



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Bonaventure of Maple Valley LLC
Bonaventure of Maple Valley LLC
23801 228th AVE SE
Maple Valley, WA 98038

RE: Bonaventure of Maple Valley LLC License # 2694

Dear Administrator:

This letter addresses Compliance Determination(s) 64351 (Completion Date 08/25/2025) and 61798 (Completion Date 07/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/25/2025 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-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2620-1-a, WAC 388-78A-2620-1-b, WAC 388-78A-2620-1, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:

Claudia Allis, ALF Licensors
Steven Garrett, LTC Licensors
Jane Hermano, NCI

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2694	Compliance Determination # 61798
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 1 of 6	Licensee: Bonaventure of Maple Valley LLC	07/01/2025

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 06/30/2025 of:

Bonaventure of Maple Valley LLC
23801 228th AVE SE
Maple Valley, WA 98038

This document references the following SOD dated: 07/01/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser
Jane Hermano, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

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.

Laurie Anderson

Residential Care Services

07/11/2025

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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 6 of 6 staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) completed all the required training to perform their job duties and responsibilities. This failure placed all 60 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 05/07/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 06/21/2025.

Review of the facility's personnel records showed the facility hired Staff A, Executive

This document was prepared by Residential Care Services for the Locator website.

Director, on 01/20/2025; Staff B, Assisted Living Assistant Director, on 06/11/2024; Staff C, Caregiver, on 10/11/2024; Staff D, Caregiver, on 08/05/2024; Staff E, MedTech/Caregiver, on 01/30/2024; and Staff F, MedTech/Caregiver, on 08/06/2024.

ORIENTATION AND SAFETY

Review of the facility's personnel records on 06/30/2025 showed no documentation that Staff E completed the required orientation and safety training.

BASIC TRAINING

Review of the facility's personnel records showed no documentation that Staff C, Staff D, and Staff F completed the required 70-hour basic training.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff E, and Staff F completed the required training for CPR training with hands-on skills demonstration and basic first aid.

SPECIALTY TRAINING

A review of the facility's undated Disclosure of Services showed the facility accepted residents with diagnoses of [REDACTED] and [REDACTED].

Review of the facility's undated Resident Characteristic Roster, reviewed on 06/30/2025, showed that there were 16 residents in Assisted Living with a [REDACTED] diagnosis. The roster showed that there were 16 residents in the Secured Memory Care unit with a [REDACTED] diagnosis. The roster showed one resident in the Secured Memory Care unit with a [REDACTED] diagnosis. The roster showed there were three residents in the Secured Memory Care unit with a [REDACTED] diagnosis.

During an interview on 06/30/2025 at 1:45 PM, Staff A, Executive Director, stated that the Assisted Living and Secured Memory Unit Characteristic Rosters were accurate.

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required specialty training for dementia, mental health, and developmental disabilities.

During an interview on 06/30/2025 at 1:40 PM, Staff A stated that they were unaware that Staff E did not complete the required orientation and safety training. Staff A stated that they were unaware that Staff C, Staff D and Staff F did not complete the 70-hour basic training requirements. Staff A stated that they were aware that Staff A, Staff B, Staff C, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid training as of 06/21/2025. Staff A stated that they were aware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F did not complete the required specialty training requirements. Staff A stated that they were aware of the regulation that the approved content of all specialty training be provided by specialty trainers approved of

by the Department of Social and Health Services. Staff A stated that as of 06/30/2025, the facility had not scheduled staff to complete any specialty training for dementia, mental health, and developmental disabilities.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsection (2)(a)(b)(d), and a recurring deficiency previously cited on 03/19/2025 for subsection (2)(a)(b)(d).

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 Maple Valley LLC 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

- (1) Develop, implement and disclose to potential and current residents, policies regarding:
 - (a) The types of pets that are permitted in the assisted living facility; and
 - (b) The conditions under which pets may be in the assisted living facility.
- (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 interview and record review, the facility failed to ensure 1 of 1 pet (Pet 5, cat) that resided in the facility was current with vaccinations and examinations, as required. This failure placed all 60 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 05/07/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 06/21/2025.

Review of the facility's undated Disclosure of Services document showed the facility permitted pets with the condition that pets must have regular veterinarian examinations and immunizations, appropriate for the species, and must be free of diseases transmissible to humans.

Review of the facility policy document titled, "Pet Policy", dated July 2011, showed that pets must be properly vaccinated and free from disease and fleas. The document showed that records of all immunizations needed to be kept in the resident administrative file.

Review of the facility's pet records on 06/30/2025 showed no veterinarian certification that Pet 5 was free of diseases transmittable to humans. The record showed Pet 5 was due for a health examination on 02/06/2025. The records showed Pet 5 was due for the Rabies vaccine on 02/21/2025. There were no records that showed Pet 5 received any updated health examination and vaccinations.

During an interview on 06/30/2025 at 9:42 AM, Staff O, Receptionist, stated they were designated to maintain the pet records. Staff O reviewed the list and identified two pets that were owned by assisted living residents and resided in the apartment. Staff O stated that they were unaware that Pet 5's record showed no updated document for vaccination, examination or certification from the veterinarian that verified Pet 5 was free of diseases transmittable to human, as required.

This is an uncorrected deficiency previously cited on 05/07/2025 for subsections (1)(a)(b) and (2)(a)(b), and a recurring deficiency previously cited on 03/19/2025 for subsections (1)(a)(b) and (2)(a)(b).

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 Maple Valley LLC 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License # 2694	Compliance Determination #58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 1 of 14	Licensee: Bonaventure of Maple Valley LLC	05/07/2025

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 05/05/2025 and 05/06/2025 of:

Bonaventure of Maple Valley LLC
23801 228th AVE SE
Maple Valley, WA 98038

This document references the following SOD dated: 05/07/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 59 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 2694	Compliance Determination #53989
Plan of Correction	Benaventura of Maple Valley LLC	Completion Date
Page 2 of 14	Licenses: Benaventura of Maple Valley LLC	05/07/2025

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.

Kimberley Ripley
Residential Care Services

05-15-2025

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.

[Signature]
Administrator (or Representative)

5-5-25
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues;

(c) Consistent with the resident's change of condition as specified in WAC 388-78A-2120;

(d) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk for a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

Review of the Department's "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

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.

Kimberley Ripley

Residential Care Services

05-15-2025

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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview, and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk for a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

Review of the Department's "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

This document was prepared by Residential Care Services for the Locator website.

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED]/2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

[REDACTED] and [REDACTED]
[REDACTED]

Review of Resident 1's assessment, dated 03/14/2025, showed no documentation of Resident 1's current prescribed medications and any potential side effects of the medications.

RESIDENT 2

Review of Resident 2's "Resident Information" document showed the facility admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's records showed multiple diagnoses which included [REDACTED] and [REDACTED]

Resident 2's assessment, dated 03/21/2025, showed no documentation of Resident 2's current prescribed medications and any potential side effects of the medications.

RESIDENT 3

Review of Resident 3's "Resident Information" document showed the facility admitted Resident 3 on [REDACTED]/2024. Review of Resident 3's record showed multiple diagnoses which included [REDACTED] and [REDACTED]

Review of Resident 3's assessment, dated 03/27/2025, showed no documentation of Resident 3's current prescribed medications and any potential side effects of the medications.

RESIDENT 5

Review of Resident 5's information documents showed the facility admitted Resident 5 on [REDACTED]/2024. The records showed Resident 5 admitted with diagnoses including [REDACTED]

[REDACTED] and [REDACTED]
[REDACTED]

Review of Resident 5's assessment, dated 09/11/2024, showed no documentation of Resident 5's signs and symptoms related to hypertension and chronic obstructive pulmonary disease. The records showed no documentation of Resident 5's current prescribed medications and any potential side effects of the medications.

RESIDENT 6

Review of Resident 6's information documents showed the facility admitted Resident 6 on [REDACTED] /2024. The records showed Resident 6 admitted with diagnoses including [REDACTED] and [REDACTED].

Review of Resident 6's assessment, dated 05/06/2025, showed no documentation of Resident 6's current prescribed medication with blood thinning properties and any potential side effects of the medication.

RESIDENT 7

Review of Resident 7's information documents showed the facility admitted Resident 7 on [REDACTED] /2024. The records showed Resident 7 admitted with diagnoses including [REDACTED] and [REDACTED].

Review of Resident 7's assessment, dated 06/27/2024, showed no documentation of Resident 7's signs and symptoms related to auditory hallucinations, hypertension, and osteoarthritis. The records showed no documentation of Resident 7's current prescribed medications and any potential side effects of the medications.

RESIDENT 8

Review of Resident 8's information documents showed that the facility admitted Resident 8 on [REDACTED] /2024. The records showed Resident 8 admitted with diagnoses including [REDACTED] and [REDACTED].

Review of Resident 8's assessment, dated 04/08/2025, showed Resident 8 independently managed and administered their own medications. The records showed no documentation of Resident 8's current prescribed medications and any potential side effects of the medications.

RESIDENT 9

Review of Resident 9's information documents showed the facility admitted Resident 9 on [REDACTED] 2024. The records showed Resident 9 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 9's assessment, dated 09/18/2024, showed no documentation of Resident 9's signs and symptoms related to dementia and rheumatoid arthritis. The records showed no documentation of Resident 9's current prescribed medications and any potential side effects of the medications.

Statement of Deficiencies	License # 2694	Compliance Determination # 58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 5 of 14	Licenses: Bonaventure of Maple Valley LLC	05/07/2025

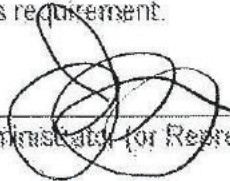
RESIDENT 10

Review of Resident 10's information documents showed that the facility admitted Resident 10 on [REDACTED] 2024. The records showed Resident 10 admitted with diagnoses including [REDACTED] and [REDACTED].

Review of Resident 10's assessment, dated 09/18/2024, showed no documentation of Resident 10's current prescribed psychotropic or behavioral medications and any potential side effects of the medications.

During an interview on 05/06/2025 at 12:20 PM, Staff B, Assisted Living Director, stated that the resident assessments were completed by Staff M, RN/Nurse Consultant, on a quarterly basis. Staff B stated that the assessments were completed within the electronic documentation system format. Staff B stated that they thought the facility electronic documentation system used the required assessment comprehensive components.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (2)(a)(b)(i)(ii).

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>6-21-25</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>5-25-25</u> _____ Date

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the facility failed to ensure 1 of 1 resident's (Resident 10) bed rail, attached to the resident's bed, was safely secured and free of entrapment hazards. This failure placed Resident 10 at risk of harm or injury.

RESIDENT 10

Review of Resident 10's information documents showed that the facility admitted Resident 10 on [REDACTED] /2024. The records showed Resident 10 admitted with diagnoses including [REDACTED]

and [REDACTED]

Review of Resident 10's assessment, dated 09/18/2024, showed no documentation of Resident 10's current prescribed psychotropic or behavioral medications and any potential side effects of the medications.

During an interview on 05/06/2025 at 12:20 PM, Staff B, Assisted Living Director, stated that the resident assessments were completed by Staff M, RN/Nurse Consultant, on a quarterly basis. Staff B stated that the assessments were completed within the electronic documentation system format. Staff B stated that they thought the facility electronic documentation system used the required assessment comprehensive components.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (2)(a)(b)(i)(ii).

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 Maple Valley LLC 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-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the facility failed to ensure 1 of 1 resident's (Resident 10) bed rail, attached to the resident's bed, was safely secured and free of entrapment hazards. This failure placed Resident 10 at risk of harm or injury

from the use of unsafe medical equipment.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

Review of Resident 10's undated Face Sheet showed the facility admitted Resident 10 on [REDACTED] 2024.

Review of Resident 10's assessment, dated 09/18/2024, showed that Resident 10 ambulated with the use of a four-wheeled walker. The document showed Resident 10 used a side bedrail for assistance with positioning while in bed. Review of Resident 10's bedrail assessment, dated 04/15/2025, showed Resident 10 was able to safely use the bedrail.

Observation of Resident 10's room on 05/06/2025 at 10:36 AM, showed a U-shaped quarter-length siderail, otherwise referred to as a bed cane, at the top right side of Resident 10's bed. Observation showed the bed cane was fully raised. The bed cane showed an open space that was 10 inches wide with an eight-inch gap between the vertical bars between the bed cane handle and a detachable pouch organizer. Observation showed the bed cane shifted when moved with minimal effort, which created a gap approximately four inches wide, between the mattress and bed cane. Observation showed the bed cane's metal base was placed between the mattress and box spring. The bed cane was not securely attached to the bed frame.

During an interview on 05/06/2025 at 10:38 AM, Staff D, Caregiver, stated that Resident 10 independently used the bedrail to get out of bed.

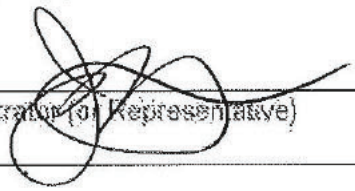
This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (1).

Statement of Deficiencies	License #: 2694	Compliance Determination # 58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 7 of 14	Licenses: Bonaventure of Maple Valley LLC	05/07/2025

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 6-21-25

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


Administrator (or Representative)

5-25-25
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(c) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure nurse delegation documentation for 1 of 10 residents (Resident 2) was completed, as required. This failure placed Resident 2 at risk for receiving medication services and care from unqualified staff.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

NOTE: Registered nurse (RN) delegation means an RN transfers the performance of selected nursing care tasks, usually performed by licensed nurses, to competent

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 Maple Valley LLC 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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure nurse delegation documentation for 1 of 10 residents (Resident 2) was completed, as required. This failure placed Resident 2 at risk for receiving medication services and care from unqualified staff.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

NOTE: Registered nurse (RN) delegation means an RN transfers the performance of selected nursing care tasks, usually performed by licensed nurses, to competent

nursing assistants or home care aides in selected situations. The RN delegating the task retains the responsibility and accountability for the nursing care of the resident. The Revised Code of Washington (RCW) 18.79.260 Registered Nurse – Activities allowed – Delegation of tasks showed supervision and evaluation shall occur at least every ninety days. RCW 18.79.260 (a) – (i)(ii)(iii)(iv) Registered nurse – Activities allowed – Delegation of tasks showed a registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. The delegating nurse shall: determine the competency of the individual to perform the task; evaluate the appropriateness of the delegation; supervise the actions of the person performing the delegated tasks; and delegate only those tasks that are within registered nurse's scope of practice.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [REDACTED]/2024.

Review of Resident 2's assessment, dated 09/20/2024, showed Resident 2 admitted with a diagnosis of [REDACTED]. Review of the records showed that Resident 2 did not require nurse delegation for medication administration and diabetes management services.

Review of Resident 2's service plan and agreement, dated 04/22/2025, showed that facility staff performed fingerstick glucose monitoring checks, as needed. The plan showed the fingerstick process was needed due to Resident 2's frequent removal of a continuous glucose monitor (CGM) as well as the frequent malfunctions of the CGM.

Review of Resident 2's records showed a physician's order, dated 04/17/2025, documented that Resident 2's insulin injections were discontinued. Review of Resident 2's April 2025 progress notes showed documentation that until 04/18/2025, facility staff administered Resident 2's insulin (an injectable diabetic medication). The progress notes showed that staff administered Resident 2's insulin for December 2024, January 2025, February, March 2025, and April 2025. The progress notes showed no documentation that any staff were ever delegated to administer the insulin injections and perform fingerstick glucose checks. There was no documentation that showed Resident 2 was assessed to need nurse delegation. There was no record that showed any staff were delegated to administer Resident 2's insulin. There was no documentation that showed any facility staff received any delegation training.

During an interview on 05/06/2025 at 2:20 PM, Staff A, Executive Director, stated that they were aware of the requirements for nurse delegated services. Staff N, Assistant Executive Director, stated that they were aware that the facility was accountable for the delivery of nurse delegated services. Staff A stated that they were unaware that nurse delegation services for Resident 2 were not initiated and continued, as required.

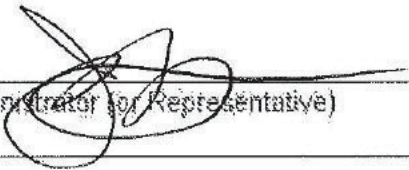
This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (1)(a)(b), and (3)(c)(d).

Statement of Deficiencies	License # 2694	Compliance Determination # 58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) 6-21-25.

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


Administrator (or Representative)

5-25-25
Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 6 of 8 staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) completed all the required training to perform their job duties and responsibilities. This failure placed all 69 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/20/2025; Staff B, Assisted Living Assistant Director, on 06/11/2024; Staff C, Caregiver, on 10/11/2024; Staff D, Caregiver, on 08/05/2024; Staff E, MedTech/Caregiver, on 01/30/2024; and Staff F, MedTech/Caregiver, on 08/06/2024.

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 Maple Valley LLC 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-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 6 of 6 staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) completed all the required training to perform their job duties and responsibilities. This failure placed all 59 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/20/2025; Staff B, Assisted Living Assistant Director, on 06/11/2024; Staff C, Caregiver, on 10/11/2024; Staff D, Caregiver, on 08/05/2024; Staff E, MedTech/Caregiver, on 01/30/2024; and Staff F, MedTech/Caregiver, on 08/06/2024.

This document was prepared by Residential Care Services for the Locator website.

ORIENTATION AND SAFETY

Review of the facility's personnel records on 05/05/2025 showed no documentation that Staff A and Staff E completed the required orientation and safety training.

During an interview on 05/05/2025 at 12:40 PM, Staff N, Assistant Executive Director, stated that they were unaware that Staff A and Staff E had not completed the required orientation and safety training requirements.

BASIC TRAINING

Review of the facility's personnel records showed no documentation that Staff C, Staff D, and Staff F completed the required 70-hour basic training.

During an interview on 05/05/2025 at 12:45 PM, Staff N stated that they were unaware that Staff C, Staff D, and Staff E did not complete the 70-hour basic training requirements.

SPECIALTY TRAINING

A review of the facility's undated Disclosure of Services showed the facility accepted residents with diagnoses of [REDACTED] and [REDACTED].

Review of the undated Resident Characteristic Roster, reviewed on 05/05/2025, showed that there were 16 residents in the Assisted Living quarters with [REDACTED] diagnoses. The roster showed that there were 16 residents in the Secured Memory Care unit with [REDACTED] diagnoses. The roster showed that one resident in the Secured Memory Care unit with a [REDACTED] diagnosis. The roster showed there were two residents in the Secured Memory Care unit with [REDACTED] diagnoses.

During an interview on 05/05/2025 at 10:25 AM, Staff N stated that the Assisted Living and Secured Memory Unit Characteristic Rosters were accurate.

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required specialty training for dementia, mental health, and developmental disabilities.

During an interview on 05/05/2025 at 12:45 PM, Staff A, Executive Director, stated that they were unaware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F did not complete the required specialty training requirements. Staff A stated that they were unaware of the regulatory requirements for approved content to be provided by DSHS approved specialty trainers.

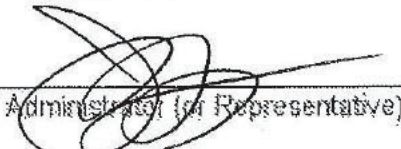
CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

Statement of Deficiencies	License # 2694	Compliance Determination # 58989
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Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required training for CPR training with hands-on skills demonstration and basic first aid.

During an interview on 05/05/2025 at 12:35 PM, Staff N stated that they were unaware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid training.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (2)(a)(b)(d).

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>6-21-25</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>5-25-25</u> Date

WAC 366-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times, and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure 2 of 2 sinks (secured memory care unit common bathroom and second floor common bathroom) maintained hot water temperatures between 105 degrees and 120 degrees Fahrenheit (F), as required. These failures resulted in water temperatures that were below 105 degrees and placed all 69 residents at risk for diminished quality of life.

Findings included...

Review of the Department's "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required training for CPR training with hands-on skills demonstration and basic first aid.

During an interview on 05/05/2025 at 12:35 PM, Staff N stated that they were unaware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid training.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (2)(a)(b)(d).

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 Maple Valley LLC 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-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure 2 of 2 sinks (secured memory care unit common bathroom and second floor common bathroom) maintained hot water temperatures between 105 degrees and 120 degrees Fahrenheit (F), as required. These failures resulted in water temperatures that were below 105 degrees and placed all 59 residents at risk for diminished quality of life.

Findings included...

Review of the Department's "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

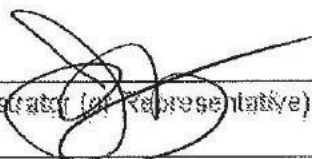
Statement of Deficiencies	License # 2694	Compliance Determination # 58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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Observation on 05/05/2025 showed that at 10:25 AM, the hot water temperature in the secured memory care unit common bathroom sink measured 78.8 degrees F. At 10:40 AM, observation showed the hot water temperature in the second-floor common bathroom sink, by the activity room, next to the mechanical room, measured 72.2 degrees F.

Observation on 05/06/2025 showed that at 9:33 AM the hot water temperature in the secured memory care unit common bathroom sink measured 74.8 degrees F. At 9:45 AM, observation showed the hot water temperature in the second-floor common bathroom sink, by the activity room, next to the mechanical room, measured 64.2 degrees F.

During an interview on 05/05/2025 at 11:15 AM, Staff A, Executive Director/Administrator, stated that they were aware of the hot water temperature requirements. Staff A stated that they were unaware that some of the facility sinks hot water temperature readings were not meeting regulatory requirements.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (6).

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>6-21-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>5-25-25</u> Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(1) Develop, implement and disclose to potential and current residents, policies regarding:

(a) The types of pets that are permitted in the assisted living facility; and

(b) The conditions under which pets may be in the assisted living facility.

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations appropriate for the species, by a

Observation on 05/05/2025 showed that at 10:25 AM, the hot water temperature in the secured memory care unit common bathroom sink measured 78.8 degrees F. At 10:40 AM, observation showed the hot water temperature in the second-floor common bathroom sink, by the activity room, next to the mechanical room, measured 72.2 degrees F.

Observation on 05/06/2025 showed that at 9:33 AM the hot water temperature in the secured memory care unit common bathroom sink measured 74.8 degrees F. At 9:45 AM, observation showed the hot water temperature in the second-floor common bathroom sink, by the activity room, next to the mechanical room, measured 94.2 degrees F.

During an interview on 05/05/2025 at 11:15 AM, Staff A, Executive Director/Administrator, stated that they were aware of the hot water temperature requirements. Staff A stated that they were unaware that some of the facility sinks hot water temperature readings were not meeting regulatory requirements.

This is an uncorrected deficiency previously cited on 03/19/2025 for subsection (6).

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 Maple Valley LLC 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(1) Develop, implement and disclose to potential and current residents, policies regarding:

- (a) The types of pets that are permitted in the assisted living facility; and
- (b) The conditions under which pets may be in the assisted living facility.

(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 observation, interview, and record review, the facility failed to ensure 1 of 1 pet (Pet 4, cat) that resided in the facility were current with vaccinations and examinations, as required. This failure placed all 59 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 03/19/2025. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/01/2025.

Review of the facility's undated Disclosure of Services document showed the facility permitted pets with the condition stated that pets must have regular veterinarian examinations and immunizations, appropriate for the species, and must be free of diseases transmissible to humans.

Review of the facility policy document titled, "Pet Policy", dated July 2011, showed that pets must be properly vaccinated and free from disease and fleas. The document showed that records of all immunizations needed to be kept in the resident administrative file.

Observation in the apartment where Pet 4 lived on 05/05/2025 at 10:46 AM, showed Pet 4, rubbed against the legs of their owner and visitor. During an interview at this time, the pet owner stated that the cat stayed in the apartment. The pet owner stated that Pet 4's veterinarian kept all of Pet 4's health records. The pet owner stated that they were unaware Pet 4's current vaccination records must be maintained on file at the facility.

During an interview and observation on 05/05/2025 at 11:02 AM, Staff O, Receptionist, stated they were recently designated to maintain the pet records. Staff O reviewed the list and stated that all 10 pets listed in the pet binder were owned by independent living residents. Staff O stated that only one pet was owned by an assisted living resident and resided in the apartment. Staff O stated that the pet was not included on the list. Staff O stated that there was no documentation of any records for vaccination, examination or certification from the veterinarian that verified Pet 4 was free of diseases transmittable to human, as required.

Statement of Deficiencies	Licenses # 2694	Compliance Determination # 58989
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 14 of 14	Licenses: Bonaventure of Maple Valley LLC	05/07/2025

This is an uncorrected deficiency previously cited on 03/10/2025 for subsections (1)(a)(b) and (2)(a)(b).

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 6-21-25

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

Administrator (or Representative)

5-25-25
Date

This is an uncorrected deficiency previously cited on 03/19/2025 for subsections (1)(a)(b) and (2)(a)(b).

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 Maple Valley LLC 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 2694	Compliance Determination #55698
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 1 of 38	Licensee: Bonaventure of Maple Valley LLC	03/19/2025

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 03/05/2025 and 03/10/2025 of:

Bonaventure of Maple Valley LLC
23801 228th AVE SE
Maple Valley, WA 98038

The following sample was selected for review during the unannounced on-site visit: 10 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licenser
Steven Garrett, LTC Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55536
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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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.

Laurie Anderson

Residential Care Services

03/19/2025

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)

3-28-25
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues;

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED] 2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

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.

Laurie Anderson

Residential Care Services

03/19/2025

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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED]/2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

This document was prepared by Residential Care Services for the Locator website.

[REDACTED] and [REDACTED]
[REDACTED].

Review of Resident 1's initial assessment, dated 06/25/2024, showed a Mini-Mental State Examination (MMSE: a standardized screening test used to evaluate thinking and detect possible impairments) was to be completed initially and annually. The records showed no documentation that anyone screened Resident 1 for dementia. The records showed no documentation that anyone completed Resident 1's MMSE. The records showed no documentation of Resident 1's current prescribed medications and any potential side effects of the medications.

RESIDENT 2

Review of Resident 2's "Resident Information" document showed the facility admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's records showed multiple diagnoses which included [REDACTED] and [REDACTED].

Review of Resident 2's undated pre-admission assessment showed documentation that Resident 2 had a history of depression and auditory hallucinations. The assessment showed no history of any verbal and physical aggression or abusive behaviors.

Review of Resident 2's assessment, dated 09/10/2024, showed Resident 2 had memory impairment, which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 2's MMSE. The records showed no documentation of Resident 2's current prescribed medications and any potential side effects of the medications.

RESIDENT 3

Review of Resident 3's "Resident Information" document showed the facility admitted Resident 3 on [REDACTED]/2024. Review of Resident 3's record showed multiple diagnoses which included [REDACTED] and [REDACTED].

Review of Resident 3's initial assessment, dated 11/15/2024, showed the facility provided medication assistance which included ordering, storage, and assistance with taking medications. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 3's MMSE. The records showed no documentation of Resident 3's current prescribed medications and any potential side effects of the medications.

RESIDENT 5

Review of Resident 5's "Resident Information" document showed the facility admitted Resident 5 on [REDACTED]/2024. The records showed Resident 5 admitted with a diagnosis of [REDACTED] and [REDACTED].

[REDACTED]

Review of Resident 5's assessment, dated 09/11/2024, showed documentation that Resident 5 had memory impairment which included poor recall of recent events and decreased orientation to time. The records showed an MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 3's MMSE. The records showed no documentation of Resident 5's current prescribed medications and any potential side effects of the medications.

RESIDENT 6

Review of Resident 6's "Resident Information" document showed the facility admitted Resident 6 on [REDACTED] /2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's pre-move in evaluation, dated 11/20/2024, showed no documentation that anyone screened Resident 6 for dementia. The records showed no documentation of Resident 6's current prescribed medications and any potential side effects of the medications.

RESIDENT 7

Review of Resident 7's "Resident Information" document showed the facility admitted Resident 7 on [REDACTED] /2024. The records showed Resident 7 admitted with a diagnosis of [REDACTED].

Review of Resident 7's assessment, dated 06/27/2024, showed documentation that Resident 7 had memory impairment which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 7's MMSE. The records showed no documentation of Resident 7's current prescribed medications and any potential side effects of the medications.

RESIDENT 8

Review of Resident 8's "Resident Information" document showed that the facility admitted Resident 8 on [REDACTED] /2024. The records showed Resident 8 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 8's pre-move in evaluation, dated 11/24/2024, showed Resident 8 independently managed and administered their own medications. The records showed no documentation of Resident 8's current prescribed medications and any potential side effects of the medications.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55598
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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RESIDENT 9

Review of Resident 9's "Resident Information" document showed that the facility admitted Resident 9 on [REDACTED] 2024. The records showed Resident 9 admitted with a diagnosis of [REDACTED]

Review of Resident 9's assessment, dated 09/18/2024, showed that Resident 9 had memory impairment and a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 9's MMSE. The records showed no documentation of Resident 9's current prescribed medications and any potential side effects of the medications.

RESIDENT 10

Review of Resident 10's Face Sheet showed the facility admitted Resident 10 on [REDACTED] 2024. The sheet showed Resident 10 admitted with diagnoses of [REDACTED] and [REDACTED]

Review of Resident 10's assessment, dated 09/18/2024, showed documentation that Resident 10 had memory impairment which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 10's MMSE. The records showed no documentation of Resident 10's current prescribed medications and any potential side effects of the medications.

During an interview on 03/07/2025 at 2:20 PM, Staff G, Regional Director of Operations, stated that the facility utilized an electronic documentation system. Staff G stated that they were unaware the comprehensive elements required in resident assessments were not completed. Staff G stated that they thought the facility electronic documentation system used the required assessment comprehensive components.

#1

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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


Administrator (or Representative)

3-28-25
Date

RESIDENT 9

Review of Resident 9's "Resident Information" document showed that the facility admitted Resident 9 on [REDACTED]/2024. The records showed Resident 9 admitted with a diagnosis of [REDACTED].

Review of Resident 9's assessment, dated 09/18/2024, showed that Resident 9 had memory impairment and a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 9's MMSE. The records showed no documentation of Resident 9's current prescribed medications and any potential side effects of the medications.

RESIDENT 10

Review of Resident 10's Face Sheet showed the facility admitted Resident 10 on [REDACTED]/2024. The sheet showed Resident 10 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 10's assessment, dated 09/18/2024, showed documentation that Resident 10 had memory impairment which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 10's MMSE. The records showed no documentation of Resident 10's current prescribed medications and any potential side effects of the medications.

During an interview on 03/07/2025 at 2:20 PM, Staff G, Regional Director of Operations, stated that the facility utilized an electronic documentation system. Staff G stated that they were unaware the comprehensive elements required in resident assessments were not completed. Staff G stated that they thought the facility electronic documentation system used the required assessment comprehensive components.

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 Maple Valley LLC 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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 10 residents (Resident 6, Resident 7, and Resident 10) or their representatives and a facility representative signed their Resident Service Plan, at least annually. This failure placed Resident 6, Resident 7, and Resident 10 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

RESIDENT 6

Review of Resident 6's information document showed that the facility admitted Resident 6 on [REDACTED]/2024. Review of Resident 6's Resident Service Plan (equivalent to negotiated service agreement), dated 02/05/2025, showed no signature from the resident, the resident's representative or the facility representative.

During an interview on 03/10/2025 at 10:15 AM, Resident 6 stated that they received care and services which included help with medications, showers, and housekeeping. Resident 6 stated that the facility did not provide them with a copy of the Resident Service Plan to review. Resident 6 stated that they did not sign and date any Resident Service Plan to acknowledge agreement of the plan.

Resident 7

Review of Resident 7's information document showed that the facility admitted Resident 7 on [REDACTED]/2024. Review of Resident 7's Resident Service Plan, dated 05/20/2024, showed no signature from the resident or the resident's representative.

During an interview on 03/10/2025 at 10:28 AM, Resident 7 stated that they received care and services which included help with medications and housekeeping. Resident 7 stated that the facility did not provide them with a copy of the Resident Service Plan for review. Resident 7 stated that they did not sign and date any Resident Service Plan to acknowledge agreement of the plan.

RESIDENT 10

Review of Resident 10's information document showed that the facility admitted Resident 10 on [REDACTED]/2024. Review of Resident 10's Resident Service Plan, dated

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02/20/2025, showed no signature from the resident or the resident's representative.

During an interview on 03/06/2025 at 2:50 PM, Staff G, Regional Director of Operations, stated that they were aware the Resident Service Plans required signatures from the resident, or the resident's representative, and a facility representative, at least annually. Staff G stated that they were unaware that some of the Resident Service Plans were not signed by residents, or the resident's representative, or a facility representative, as required.

#2

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-1-25</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
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WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed ensure 2 of 2 resident's (Resident 1 and Resident 10) bed rails, attached to the resident's bed, were free of entrapment hazards. This failure placed Resident 1 and Resident 10 at risk of harm or injury from the use of unsafe medical equipment.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED] 2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

Review of Resident 1's assessment, dated 09/20/2024, showed that Resident 1 used a side bed rail for assistance with positioning while in bed.

02/20/2025, showed no signature from the resident or the resident's representative.

During an interview on 03/06/2025 at 2:50 PM, Staff G, Regional Director of Operations, stated that they were aware the Resident Service Plans required signatures from the resident, or the resident's representative, and a facility representative, at least annually. Staff G stated that they were unaware that some of the Resident Service Plans were not signed by residents, or the resident's representative, or a facility representative, as required.

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

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed ensure 2 of 2 resident's (Resident 1 and Resident 10) bed rails, attached to the resident's bed, were free of entrapment hazards. This failure placed Resident 1 and Resident 10 at risk of harm or injury from the use of unsafe medical equipment.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED]/2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

Review of Resident 1's assessment, dated 09/20/2024, showed that Resident 1 used a side bed rail for assistance with positioning while in bed.

Observation of Resident 1's room on 03/07/2025 at 11:36 AM, showed a quarter siderail, otherwise referred to as a bed cane, at the top right side of Resident 1's bed. Observation showed the bed cane was in the raised position. The bed cane showed an uncovered open space that was 10 inches wide with an eight-inch gap between the vertical rail bars. The right-side rail was not securely attached to the bed frame. The right-side bed rail showed an approximate seven-inch gap between the side rail and the mattress.

During an interview on 03/09/2025 at 12:36 PM, Staff M, Caregiver, stated that Resident 1 was unable to independently move the side rail. Staff M stated that Resident 1 had short-term memory deficits and was unaware of when to call for staff assistance.

RESIDENT 10

Review of Resident 10's Face Sheet showed the facility admitted Resident 10 on [REDACTED]/2024. The sheet showed Resident 10 admitted with multiple diagnoses which included [REDACTED].

Review of Resident 10's assessment, dated 09/18/2024, showed that Resident 10 ambulated with the use of a four-wheeled walker. The document showed Resident 10 used a side bed rail for assistance with positioning while in bed.

Observation of Resident 10's room on 03/07/2025 at 1:36 PM, showed a quarter siderail, otherwise referred to as a bed cane, at the top right side of Resident 10's bed. Observation showed the bed cane was in the raised position. The bed cane showed an uncovered open space that was 10 inches wide with an eight-inch gap between the vertical rail bars. The right-side rail was not securely attached to the bed frame. The right-side bed rail showed an approximately four-inch gap between the side rail and the mattress.

During an interview on 03/07/2025 at 1:36 PM, Staff G, Regional Director of Operations, stated that Resident 10 was not assessed for the ability to safely use a bedrail. Staff G stated that Resident 10's bedrail was not checked by facility maintenance to ensure that the bed rail was safely installed.

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(Date) 5-1-25

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


Administrator (or Representative)

3-28-25
Date

WAC 388-70A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
 - (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
 - (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;
 - (d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan, and
 - (e) Other information determined necessary by the assisted living facility.
- (4) The plan for family assistance with medications or treatments must be signed and dated by:
- (a) The resident, if able;
 - (b) The resident's representative, if any;
 - (c) The resident's family member responsible for implementing the plan; and
 - (d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Plan/Attestation Statement

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(Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

- (a) By name, the family member who will provide the medication or treatment assistance or administration;
- (b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;
- (c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;
- (d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and
- (e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

- (a) The resident, if able;
- (b) The resident's representative, if any;
- (c) The resident's family member responsible for implementing the plan; and
- (d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to ensure 1 of 1 sampled resident (Resident 8) had a written plan for family assistance with medication management. This failure placed Resident 8 at risk for unmet medication care needs.

Findings included...

Review of the facility's undated Disclosure of Services document showed that the facility permitted family assistance with residents' medication services. Review of the facility's undated characteristics roster showed that Resident 8 received family assistance with their medication services.

During an interview on 03/05/2025 at 11:29 AM, Staff G, Regional Director of Operations, and Staff B, Assisted Living Director, stated that the facility permitted residents' families to assist with their medication management services. Staff G and Staff B stated that they were unaware of the family plan requirements for family assistance with resident's medication management services.

Review of Resident 8's information document showed that the facility admitted Resident 8 on [REDACTED]/2024. Review of Resident 8's Pre-Move In Evaluation (equivalent to preadmission assessment), dated 11/24/2024, showed that Resident 8 was assessed to be independent with their medication management. The document showed that the family assisted with the ordering and delivery of Resident 8's medications.

During an interview on 03/10/2025 at 10:40 AM, Resident 8 stated that their family assisted with the ordering and delivery of their medication. Resident 8 stated that they kept their medications secured in their room.

Review of Resident 8's records showed no documentation of any family plan for the assistance with medication management services. The records showed no list of family members involved with the medication assistance services, no description of the assistance with Resident 8's medication services, and no alternative plan if the family member was unable to fulfill the duties in the primary plan for medication assistance. The records showed no signature and date by the resident, the resident's representative or family member responsible for putting the medication service plan in effect, or by a representative of the facility, as required.

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(Date) 5-1-25

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


Administrator (or Representative)

3-28-25

Date

WAC 246-215-02115 Duties Person in charge (FDA Food Code 2-103.11). The person in charge shall ensure that:

(7) employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices, properly scaled and calibrated as specified under WAC 246-215-04220 and 246-215-04580 (2);

(9) employees are properly maintaining the temperatures of time/temperature control for safety food during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures;

(11) employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing;

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure safe food practices were followed in 1 of 1 kitchen (main kitchen) that provided meal preparation and service to all residents. This failure placed all 66 residents at risk of potential foodborne illnesses.

Findings included...

Note: per WAC 246-215-04575 Equipment-Warewashing equipment, determining chemical sanitizer concentration (FDA Food Code 4-501.116). Concentration of the

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Date

WAC 246-215-02115 Duties Person in charge (FDA Food Code 2-103.11). The person in charge shall ensure that:

(7) employees are properly cooking time/temperature control for safety food, being particularly careful in cooking those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated as specified under WAC 246-215-04220 and 246-215-04580 (2);

(9) employees are properly maintaining the temperatures of time/temperature control for safety food during hot and cold holding through daily oversight of the employees' routine monitoring of food temperatures;

(11) employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing;

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure safe food practices were followed in 1 of 1 kitchen (main kitchen) that provided meal preparation and service to all residents. This failure placed all 66 residents at risk of potential foodborne illnesses.

Findings included...

Note: per WAC 246-215-04575 Equipment-Warewashing equipment, determining chemical sanitizer concentration (FDA Food Code 4-501.116). Concentration of the

sanitizing solution must be accurately determined by using a test kit or other device.

SANITIZING SOLUTION

Observation in the main kitchen on 03/06/2025 at 9:25 AM, showed a red bucket filled with sanitizing solution on the floor next to the cooking station. During an interview at this time, Staff J, Cook, stated that they were unaware of any test kit used to check the effectiveness of the sanitizing solution. Staff J stated that there was no schedule for staff to check the effectiveness of the sanitizing solution or change the sanitizing solution in the buckets. Staff J stated that there was no log used to document the effectiveness of the sanitizing solution or when the sanitizing solution was changed.

Observation in the main kitchen on 03/06/2025 at 11:00 AM, showed Staff J prepared food for lunch. Observation showed Staff J placed pans of food they removed from the oven onto the shelf counter of the preparation station. Without sanitizing the shelf counter of the preparation station, Staff J placed cooked grilled sandwiches for the memory care residents' lunches on the same shelf counter.

Review of the kitchen records showed no documentation of how staff monitored the sanitizing effectiveness or changed the sanitizing solution used in the main kitchen.

During an interview on 03/06/2025 at 9:35 AM, Staff K, Server, stated that the red sanitizing buckets were filled with pre-mixed sanitizing solution from their chemical supplier. Staff K stated that they were unaware of the process to monitor or document the effectiveness of the sanitizing solution, or when to change the sanitizing solution. Staff K stated that they were unaware of any procedure or policy about changing and monitoring the sanitizing solution used to keep the kitchen surfaces clean.

FOOD TEMPERATURE MONITORING

During an interview on 03/06/2025 at 9:40 AM, Staff J stated that there was no standard procedure used to monitoring and document the cooking temperatures of food prepared in the kitchen. Staff J stated that they did not have a food log to document cooked food temperatures or to document the food temperatures in the hot and cold holding areas of the preparation station.

Review of the kitchen records showed no documentation of when staff monitored food cooking temperatures, or the temperatures of food placed in hot and cold holding stations.

During an interview on 03/07/2025 at 10:30 AM, Staff I, Dining Services Manager, stated that they were aware of the food temperature and sanitizer solution monitoring requirements. Staff I stated that they did not have any procedures or process to monitor and change the sanitizing solution utilized by staff in the kitchen and dining room. Staff

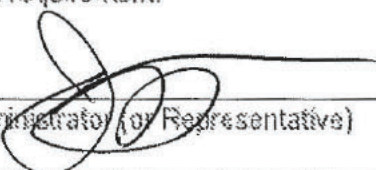
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I stated that they were unable to find the test kit used to monitor the sanitizing solution. Staff I stated that they did not have any procedures or process to monitor the temperatures of the cooked foods and foods held in the hot and cold preparation stations. Staff I stated that there was no documentation that showed the staff monitored food temperatures or checked the sanitizing solutions.

Plan/Attestation Statement

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(Date) 5-1-25.

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Administrator (or Representative)

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WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.78 RCW and 246-840 WAC are met

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure nurse delegation documentation for 3 of 10 residents (Resident 1, Resident 2, and Resident 10) was completed, as required. This failure placed Resident 1, Resident 2, and Resident 10 at risk for receiving medication services and care from unqualified staff.

Findings included...

I stated that they were unable to find the test kit used to monitor the sanitizing solution. Staff I stated that they did not have any procedures or process to monitor the temperatures of the cooked foods and foods held in the hot and cold preparation stations. Staff I stated that there was no documentation that showed the staff monitored food temperatures or checked the sanitizing solutions.

Plan/Attestation Statement

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(Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure nurse delegation documentation for 3 of 10 residents (Resident 1, Resident 2, and Resident 10) was completed, as required. This failure placed Resident 1, Resident 2, and Resident 10 at risk for receiving medication services and care from unqualified staff.

Findings included...

NOTE: Registered nurse (RN) delegation means an RN transfers the performance of selected nursing care tasks, usually performed by licensed nurses, to competent nursing assistants or home care aides in selected situations. The RN that delegates the tasks retains the responsibility and accountability for the nursing care of the resident. The Revised Code of Washington (RCW) 18.79.260 Registered Nurse – Activities allowed – Delegation of tasks showed supervision and evaluation shall occur at least every ninety days. RCW 18.79.260 (a) – (i)(ii)(iii)(iv) Registered nurse – Activities allowed – Delegation of tasks showed a registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient. The delegating nurse shall: determine the competency of the individual to perform the task; evaluate the appropriateness of the delegation; supervise the actions of the person performing the delegated tasks; and delegate only those tasks that are within registered nurse's scope of practice.

RESIDENT 1

Review of Resident 1's records showed the facility admitted Resident 1 on [REDACTED]/2024. Review of Resident 1's assessment, dated 09/20/2024, showed that Resident 1 required nurse delegation for medication administration services. The records showed no documentation that nurse delegation services were correctly completed. There was no documentation of any nurse supervision, any assessment for delegation, or any delegated staff for Resident 1, as required.

RESIDENT 2

Review of Resident 2's records showed the facility admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's assessment, dated 09/20/2024, showed that Resident 2 did not require nurse delegation for medication administration services.

Review of Resident 2's service plan and agreement, dated 12/22/2024, showed that facility staff performed fingerstick blood glucose monitoring checks, as needed, due to malfunctions of Resident 2's continuous blood glucose monitor.

Review of Resident 2's January 2025 progress notes showed documentation that due to Resident 2's change of condition, facility staff administered Resident 2's injectable diabetic medications. The records showed no documentation that nurse delegation services were correctly completed. There was no documentation of consent for nurse delegated services, no documentation of nurse supervision, no documentation of an assessment for delegation, no documentation of delegation training for facility staff, and no record of delegated staff for Resident 2, as required.

RESIDENT 10

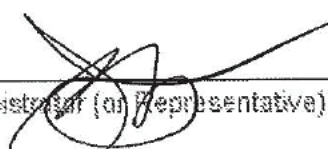
Review of Resident 10's records showed the facility admitted Resident 10 on [REDACTED]/2024. Review of Resident 10's assessment, dated 09/18/2024, showed that Resident 10 did not require nurse delegation for medication administration services.

Review of Resident 10's January 2025 progress notes showed documentation that due to Resident 10's change of condition, facility staff administered Resident 10's injectable

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diabetic medications. The records showed a current consent for nurse delegation services. The records showed no documentation that other nurse delegation services were correctly completed. There was no documentation of nurse supervision for delegation, no documentation of delegation training for facility staff, and no record of delegated staff for Resident 10, as required.

During an interview on 03/07/2025 at 2:20 PM, Staff G, Regional Director of Operations, stated that they were aware of the requirements for nurse delegated services. Staff G stated that they were aware that the facility was accountable for the delivery of nurse delegated services. Staff G stated that they were unaware that nurse delegation services had not been correctly initiated and continued, as required.

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-1-25</u>	
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 Administrator (or Representative)	<u>3-28-25</u> Date

WAC 388-79A-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 interview and record review, the facility failed to coordinate care and services with 2 of 10 residents' (Resident 2 and Resident 3) physicians and other healthcare providers. This failure placed Resident 2 and Resident 3 at risk for potential complications and diminished care and services for medical diagnoses related to changes in conditions.

Finding included...

diabetic medications. The records showed a current consent for nurse delegation services. The records showed no documentation that other nurse delegation services were correctly completed. There was no documentation of nurse supervision for delegation, no documentation of delegation training for facility staff, and no record of delegated staff for Resident 10, as required.

During an interview on 03/07/2025 at 2:20 PM, Staff G, Regional Director of Operations, stated that they were aware of the requirements for nurse delegated services. Staff G stated that they were aware that the facility was accountable for the delivery of nurse delegated services. Staff G stated that they were unaware that nurse delegation services had not been correctly initiated and continued, as required.

Plan/Attestation Statement

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(Date)_____.

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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 interview and record review, the facility failed to coordinate care and services with 2 of 10 residents' (Resident 2 and Resident 3) physicians and other healthcare providers. This failure placed Resident 2 and Resident 3 at risk for potential complications and diminished care and services for medical diagnoses related to changes in conditions.

Finding included...

RESIDENT 2

Review of Resident 2's Resident Information document showed the facility admitted Resident 2 on [REDACTED]/2024.

Review of Resident 2's admission assessment, dated 09/10/2024, showed that Resident 2 experienced confusion, depression, resistance to care, and impaired decision-making skills. The assessment showed the facility provided medication assistance which included ordering, storage, and set-up of medications to ensure safety. The assessment showed the facility provided reminders, cuing, and standby medication assistance for safety.

Review of Resident 2's December 2024, January 2025, and February 2025 electronic medication administration records showed Resident 2 refused multiple medications, daily. The electronic medication record showed staff attempted to reoffer medications after each refusal. The records showed Resident 2 consistently refused the medications each time staff reoffered the medications.

Review of Resident 2's December 2024, January 2025, February 2025, and March 2025 progress notes showed documentation of multiple incidences of Resident 2's verbal and physical aggression and assaultive behaviors, both with other residents and facility staff.

Review of Resident 2's record showed no documentation the facility staff notified the physician of Resident 2's medication refusals. The records showed no documentation of any attempts by facility staff to communicate with Resident 2's physician regarding Resident 2's increasingly verbal and physical aggression and assaultive behaviors.

RESIDENT 3

Review of Resident 3's Resident Information document showed the facility admitted Resident 3 on [REDACTED]/2024.

Resident 3's record showed multiple diagnoses which included [REDACTED]

and [REDACTED].

Review of Resident 3's initial assessment, dated 11/15/2024, showed Resident 3 experienced confusion, depression, resistance to care, and impaired decision-making skills. The assessment showed the facility provided medication assistance which included ordering, storage, and assistance taking medications. The assessment showed the facility provided reminders, cuing, and standby assistance with activities of daily living (grooming, bathing, dressing, and toileting) for safety.

Review of Resident 3's "Individual Service Plan", dated 12/21/2024, showed the facility provided stand-by-assistance assistance, re-orientation and reminders, and fall risk management to ensure safety.

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Review of Resident 3's November 2024 through March 2025 progress notes documented an increase in frequency of falls which required assessment and medical management. The progress notes documented an increase in frequency of impulsivity and confusion which required re-orientation and re-direction.

Review of Resident 3's records showed no documentation the facility staff notified the physician of Resident 3's increased frequency of falls, impulsivity, and confusion which required re-orientation and re-direction. The records showed no documentation of any attempts by facility staff to communicate with Resident 3's physician regarding their overall decline in physical stamina and well-being.

During an interview on 03/07/2025 at 3:15 PM, Staff G, Regional Director of Operations, stated that they were unaware that the observed and documented changes in Resident 2 and Resident 3's diagnoses related care, and services, were not communicated to their healthcare providers.

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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

Administrator (or Representative)

3-28-25
Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

- (1) To effectively provide the care and services agreed upon with the resident; and
- (2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to maintain resident assessment records for 1 (Resident 4) of 10 residents. This failure to have documentation of resident assessments placed Resident 4 at risk for unmet care needs and diminished well-being.

Findings included ...

Review of Resident 3's November 2024 through March 2025 progress notes documented an increase in frequency of falls which required assessment and medical management. The progress notes documented an increase in frequency of impulsivity and confusion which required re-orientation and re-direction.

Review of Resident 3's records showed no documentation the facility staff notified the physician of Resident 3's increased frequency of falls, impulsivity, and confusion which required re-orientation and re-direction. The records showed no documentation of any attempts by facility staff to communicate with Resident 3's physician regarding their overall decline in physical stamina and well-being.

During an interview on 03/07/2025 at 3:15 PM, Staff G, Regional Director of Operations, stated that they were unaware that the observed and documented changes in Resident 2 and Resident 3's diagnoses related care, and services, were not communicated to their healthcare providers.

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WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

- (1) To effectively provide the care and services agreed upon with the resident; and
- (2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on record review and interview the facility failed to maintain resident assessment records for 1 (Resident 4) of 10 residents. This failure to have documentation of resident assessments placed Resident 4 at risk for unmet care needs and diminished well-being.

Findings included ...

Statement of Deficiencies	License #: 2694	Compliance Determination # 55658
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Review of Resident 4's facility records showed the facility admitted Resident 4 on [REDACTED] 2025.
 Review of Resident 4's record showed no pre-admission assessment, no admission assessment, and no change of condition assessment.

During an interview on 03/06/2025 at 1:20 PM, Staff G, Regional Director of Operations, stated that the facility was unable to locate Resident 4's pre-admission assessment, initial assessment, and change of condition assessment. Staff G stated that they were uncertain if assessments for Resident 4 were done or if the documentation was missing from the facility.

#8

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-1-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>3-28-25</u> Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 1 of 6 staff (Staff A) completed and submitted a DSHS background authorization form before being employed. This failure placed all 66 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

STAFF A

Review of Resident 4's facility records showed the facility admitted Resident 4 on [REDACTED]/2025. Review of Resident 4's record showed no pre-admission assessment, no admission assessment, and no change of condition assessment.

During an interview on 03/06/2025 at 1:20 PM, Staff G, Regional Director of Operations, stated that the facility was unable to locate Resident 4's pre-admission assessment, initial assessment, and change of condition assessment. Staff G stated that they were uncertain if assessments for Resident 4 were done or if the documentation was missing from the facility.

Plan/Attestation Statement

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(Date)_____.

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Administrator (or Representative)

Date

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- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 1 of 6 staff (Staff A) completed and submitted a DSHS background authorization form before being employed. This failure placed all 66 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included....

STAFF A

This document was prepared by Residential Care Services for the Locator website.

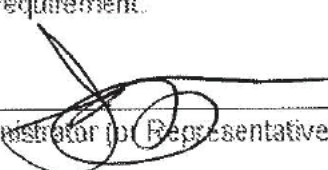
Statement of Deficiencies	License #: 2694	Compliance Determination # 55558
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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Review of the facility employee records showed the facility hired Staff A, Executive Director, on 01/29/2025. The records showed Staff A completed and signed a DSHS background authorization form on 02/04/2025. The records showed that on 02/11/2025, Staff A submitted the DSHS background authorization form to the department, 22 days after hire date.

Review of the facility's employee roster showed Staff A provided supervision of direct care to facility residents for 15 days without a submitted DSHS background authorization form.

During an interview on 03/07/2025 at 2:55 PM, Staff G, Regional Director of Operations, stated that when the facility hired Staff A, the facility failed to complete and submit Staff A's DSHS background authorization form.

#9

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-1-25</u>. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.  _____ Administrator (or Representative) <u>3-28-25</u> _____ Date	

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Review of the facility employee records showed the facility hired Staff A, Executive Director, on 01/20/2025. The records showed Staff A completed and signed a DSHS background authorization form on 02/04/2025. The records showed that on 02/11/2025, Staff A submitted the DSHS background authorization form to the department, 22 days after hire date.

Review of the facility's employee roster showed Staff A provided supervision of direct care to facility residents for 15 days without a submitted DSHS background authorization form.

During an interview on 03/07/2025 at 2:55 PM, Staff G, Regional Director of Operations, stated that when the facility hired Staff A, the facility failed to complete and submit Staff A's DSHS background authorization form.

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

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

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- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 6 of 6 staff (Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all 66 residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/20/2025; Staff B, Assisted Living Assistant Director, on 06/11/2024; Staff C, Caregiver and Activities Assistant on 10/11/2024; Staff D, Caregiver, on 08/05/2024; Staff E, MedTech/Caregiver, on 01/30/2024; and Staff F, MedTech/Caregiver, on 08/06/2024.

ORIENTATION AND SAFETY

Review of the facility's personnel records showed no documentation that Staff A and Staff E completed the required orientation and safety training.

BASIC TRAINING

Review of the facility's personnel records showed no documentation that Staff C, Staff D, and Staff F completed the required 70-hour basic training.

SPECIALTY TRAINING

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required specialty training for dementia, mental health, and developmental disabilities.

CARDIOPULMONARY RESUSCITATION AND FIRST AID (CPR)

Review of the facility's personnel records showed no documentation that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F completed the required training for CPR training with hands-on skills demonstration and basic first aid.

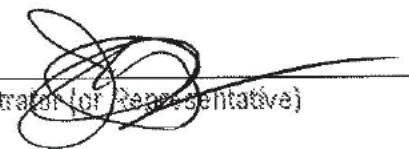
During an interview on 03/08/2025 from 11:32 AM to 11:45 AM, Staff G, Regional Director of Operations stated that they were unaware that Staff A and Staff E had not completed the required orientation and safety training requirements. Staff G stated that they were unaware that Staff C, Staff D, and Staff E did not complete the 70-hour basic training requirements. Staff G stated that they were unaware that Staff C had not completed any Department of Health certification or licensure. Staff G stated that they were unaware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F did not complete the required specialty training requirements. Staff G stated that they were unaware that Staff A, Staff B, Staff C, Staff D, Staff E, and Staff F had not completed the CPR training with skills demonstration and first aid training.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55598
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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


Administrator (or Representative)

3-28-25
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

- (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.
- (2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Review of the facility's staff schedule showed that Staff A worked at the facility providing supervision of care and services for residents between 01/20/2025 and 03/11/2025. Review of Staff A's personnel records showed no documentation that Staff A completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff B worked at the facility providing care and services for residents between 08/11/2024 and 03/11/2025. Review of Staff B's personnel records showed no documentation that Staff B completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents between 10/11/2024 and 03/11/2025. Review of Staff C's personnel records showed no documentation that Staff C completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff D worked at the facility providing care and services for residents between 08/05/2024 and 03/11/2025. Review of Staff D's personnel records showed no documentation that Staff D completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff E worked at the facility

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Administrator (or Representative)

Date

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(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489, "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Review of the facility's staff schedule showed that Staff A worked at the facility providing supervision of care and services for residents between 01/20/2025 and 03/11/2025. Review of Staff A's personnel records showed no documentation that Staff A completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff B worked at the facility providing care and services for residents between 06/11/2024 and 03/11/2025. Review of Staff B's personnel records showed no documentation that Staff B completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents between 10/11/2024 and 03/11/2025. Review of Staff C's personnel records showed no documentation that Staff C completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff D worked at the facility providing care and services for residents between 08/05/2024 and 03/11/2025. Review of Staff D's personnel records showed no documentation that Staff D completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff E worked at the facility

Statement of Deficiencies	License #: 2694	Compliance Determination # 55598
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providing care and services for residents between 01/30/2024 and 03/11/2025. Review of Staff E's personnel records showed no documentation that Staff E completed TB screening and testing within 3 days of the date of hire.

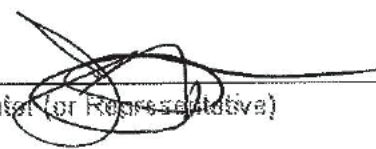
Review of the facility's staff schedule showed that Staff F worked at the facility providing care and services for residents between 08/08/2024 and 03/11/2025. Review of Staff F's personnel records showed no documentation that Staff F completed TB screening and testing within 3 days of the date of hire.

During an interview on 03/08/2025 at 1:15 PM, Staff G, Regional Director of Operations, stated that they were unaware Staff A, Staff B, Staff C, Staff D, Staff E and Staff F had not been tested for tuberculosis (TB) when they were hired.

Plan/Attestation Statement

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(Date) 5-1-25

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Administrator (or Representative)

3-28-25
Date

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

providing care and services for residents between 01/30/2024 and 03/11/2025. Review of Staff E's personnel records showed no documentation that Staff E completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff F worked at the facility providing care and services for residents between 08/06/2024 and 03/11/2025. Review of Staff F's personnel records showed no documentation that Staff F completed TB screening and testing within 3 days of the date of hire.

During an interview on 03/08/2025 at 1:15 PM, Staff G, Regional Director of Operations, stated that they were unaware Staff A, Staff B, Staff C, Staff D, Staff E and Staff F had not been tested for tuberculosis (TB) when they were hired.

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Administrator (or Representative)

Date

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(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

- (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and
- (b) Have each reevaluation in writing, signed and dated by the resident.
- (8) The assisted living facility must immediately stop electronic monitoring if the:
 - (a) Resident no longer wants electronic monitoring;
 - (c) The resident becomes unable to give consent, unless consent has been provided by a resident's representative as described in this section.
- (9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.
- (10) For the purposes of consenting to any audio electronic monitoring, the term "resident" includes:
 - (a) The individual residing in the assisted living facility; or
 - (b) The resident's court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to electronic monitoring of the resident.
- (11) If a resident's decision maker consents to audio electronic monitoring as specified in (10) above, the assisted living facility must maintain a copy of the court order authorizing such consent in the resident's record.
- (12) If the assisted living facility determines that a resident, resident's family, or other third party is electronically monitoring a resident's room or apartment without complying with the requirements of this section, the assisted living facility must disconnect or remove such equipment until the appropriate consent is obtained and notice given as required by this section.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to document in writing an initial agreement to use electronic monitoring, the duration of use, and quarterly reevaluations of electronic surveillance for 1 of 1 sampled resident (Resident 8). This failure placed Resident 8 at risk for potential violation of their rights.

Findings included...

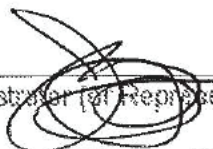
During an interview on 03/05/2025 at 11:29 AM, Staff G, Regional Director of Operations, and Staff B, Assisted Living Director, stated that Resident 8 used electronic monitoring devices in their room. Staff G and Staff B stated that Resident 8's family installed the electronic monitoring equipment in Resident 8's room.

Review of the facility policy titled, "Audio and Video Cameras", dated 11/24/2006, showed that equipment used for monitoring was permissible subject to the condition that signage be posted notifying those who entered the community.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55598
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Review of Resident 8's records showed no documentation of any consent, no documentation of the duration of usage, and no documentation of a quarterly review for continued use of electronic monitoring equipment.

Observation on 03/10/2025 at 10:40 AM, showed no signage on Resident 8's room indicating electronic monitoring equipment was present inside the room.

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>5-1-25</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>3-28-25</u> Date

#12

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 2 of 16 sinks (secured memory care unit common bathroom and second floor common bathroom) maintained hot water temperatures between 105 degrees and 120 degrees Fahrenheit (F), as required. This failure placed all 56 residents and visitors at risk for infection and diminished quality of life.

Findings included...

Observation on 03/05/2025 showed: at 2:17 PM showed the hot water temperature in the common bathroom sink, in the secured memory care unit, measured 78.3 degrees F. At 3:02 PM, observation showed the hot water temperature in the common bathroom sink, on the second floor by the activity room, next to the mechanical room, measured 87 degrees F.

Review of Resident 8's records showed no documentation of any consent, no documentation of the duration of usage, and no documentation of a quarterly review for continued use of electronic monitoring equipment.

Observation on 03/10/2025 at 10:40 AM, showed no signage on Resident 8's room indicating electronic monitoring equipment was present inside the room.

Plan/Attestation Statement

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(Date)_____.

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Administrator (or Representative)

Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 2 of 16 sinks (secured memory care unit common bathroom and second floor common bathroom) maintained hot water temperatures between 105 degrees and 120 degrees Fahrenheit (F), as required. This failure placed all 66 residents and visitors at risk for infection and diminished quality of life.

Findings included...

Observation on 03/05/2025 showed: at 2:17 PM showed the hot water temperature in the common bathroom sink, in the secured memory care unit, measured 78.3 degrees F. At 3:02 PM, observation showed the hot water temperature in the common bathroom sink, on the second floor by the activity room, next to the mechanical room, measured 87 degrees F.

Statement of Deficiencies	License #: 2694	Compliance Determination #55686
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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Observation on 03/10/2025 showed: at 9:10 AM showed the hot water temperature in the common bathroom sink, in the secured memory care unit, measured 82.3 degrees F. At 9:35 AM, observation showed the hot water temperature in the common bathroom sink, on the second floor by the activity room, next to the mechanical room, measured 71.2 degrees F.

During an interview on 03/05/2025 at 1:45 PM, Staff H, Maintenance, stated that they routinely measure the hot water temperature amongst a sampling of sinks throughout the facility. Staff H stated that they were unaware that some of the sinks hot water temperatures were not within the regulatory requirements.

Plan/Attestation Statement

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(Date) 5-1-25

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

Administrator (or Representative)

3-28-25
Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 4 of 10 residents (Resident 1, Resident 5, Resident 7, and Resident 9) with a copy of the facility's policy for acceptance of Medicaid as a payment source. The facility failed to ensure the residents, or the residents representative acknowledged the facility policy on Medicaid as a payment source with a signature and date. This failure placed Resident 1, Resident 5, Resident 7, and Resident 9 at risk of being discharged and unable to reside in the facility on state Medicaid assistance as a payment source.

Findings Included...

Observation on 03/10/2025 showed: at 9:19 AM showed the hot water temperature in the common bathroom sink, in the secured memory care unit, measured 82.3 degrees F. At 9:35 AM, observation showed the hot water temperature in the common bathroom sink, on the second floor by the activity room, next to the mechanical room, measured 71.2 degrees F.

During an interview on 03/05/2025 at 1:45 PM, Staff H, Maintenance, stated that they routinely measure the hot water temperature amongst a sampling of sinks throughout the facility. Staff H stated that they were unaware that some of the sinks hot water temperatures were not within the regulatory requirements.

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(Date)_____.

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Administrator (or Representative)

Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 4 of 10 residents (Resident 1, Resident 5, Resident 7, and Resident 9) with a copy of the facility's policy for acceptance of Medicaid as a payment source. The facility failed to ensure the residents, or the residents representative acknowledged the facility policy on Medicaid as a payment source with a signature and date. This failure placed Resident 1, Resident 5, Resident 7, and Resident 9 at risk of being discharged and unable to reside in the facility on state Medicaid assistance as a payment source.

Findings included...

Review of the facility's undated Disclosure of Services document showed that the facility provided assistance with activities of daily living (ADL's). The document showed that the facility did not accept Medicaid as a payment source.

During an interview on 03/05/2025 at 11:29 AM, Staff G, Regional Director of Operations, stated that the facility did not have a Medicaid contract. Staff G stated that the facility did not accept Medicaid as a payment source for residents who resided in their assisted living or secured memory care units.

RESIDENT 1

Review of the facility's admission records showed that the facility admitted Resident 1 on [REDACTED]/2024. The records showed no documentation of any acknowledgement by Resident 1 or their representative that they received the facility's policy on accepting Medicaid as a payment source. The records showed no signature or date by the resident or the resident's representative that acknowledged they received a copy of the facility's Medicaid policy.

RESIDENT 5

Review of the facility's admission records showed that the facility admitted Resident 5 on [REDACTED]/2024. The records showed no documentation of any acknowledgement by Resident 5 or their representative that they received the facility's policy on accepting Medicaid as a payment source. The records showed no signature or date by the resident or the resident's representative that acknowledged they received a copy of the facility's Medicaid policy.

RESIDENT 7

Review of the facility's admission records showed that the facility admitted Resident 7 on [REDACTED]/2024. The records showed no documentation of any acknowledgement by Resident 7 or their representative that they received the facility's policy on accepting Medicaid as a payment source. The records showed no signature or date by the resident or the resident's representative that acknowledged they received a copy of the facility's Medicaid policy.

RESIDENT 9

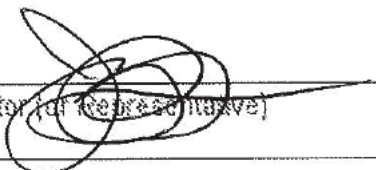
Review of the facility's admission records showed that the facility admitted Resident 9 on [REDACTED]/2024. The records showed no documentation of any acknowledgement by Resident 9 or their representative that they received the facility's policy on accepting Medicaid as a payment source. The records showed no signature or date by the resident or the resident's representative that acknowledged they received a copy of the facility's Medicaid policy.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55556
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 27 of 38	Licenses: Bonaventure of Maple Valley LLC	03/19/2025

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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


Administrator (or representative)

3-28-25
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

- (1) Develop, implement and disclose to potential and current residents, policies regarding:
 - (a) The types of pets that are permitted in the assisted living facility, and
 - (b) The conditions under which pets may be in the assisted living facility.
- (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 observation, interview, and record review, the facility failed to ensure 3 of 3 observed and unidentified pets (Pet 1, Pet 2, and Pet 3) that resided in the facility were current with vaccinations and examinations, as required. This failure placed all 66 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

During an interview on 03/05/2025 at 11:29 AM, Staff G, Regional Director of Operations, stated that the facility allowed pets to reside with residents. Staff G stated that the facility had several pets that resided in the facility. Staff G stated that they were unsure of the total number of pets that resided in the facility.

Review of the facility's undated Disclosure of Services document showed the facility permitted pets with the condition stated that pets must have regular veterinarian

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

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(1) Develop, implement and disclose to potential and current residents, policies regarding:

(a) The types of pets that are permitted in the assisted living facility; and

(b) The conditions under which pets may be in the assisted living facility.

(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 observation, interview, and record review, the facility failed to ensure 3 of 3 observed and unidentified pets (Pet 1, Pet 2, and Pet 3) that resided in the facility were current with vaccinations and examinations, as required. This failure placed all 66 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

During an interview on 03/05/2025 at 11:29 AM, Staff G, Regional Director of Operations, stated that the facility allowed pets to reside with residents. Staff G stated that the facility had several pets that resided in the facility. Staff G stated that they were unsure of the total number of pets that resided in the facility.

Review of the facility's undated Disclosure of Services document showed the facility permitted pets with the condition stated that pets must have regular veterinarian

Statement of Deficiencies	License #: 2694	Compliance Determination # 55596
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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examinations and immunizations, appropriate for the species, and must be free of diseases transmissible to humans.

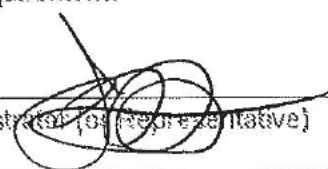
Review of the facility policy document titled, "Pet Policy", dated July 2011, showed that pets must be properly vaccinated and free from disease and fleas. The document showed that records of all immunizations needed to be kept in the resident administrative file.

Observation of the facility during the full licensing inspection between 03/05/2025 and 03/10/2025, between 09:00 AM and 04:00 PM, showed that several pets resided in the facility. Observation showed there were at least three dogs observed throughout the facility.

Review of the facility's records showed no documentation for any pet records for Unidentified Pet 1, Unidentified Pet 2, and Unidentified Pet 3 that resided in the facility. There was no documentation of any vaccinations or health examinations. There was no documentation of any veterinarian certification that showed the pets were free of diseases transmissible to humans.

During an interview on 03/06/2025 at 2:50 PM, Staff G stated that they were aware of the facility's pet policy and regulatory requirements regarding pets that resided in the facility. Staff G stated that they were unaware that there was no documentation of vaccinations, examinations or certifications from the veterinarians that verified Pet 1, Pet 2, and Pet 3 were free of diseases transmissible to humans, as required.

#16

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) <u>3-1-25</u> In addition, I will implement a system to monitor and ensure continued compliance with this requirement.  Administrator (or representative) <u>3-28-25</u> Date	

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

examinations and immunizations, appropriate for the species, and must be free of diseases transmissible to humans.

Review of the facility policy document titled, "Pet Policy", dated July 2011, showed that pets must be properly vaccinated and free from disease and fleas. The document showed that records of all immunizations needed to be kept in the resident administrative file.

Observation of the facility during the full licensing inspection between 03/05/2025 and 03/10/2025, between 09:00 AM and 04:00 PM, showed that several pets resided in the facility. Observation showed there were at least three dogs observed throughout the facility.

Review of the facility's records showed no documentation for any pet records for Unidentified Pet 1, Unidentified Pet 2, and Unidentified Pet 3 that resided in the facility. There was no documentation of any vaccinations or health examinations. There was no documentation of any veterinarian certification that showed the pets were free of diseases transmittable to humans.

During an interview on 03/06/2025 at 2:50 PM, Staff G stated that they were aware of the facility's pet policy and regulatory requirements regarding pets that resided in the facility. Staff G stated that they were unaware that there was no documentation of vaccinations, examinations or certifications from the veterinarians that verified Pet 1, Pet 2, and Pet 3 were free of diseases transmittable to humans, as required.

Plan/Attestation Statement

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(Date)_____.

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

Administrator (or Representative)

Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to ensure 5 of 5 staff (Staff A, Staff C, Staff D, Staff E, Staff F) completed a state background check and a national fingerprint check. This failure placed all 66 residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

Review of the facility employee records showed the facility hired Staff A, Executive Director, on 04/03/2023; Staff C, Caregiver, on 10/10/2024; Staff D, Caregiver, on 08/05/2024; Staff E, MedTech/Caregiver, on 01/30/2024; and Staff F, MedTech/Caregiver, on 08/06/2024.

WASHINGTON STATE NAME AND DATE OF BIRTH BACKGROUND CHECK

Staff A

Review of Staff A's records showed Staff A completed a Department of Social and Health Services background check authorization form on 11/22/2023. The records showed Staff A completed the Washington state name and date of birth background check on 11/27/2023, 238 days after date of hire.

Review of the facility's employee roster showed Staff A provided supervision of direct care to facility residents for 233 days without a submitted DSHS background authorization form.

Staff E

Review of Staff E's records showed Staff E completed a Washington state name and date of birth background check authorization form on 02/02/2024. There was no documentation that showed the facility completed the name and date of birth background check.

Review of the facility undated document titled, "DSHS Survey Roster", showed Staff E provided direct care to residents for 402 days, without a valid name and date of birth background check.

NATIONAL FINGERPRINT BACKGROUND CHECK

Staff C

Review of the facility's staff schedule showed that from 10/10/2024 through

03/08/2025, Staff C, Caregiver, worked at the facility providing care and services for residents. Review of Staff C's personnel records showed no documentation that Staff C completed a national fingerprint background check.

Staff D

Review of the facility's staff schedule showed that from 08/05/2024 through 03/08/2025, Staff D, Caregiver worked at the facility providing care and services for residents. Review of Staff D's personnel records showed no documentation that Staff D completed a national fingerprint background check.

Staff E

Review of the facility's staff schedule showed that from 01/30/2024 through 03/08/2025, Staff E worked at the facility providing care and services for residents. Review of Staff E's personnel records showed no documentation that Staff E completed a national fingerprint background check.

Staff F

Review of the facility's staff schedule showed that from 08/06/2024 through 03/08/2025, Staff F, MedTech/Caregiver, worked at the facility providing care and services for residents. Review of Staff F's personnel records showed no documentation that Staff F completed a national fingerprint background check.

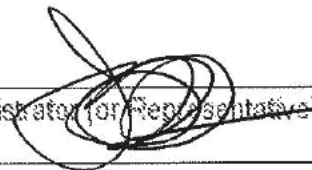
During an interview on 03/08/2025 at 1:10 PM, Staff G, Regional Director of Operations, stated that they were unaware the facility failed to complete the required background checks for Staff A and Staff E. Staff G stated that they were unaware the facility failed to complete the national fingerprint background checks for Staff C, Staff D, Staff E, and Staff F when they were hired.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55595
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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


Administrator (or Representative)

3-28-25
Date

WAC 388-73A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (1) Individual's recent medical history, including, but not limited to:
 - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
 - (b) Chronic, current, and potential skin conditions; or
 - (c) Known allergies to foods or medications, or other considerations for providing care or services.
- (2) Currently necessary and contraindicated medications and treatments for the individual, including:
 - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
 - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
 - (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.
- (3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.
- (4) Individual's sensory abilities, including:
 - (a) Vision; and
 - (b) Hearing.

Plan/Attestation Statement

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(Date)_____.

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Administrator (or Representative)

Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

- (a) Modes of expression;
- (b) Ability to make self understood; and
- (c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

- (a) History of substance abuse;
 - (b) History of harming self, others, or property; or
 - (c) Other conditions that may require behavioral intervention strategies;
 - (d) Individual's ability to leave the assisted living facility unsupervised; and
 - (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.
- (7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

- (a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;
- (b) Developmental disability;
- (c) Dementia. While screening a resident for dementia, the assisted living facility must:
 - (i) Base any determination that the resident has short-term memory loss upon objective evidence; and
 - (ii) Document the evidence in the resident's record.
- (d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

- (a) Ability to perform activities of daily living;
- (b) Medication management ability, including:
 - (i) The individual's ability to obtain and appropriately use over-the-counter medications; and
 - (ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including

preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 10 sampled residents (Resident 4, Resident 6, and Resident 8) assessments were completed within fourteen days of admit, as required. This failure placed Resident 4, Resident 6, and Resident 8 at risk for unmet care needs.

Findings included...

RESIDENT 4

Review of Resident 4's records showed the facility admitted Resident 4 on [REDACTED]/2025. The records showed the facility had not completed an assessment for Resident 4's as of [REDACTED]/2025, 49 days after date of admit.

RESIDENT 6

Review of Resident 6's information document showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed that 102 days after Resident 6's date of admission, the facility had not completed Resident 6's assessment.

RESIDENT 8

Review of Resident 8's information document showed the facility admitted Resident 8 on [REDACTED]/2024. The records showed that 80 days after Resident 8's date of admission, the facility had not completed Resident 8's assessment.

During an interview on 03/06/2025 at 1:20 PM, Staff G, Regional Director of Operations, stated that they were unaware Resident 4's assessment had not been completed. Staff G stated that the facility was unable to locate the initial assessments for Resident 6 and Resident 8.

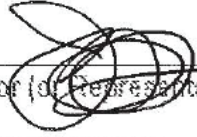
Statement of Deficiencies	License #: 2694	Compliance Determination #55586
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
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Plan/Attestation Statement

#17

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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


Administrator (or Representative)

3-28-25
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED] 2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

This document was prepared by Residential Care Services for the Locator website.

Plan/Attestation Statement

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Administrator (or Representative)

Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:
 - (b) Identifies the resident's immediate needs; and
 - (c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.
- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
 - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to complete 9 of 10 sampled residents (Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) assessments that included the required full assessment components. This failure placed Resident 1, Resident 2, Resident 3, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10 at risk a decline in health and medical conditions from unidentified care needs and changes in condition.

Findings included...

RESIDENT 1

Review of Resident 1's Face Sheet showed the facility admitted Resident 1 on [REDACTED] 2024. The sheet showed Resident 1 admitted with diagnoses of [REDACTED]

[REDACTED] and [REDACTED]
[REDACTED].

Review of Resident 1's initial assessment, dated 06/25/2024, showed a Mini-Mental State Examination (MMSE: a standardized screening test used to evaluate thinking and detect possible impairments) was to be completed initially and annually. The records showed no documentation that anyone screened Resident 1 for dementia. The records showed no documentation that anyone completed Resident 1's MMSE. The records showed no documentation of Resident 1's current prescribed medications and any potential side effects of the medications.

RESIDENT 2

Review of Resident 2's "Resident Information" document showed the facility admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's records showed multiple diagnoses which included [REDACTED] and [REDACTED].

Review of Resident 2's undated pre-admission assessment showed documentation that Resident 2 had a history of depression and auditory hallucinations. The assessment showed no history of any verbal and physical aggression or abusive behaviors.

Review of Resident 2's assessment, dated 09/10/2024, showed Resident 2 had memory impairment, which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 2's MMSE. The records showed no documentation of Resident 2's current prescribed medications and any potential side effects of the medications.

RESIDENT 3

Review of Resident 3's "Resident Information" document showed the facility admitted Resident 3 on [REDACTED]/2024. Review of Resident 3's record showed multiple diagnoses which included [REDACTED] and [REDACTED].

Review of Resident 3's initial assessment, dated 11/15/2024, showed the facility provided medication assistance which included ordering, storage, and assistance with taking medications. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 3's MMSE. The records showed no documentation of Resident 3's current prescribed medications and any potential side effects of the medications.

RESIDENT 5

Review of Resident 5's "Resident Information" document showed the facility admitted Resident 5 on [REDACTED]/2024. The records showed Resident 5 admitted with a diagnosis of [REDACTED] and [REDACTED].

[REDACTED]

Review of Resident 5's assessment, dated 09/11/2024, showed documentation that Resident 5 had memory impairment which included poor recall of recent events and decreased orientation to time. The records showed an MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 3's MMSE. The records showed no documentation of Resident 5's current prescribed medications and any potential side effects of the medications.

RESIDENT 6

Review of Resident 6's "Resident Information" document showed the facility admitted Resident 6 on [REDACTED] /2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's pre-move in evaluation, dated 11/20/2024, showed no documentation that anyone screened Resident 6 for dementia. The records showed no documentation of Resident 6's current prescribed medications and any potential side effects of the medications.

RESIDENT 7

Review of Resident 7's "Resident Information" document showed the facility admitted Resident 7 on [REDACTED] /2024. The records showed Resident 7 admitted with a diagnosis of [REDACTED].

Review of Resident 7's assessment, dated 06/27/2024, showed documentation that Resident 7 had memory impairment which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 7's MMSE. The records showed no documentation of Resident 7's current prescribed medications and any potential side effects of the medications.

RESIDENT 8

Review of Resident 8's "Resident Information" document showed that the facility admitted Resident 8 on [REDACTED] /2024. The records showed Resident 8 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 8's pre-move in evaluation, dated 11/24/2024, showed Resident 8 independently managed and administered their own medications. The records showed no documentation of Resident 8's current prescribed medications and any potential side effects of the medications.

RESIDENT 9

Review of Resident 9's "Resident Information" document showed that the facility admitted Resident 9 on [REDACTED]/2024. The records showed Resident 9 admitted with a diagnosis of [REDACTED].

Review of Resident 9's assessment, dated 09/18/2024, showed that Resident 9 had memory impairment and a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 9's MMSE. The records showed no documentation of Resident 9's current prescribed medications and any potential side effects of the medications.

RESIDENT 10

Review of Resident 10's Face Sheet showed the facility admitted Resident 10 on [REDACTED]/2024. The sheet showed Resident 10 admitted with diagnoses of [REDACTED], and [REDACTED].

Review of Resident 10's assessment, dated 09/18/2024, showed documentation that Resident 10 had memory impairment which included diminished time and place orientation. The records showed a MMSE was to be completed initially and annually. The records showed no documentation that anyone completed Resident 10's MMSE. The records showed no documentation of Resident 10's current prescribed medications and any potential side effects of the medications.

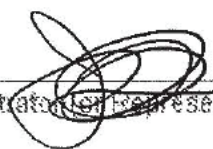
During an interview on 03/07/2025 at 2:20 PM, Staff G, Regional Director of Operations, stated that the facility utilized an electronic documentation system. Staff G stated that they were unaware the comprehensive elements required in resident assessments were not completed. Staff G stated that they thought the facility electronic documentation system used the required assessment comprehensive components.

Statement of Deficiencies	License #: 2694	Compliance Determination # 55898
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 36 of 38	Licenses: Bonaventure of Maple Valley LLC	03/19/2026

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on
(Date) 5-1-25

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



Administrator (or Representative)

3-28-25

Date

#18

Plan/Attestation Statement

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Administrator (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/19/2025

Bonaventure of Maple Valley LLC
Bonaventure of Maple Valley LLC
23801 228th AVE SE
Maple Valley, WA 98038

RE: Bonaventure of Maple Valley LLC # 2694

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/19/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

- 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations;

(vi) Emergency communication plan.

The location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. The facility disaster plan did not document alternative accommodations in the event of evacuation. The disaster plan did not document emergency communication contact information. During the inspection, facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit. The facility staff updated their emergency disaster plan to include alternative accommodations and emergency contact information.

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

03/19/2025

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The second-floor assisted living activity room kitchen contained an accessible oven/stove top, microwave, and refrigerator. The microwave and oven/stovetop were operable. The refrigerator was accessible and contained both alcoholic and non-alcoholic beverages. Review of the facility's characteristics roster showed several residents with [REDACTED] diagnosis [REDACTED] and independent with ambulation, resided in the assisted living. During the inspection, facility staff made the microwave and oven/stovetop inoperable and locked the refrigerator.

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:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.