorrected deficiency previously cited on 12/06/2022.

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) 8.31.23 .

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

Administrator (or Representative)

8.15.23
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Puyallup
Provider Type: Assisted Living Facility
License/Cert.#: 2555
Compliance Determination #: 10456
Intake ID: 37868
Investigator: Carol Gijima
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 06/28/2022 through 12/06/2022
Complainant Contact Date(s):

Allegation(s):

1. Resident dropped to floor during transfer
2. Resident did not receive pain medications
3. Resident has a wound on her foot
4. Resident not receiving showers, teeth are not brushed and not receiving personal hygiene
5.Resident's room smelled of urine
6. Resident did not get food served

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident behaviors
Interviews:	Residents, included named resident Resident representative Staff
Record Reviews:	Resident Characteristic Roster List of residents with wounds Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff records Staff progress notes Medical records (lab reports, H & P summary)' Incident log / reports,

Investigation Summary:

1. Per interviews and document review, resident fell off the sling during a Hoyer transfer. Facility failed to provide necessary training to staff on Hoyer use prior to working with resident. Failed practice identified. See citation in Statement of Deficiency

12/06/2022.
2. Per record review and interviews, resident did not receive her pain medications as ordered. Failed practice identified; no new citations written as ALF is currently out of compliance for medication services. See Statement of Deficiency dated 11/02/2022.
3. Per interview, record review and observation, resident does not currently have a wound on foot. Resident has home health services, and wound has healed. No failed facility practice identified.
4. Per record review, interviews with named resident and her representative and staff, resident is not receiving showers per agreement. Facility failed to provide showers per agreement. Failed facility practice identified. See Statement of Deficiency dated 12/06/2022. Resident appeared well groomed during visit; she stated staff help her with personal grooming. There was not sufficient information to support failed practice regarding personal hygiene.
5. Per observation and interviews during 2 visits, room did not smell; room appeared tidy. There was not sufficient information to support failed practice.
6. Per record review, interviews with residents and staff, there was not sufficient information to either support or refute this allegation.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Puyallup
Provider Type: Assisted Living Facility
License/Cert.#: 2555
Compliance Determination #: 10456
Intake ID: 39584
Investigator: Carol Gijima
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 06/28/2022 through 12/06/2022
Complainant Contact Date(s):

Allegation(s):

1. Staff not qualified to pass medications
2. Residents do not have care plans
3. Resident did not have admission orders, orders do not match the MAR, no medication refills
4. Resident dropped from Hoyer during transfer

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident behaviors
Interviews:	Residents, included named resident Resident representative Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Medication administration records (MAR) Staff records Staff progress notes Medical records (lab reports, H & P summary)' Incident log / reports,

Investigation Summary:

1. Per interviews and record review, unqualified staff were performing delegated tasks without the proper training. Failed practice identified. See Statement of Deficiency dated 12/06/2022.
2. Per interviews and record review of sample residents, care plans were available, facility followed procedure. No failed facility practice identified.
3. Per record review, interviews with residents, resident representatives and staff, the

facility failed to provide medication services for residents. ALF is currently out of compliance for medication services; no additional citations written. See Statement of Deficiency dated 11/02/2022.
4. Per record review, interviews with named resident, resident representatives and staff, resident fell during a Hoyer transfer out of bed. Facility failed to ensure that staff were properly trained on how to transfer the resident using a Hoyer lift. Failed facility practice identified. See Statement of Deficiency dated 12/06/2022.

Conclusion / Action:

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

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 # 10456
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 9	Licensee: Bonaventure of South Hill LLC	12/06/2022

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 06/28/2022 and 11/29/2022 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following complaint number(s): 37868, 36321, 39584

The following sample was selected for review during the unannounced on-site visit: 3 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

12/15/2022
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) 12/31/22 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure staff were properly trained to perform their job responsibilities. This failure resulted in 1 of 2 sample residents (Resident 1) falling to the floor during a Hoyer lift transfer, sustaining rib fractures and a collapsed lung.

Findings Included...

Record review on 06/28/2022 showed Resident 1(R1) was admitted to facility on [redacted]/2021 with diagnosis of [redacted] A negotiated service agreement dated 08/18/2021 showed R1 required a two person Hoyer lift assistance for all transfers to include transfers into the shower chair.

Progress notes reviewed stated on 06/22/2022 R1 "fell off the sling" during a transfer from the bed and hit her back on the floor.

Review of hospital records on 11/20/2022 showed R1 sustained rib fractures and a collapsed lung from the fall.

Review of staff records for Staff B, C, D, F, and I showed no training in the use of a Hoyer lift, or orientation on how to perform their specific job duties.

During an interview on 06/27/2022 at 10:58am, Resident 1's Representative stated R1 is supposed to be transferred with two people but was told by staff that the transfer was done by one staff member. RR1 stated R1 informed her it was one caregiver who did the transfer, not two.

During an interview on 08/18/2022 at 11:10am, Resident 1 stated only one caregiver was transferring her from the bed to the wheelchair when she started to slip out of the Hoyer sling and the caregiver couldn't hold her up, resulting in her falling to the ground and breaking some ribs. R1 stated the sling did not break. R1 stated that the caregiver tried to

catch her but failed and she landed on the floor on her back. R1 stated two caregivers are supposed to transfer her.

During an interview on 06/28/2022 at 11:03am, Staff E stated she was aware of the incident where R1 fell during a Hoyer transfer. When asked if she had received training on how to use a Hoyer lift prior to the incident or after, Staff E stated she was not.

During an interview on 06/28/2022 at 11:35am, Staff F stated she heard R1 fell on the night shift during a Hoyer transfer and sustained rib fractures. Staff F stated she is a two person assist with transfers. When asked if she was trained on how to use a Hoyer lift properly prior to using it or after the incident, Staff F stated she was not.

During an interview on 06/28/2022 at 3:15pm, Staff G stated R1 was a 2 person assist with a Hoyer lift. When asked if she was trained on how to properly use a Hoyer lift prior to using it or after the incident, Staff G stated she was not, and the resident had instructed her on how to use it.

During an interview on 06/28/2022 at 12:40pm, Staff B, Assisted Living Director stated the Hoyer sling broke as it could not hold R1's weight. Staff B stated that the Hoyer sling's weight limit was 350lbs. When asked how much R1 weighed, Staff B stated R1 was over 350lbs but did not have her current weight. When asked if staff were trained on how to use the Hoyer lift, Staff B stated they were. Staff B was not able to provide documentation of training when requested.

During an interview on 07/08/2022 at 12:42pm, Staff H, Registered Nurse stated staff were not trained on proper Hoyer lift use or how to do their jobs.

During an interview on 11/18/2022 at 11:49am, Staff C stated she was never trained on how to use a Hoyer prior to using it. Staff C stated there was no training after the incident on how to use the Hoyer lift.

During an interview on 11/18/2022 at 2:15pm, Staff D stated she was never trained on how to use the Hoyer lift. When asked if staff were trained after the fall incident, Staff D stated she was not.

During an interview on 06/28/2022 at 1:40pm, Staff A, Administrator stated she did not know what happened when R1 fell during a Hoyer lift transfer. Administrator was asked if staff were trained on how to properly use a Hoyer lift, Administrator stated training was during onboarding. When asked for a copy of the onboarding training checklist for employees B, C, D, F, and I, Administrator stated she didn't believe she had the checklist. No training documentation was provided.

Statement of Deficiencies	License #: 2555	Compliance Determination # 10456
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 4 of 9	Licensee: Bonaventure of South Hill LLC	12/06/2022

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) 2/3/2023.

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

Administrator (or Representative) — Date: 12/31/2022

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on interviews and record review the Assisted Living Facility (ALF) failed to investigate circumstances surrounding a resident's fall which resulted in fractures and a collapsed lung during a Hoyer transfer or implement measures to prevent recurrence for 1 of 2 sample residents (Resident 1). This failure placed Resident 1 at risk for decline in health and quality of life.

Findings Included...

Record review on 06/28/2022 showed Resident 1(R1) was admitted to facility on [redacted]/2021 with diagnosis of [redacted] A negotiated service agreement dated 08/18/2021 showed R1 required a two person Hoyer lift assistance with transfers in and out of bed, and into the shower chair.

Progress notes reviewed stated on 06/22/2022 R1 "fell off the sling" during a transfer from the bed and hit her back on the floor.

Review of hospital records on 11/21/2022 showed R1 sustained rib fractures and had a collapsed lung.

Review of the ALF's incident reports did not show an investigation of the fall, the circumstances surrounding the fall, or measures implemented to prevent recurrence.

During an interview on 06/28/2022 at 12:40pm Staff B, Assisted Living Director stated when there was a resident incident such as a fall, the first responder completes an incident report, and she would be responsible for investigating the incident. When asked what the findings were for R1's fall were, Staff B stated that the sling couldn't hold R1's weight as she was over 350lbs. Staff B stated her weight was over the sling's maximum weight. Staff B was not able to provide a copy of the investigation report when asked. When asked what interventions were in place to prevent recurrence, Staff B was not able to provide an answer.

During an interview on 06/28/2022 at 1:40pm Staff A, Administrator stated resident incidents were investigated by Staff B. When asked what the findings for R1's fall with significant injury were, Staff A stated the sling strap broke; no one saw the strap and there was no proof of strap being broken. When asked if an investigation was conducted to determine the cause of the fall, and how to prevent it from happening again, Staff A stated she didn't know, and stated Staff B was responsible for investigating resident incidents.

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) 2/3/23.

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

Administrator (or Representative) — Date: 12/31/2022

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to provide

showers as agreed upon in the Negotiated Service Agreement (NSA) for 1 of 2 residents (Resident 1). This failure placed R1 at risk for skin related infections and a decrease in quality of life.

Findings Included...

Record review on 06/28/2022 showed Resident 1 (R1) was admitted to facility on [redacted]/2021 with diagnosis of [redacted] An NSA dated 08/18/2021 stated R1 was to receive two showers per week requiring a two-person physical assist in using a Hoyer lift for transfers.

The ALF did not have any shower records for review.

During an interview on 06/27/2022 at 10:58am, Resident 1's Representative (RR1) stated R1 was not receiving showers per agreement. RR1 stated R1 was to have two showers per week. RR1 stated R1 "smelled" when they went to visit her. RR1 stated she had complained to the ALF about R1 not getting showers, but nothing was done.

During an interview on 06/28/2022 at 11:35am, Staff F, Caregiver stated R1 did not receive showers because she uses a Hoyer lift, and they cannot get her into the shower. Staff F stated they "sponge bath her."

During an interview on 08/18/2022 at 11:10am, Resident 1 (R1) stated that she did not receive showers. She stated they give her bed baths every third day. R1 stated she has a shower chair that family bought for her to use, but the staff did not use it.

During an interview on 08/18/2022 at 2:15pm, Staff D, Caregiver stated they gave R1 a sponge bath as they were not properly trained on how to use the Hoyer lift to transfer R1. Staff D stated they were told not to give R1 a shower because of the fall incident that resulted in R1 breaking her ribs.

During an interview on 11/18/2022 at 11:49pm, Staff C, Medication Technician stated they do not give R1 showers because they do not have enough staff. Staff C stated that she would not give R1 a shower as she was afraid of transferring R1 to the shower chair using the Hoyer lift.

During an interview on 11/29/2022 at 10:45am, Staff F, Caregiver stated R1's daughter complained about R1 not receiving showers but was not sure what management was doing about it.

During an interview on 11/29/2022 at 10:55am, Staff E, Medication Technician stated R1

received bed baths. When asked why she did not get showers, Staff E stated she was not sure. Staff E stated that she thought it was because R1 did not have a shower chair.

During an interview on 11/29/2022 at 11am, Staff B, Assisted Living Director stated R1 did not receive showers due to safety reasons. When asked what the safety reasons were, Staff B stated R1's shower had a "lip" that made it difficult to get her into the shower. When asked for shower documentation, Staff B stated they do not have documentation for showers as they did not give her showers. When asked for bed bath documentation, Staff B stated they did not have documentation for that either as they chart by exception. Staff B stated she had not been aware that there was a shower problem with R1.

During an interview on 11/29/2022 at 12pm, Staff A, Administrator was asked if there was a reason a resident would not get a shower. Staff A stated not unless residents refuse, they were out of the building, or if there was an emergency. When asked why R1 was not getting showers per agreement, Staff A stated R1 was getting bed baths because of issues transferring her into the shower. When asked what the issues were in transferring R1 into the shower, Staff A stated it took more staff and time to administer her shower, up to two hours. Staff A stated she was not aware that R1 was not getting showers until family complained.

This is a recurring deficiency previously cited on 03/21/2022 and 08/03/2021.

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) 2/3/23.

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

Administrator (or Representative) — Date: 12/31/2022

WAC 388-112A-0550 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when?

(1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must:

(a) Successfully complete the DSHS designated nurse delegation core training, "nurse delegation for nursing assistants & home care aides";

(b) Be one or more of the following:

(ii) Nursing assistant certified under chapter 18.88A RCW;

(2) Before long-term care workers in adult family homes and assisted living facilities may perform the task of insulin injections, the long-term care workers must:

(a) Meet the requirements in subsection (1)(a) and (b) of this section; and

(b) Successfully complete the DSHS designated specialized diabetes nurse delegation training.

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to ensure that all staff were delegated before checking residents' blood sugars or administering insulin for 8 of 8 residents. This failure placed all 8 diabetic residents at risk for serious negative health consequences, inadequate/poor disease management and poor quality of life.

Findings Included...

Record review of staff records on 10/24/2022 and 11/29/2022 showed Staff B had no training on how to perform blood sugar checks and insulin administration, which are delegated tasks. Staff B did not have training to perform medication administration on file.

During an interview on 07/08/2022 at 12:42pm, Staff H, Registered Nurse stated Staff B had no qualification to perform blood sugars, administer insulin or pass medications. Staff H stated Staff A is aware but did nothing and continue to let Staff B work as a medication technician.

During an interview on 10/24/2022 at 11:52am, Staff J, Medication Technician stated staff were not trained to perform their jobs. Staff J stated that unqualified staff were checking residents' blood sugars and administering insulin.

During an interview on 11/29/2022 at 11am, Staff B, Assisted Living Director was asked if she was trained to administer medications, Staff B stated she was. Staff B was asked if she was delegated to perform blood sugar checks and insulin administration, she stated she was. Staff stated she worked as a medication technician the previous week. When asked if she performed blood sugar checks and insulin administration, Staff stated she had. Staff B was notified there was no training to prove she was delegated for the tasks she was performing. Staff B then stated she had been delegated before.

During an interview on 11/29/2022 at 12pm, Staff A, Administrator stated staff were delegated to check blood sugars and administer insulin. When asked for Staff B's delegation training documentation, Staff A stated Staff B was not delegated. When asked why she was performing blood sugars and administering Insulin, Staff A stated she was supposed to get another medication technician to perform delegated tasks.

Statement of Deficiencies	License #: 2555	Compliance Determination # 10456
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 9 of 9	Licensee: Bonaventure of South Hill LLC	12/06/2022

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 12/31/2022