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

08/22/2025

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 64565 (Completion Date 08/22/2025) and 61993 (Completion Date 07/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/22/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

The Department staff who did the On Site verification:
Claudia Allis, ALF Licensor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Maple Valley LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2694
Intake ID: 185171
Compliance Determination #: 61993
Region/Unit #: RCS Region 2 / Unit D
Investigator: Laurie Anderson
Investigation Date(s): 07/02/2025 through 07/02/2025
Complainant Contact Date(s):

Allegation(s):
Unqualified staff providing care and services to residents.

Investigation Methods:

Sample:	Total residents: 60 Resident sample size: 0 Closed records sample size: 0
Observations:	Named staff, Memory Care unit
Interviews:	Named staff, Executive Director, regional Chief of Operations
Record Reviews:	Named Staff's personnel records, facility staff roster and schedules

Investigation Summary:
On-site inspection revealed facility failed practice. Citation issued. Review of personnel records completed - credentials held by three staff checked during facility licensing follow-up visit. Named Staff credentialed as Nursing Assistant Registered (NAR). Undated staff records showed no documentation Named Staff completed the 70 hour basic training. Named Staff was not enrolled in training for Home Care Aide (HCA) certification. Named Staff's date of hire shown as 08/06/2024; based on date of hire, Named Staff exceeded the 200-day requirement to complete HCA certification. Named Staff stated that they were credentialed as an NAR. Named Staff stated that they were not enrolled in an Home Care Aide training program. Facility Executive Director and Corporate Chief of Operations stated that they were unaware the Named Staff had not completed the required training and certification.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 07/02/2025 of:

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

This document references the following complaint number(s): 185171

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

The department staff that investigated the Assisted Living Facility:

Claudia Allis, ALF Licensor
Laurie Anderson, Community Field Manager

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

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

07/14/2025
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)

7-15-25
Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when? Unless exempt under WAC 246-980-025 , the following individuals must be certified by the department of health as a home care aide within the required time frames:

(1) All long-term care workers, within two hundred days of the date of hire;

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled staff (Staff F) maintained the required credentials to provide care and services to residents. This failure placed all 60 residents at risk of unmet care needs from staff without the required credentials.

Findings included...

Review of the facility's personnel records showed the facility hired Staff F, Memory Care Director/Medication Aide (Med Aide), on 08/06/2024.

Review of the facility's undated personnel records showed no documentation that Staff F completed the basic training requirements for long-term care workers. The records showed documentation that Staff F held a current Washington Department of Health

credential as a Nursing Assistant Registered with an expiration date of 03/19/2026. The records showed no documentation that Staff F completed the Home Care Aide certification (HCA).

Review of the facility's undated staff roster showed Staff F worked as a Med Aide to provide care and services to residents. Review of the facility's staff schedules showed Staff F worked as a Med Aide in the facility from 08/06/2024 to 05/06/2025, without any credentials.

Review of the facility's undated staff roster showed Staff F promoted to the Memory Care Director (MCD) to supervise and provide care and services to residents. Review of the facility's staff schedules showed Staff F worked as the MCD in the facility from 05/06/2025 to 06/30/2025, without any credentials.

During an interview on 06/30/2025 at 1:50 PM, Staff F stated that they were credentialed as a Nursing Assistant Registered. Staff F stated they had not completed the 70-hour basic training. Staff F stated they were not enrolled in a Home Care Aide program.

During an interview on 06/30/2025 at 1:55 PM, Staff A, Executive Director, and Staff E, Corporate Regional Chief of Operations, stated that they were unaware that Staff F worked at the facility to provide care and services to residents for 329 days, without completing the required basic training and HCA certification.

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) 8/16/25 .

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

Administrator (or Representative) — Date: 7-15-25