



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

July 11, 2023

**ELECTRONIC-FACSIMILE**

Administrator  
Bonaventure of Vancouver  
9317 NE 86th Street  
Vancouver, WA 98662

Assisted Living Facility License #2535  
Licensee: Bonaventure of Vancouver LLC

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On July 3, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of a civil fines on the license for your assisted living facility, also known as **Bonaventure of Vancouver**, located at **9317 NE 86th Street, Vancouver, WA 98662**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **July 3, 2023**.

**Civil Fines**

|                                                                                                    |                        |
|----------------------------------------------------------------------------------------------------|------------------------|
| <b><u>WAC 388-78A-24642 (1)(2)(3) Background checks—National fingerprint background check.</u></b> | <b><u>\$300.00</u></b> |
|----------------------------------------------------------------------------------------------------|------------------------|

**The licensee failed to complete a national fingerprint background check for five staff. This failure placed all residents and staff at risk for harm by potentially employing staff with disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).**

**This is an uncorrected deficiency previously cited on May 4, 2023.**

**WAC 388-78A-2480 (1)(2) Tuberculosis—Testing—Required.**

**\$300.00**

The licensee failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on one staff within three days of employment. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

This is an uncorrected deficiency previously cited on May 4, 2023.

**WAC 388-78A-2474 (2)(d) Training and home care aide certification requirements.**

**\$300.00**

The licensee failed to ensure that two staff had the required first aid and cardiac pulmonary resuscitation (CPR) training certifications. This failure placed all residents at risk for emergency care being provided by untrained staff.

This is an uncorrected deficiency previously cited on May 4, 2023.

**WAC 388-78A-2320 (1)(b) Intermittent nursing services systems.**

**\$300.00**

The licensee failed to ensure consent was received prior to implementing nurse delegation to eight residents and failed to ensure nursing staff were trained and evaluated prior to providing nurse delegated tasks. This failure placed all residents requiring nurse delegation at risk for harm or injury due to receiving nursing care services by untrained staff.

This is an uncorrected deficiency previously cited on May 4, 2023.

*NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.*

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

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Return the signed and dated SOD to:

Michael Burdick, Field Manager  
Region 3, Unit I  
800 NE 136th Ave Suite 220  
Vancouver, WA 98684  
Phone: (360) 450-1218/ Fax: (360) 992-7969  
**rcsregion3email@dshs.wa.gov**

### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

#### Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your **written** request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600

#### Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

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**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,200.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114 (extension 45919)  
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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If you have any questions, please contact Michael Burdick, Field Manager, at (360) 450-1218.

Sincerely,



Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit I  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
HP