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

01/16/2025

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

RE: Bonaventure of Puyallup # 2555

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 53170 (Completion Date 01/16/2025) and 48615 (Completion Date 11/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
RCW 70.129.110 Disclosure, transfer, and discharge requirements.

(5) The written notice specified in subsection (3) of this section must include the following:

(a) The reason for transfer or discharge;

(b) The effective date of transfer or discharge;

(c) The location to which the resident is transferred or discharged;

(d) The name, address, and telephone number of the state long-term care ombudsman;

The Department staff who did the On Site verification:
Lisa Mason, NCI ALF Licensor

If you have any questions, please contact me at (360)397-9556.

Sincerely,
Jody Just

Jody Just, 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
Intake ID: 147350
Compliance Determination #: 48615
Region/Unit #: RCS Region 3 / Unit D
Investigator: Lisa Mason
Investigation Date(s): 10/11/2024 through 11/15/2024
Complainant Contact Date(s):

Allegation(s):
A resident was discharged.

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size: 1
Observations:	Residents Activities
Interviews:	Nursing staff
Record Reviews:	Medical records

Investigation Summary:
Resident representative interview said they had not received a written notice of discharge. Facility Administrator interview said there was no written discharge notice for the resident. Resident record review did not show documentation about the discharge.

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 # 48615
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 1 of 3	Licensee: Bonaventure of South Hill LLC	11/15/2024

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 complaint investigation on 10/11/2024 and 10/11/2024 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

This document references the following complaint number(s): 147350

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Mason, NCI ALF Licensor

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.

Jody Just
Residential Care Services

11/19/2024
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) — Date 12/5/24

RCW 70.129.110 Disclosure, transfer, and discharge requirements.

(5) The written notice specified in subsection (3) of this section must include the following:

(a) The reason for transfer or discharge;

(b) The effective date of transfer or discharge;

(c) The location to which the resident is transferred or discharged;

(d) The name, address, and telephone number of the state long-term care ombudsman;

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to follow their administrative procedures by providing documented discharge for 1 of 1 Residents (Resident 1[R1]). This failure resulted in mental stress to R1 when they had to relocate to another living environment.

Findings included...

Record review of the facility's policy titled, "Move Out Policy-Washington.doc," revised on 12/2010 showed that staff were to provide a written discharge form and record the reasons in the resident's record.

Resident record review of R1 showed R1 was admitted on [redacted]/2021 with a diagnoses to include [redacted] and [redacted].

On 09/12/2024 at 01:00 PM, an interview with the R1's representative said the facility did not allow R1 r to return to the facility after a hospital visit. Family reported the facility Administrator said due to the increased requirement of R1's one to one feeding (staff feed the entire meal to a resident) facility was unable to provide staffing for this regular assistance.

On 09/12/2024 an interview with the Administrator, Staff A, stated the resident was evaluated at the hospital by the corporate Regional Nurse who determined her care needs had increased, and the facility could not provide them. She said there was no documentation of the assessment and no written discharge notice to the family and that she would recheck with the Regional Nurse.

Record review of Resident 1's records entry of [redacted]/2024 showed R1 was sent to the hospital. No noted documentation of the discharge.

An email received on 10/22/2024 from the Administrator stated the Regional nurse did not document his assessment or the conversation with the family. His primary concern was, she was an ongoing one to one feed verse occasional.

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) 12/31/24 12/5/24 WK.

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

Administrator (or Representative) — Date 12/5/24