STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

BONAVENTURE OF VANCOUVER LLC
Bonaventure of Vancouver
9317 NE 86th Street
Vancouver, WA 98662

RE: Bonaventure of Vancouver License # 2535

Dear Administrator:

This letter addresses Compliance Determination(s) 28289 (Completion Date 08/29/2023) and 25893 (Completion Date 07/03/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/29/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-24642, WAC 388-78A-24642-1, WAC 388-78A-24642-2, WAC 388-78A-24642-3, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2474-2-d, WAC 388-78A-2320-1-b

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2535	Compliance Determination # 25893
Plan of Correction	Bonaventure of Vancouver	Completion Date
Page 1 of 7	Licensee: BONAVENTURE OF VANCOUVER LLC	07/03/2023

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

The department completed data collection for an unannounced on-site follow-up on 06/28/2023 and 06/30/2023 of:
Bonaventure of Vancouver
9317 NE 86th Street
Vancouver, WA 98662

This document references the following SOD dated: 07/03/2023

The following sample was selected for review during the unannounced on-site visit: 16 of 74 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 07/11/2023 Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Statement of Deficiencies	License #: 2535	Compliance Determination # 25893
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Administrator (or Representative) 7/20/23 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check for 5 of 5 sampled staff (Staff C, Staff D, Staff E, Staff F, and Staff G). 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).

Findings included...

On 06/28/2023 at 10:30 AM, during an unannounced licensing follow up visit, staff record review showed no final fingerprint background checks in the staff file provided by the facility for the following staff:

- Staff C, Caregiver, hired on 10/13/2022, had an interim fingerprint check dated 10/13/2022.
- Staff D, Medication Aide, hired on 03/22/2023, had an interim fingerprint check dated 08/22/2022.
- Staff E, Medication Aide, hired on 11/29/2022, had an interim fingerprint check dated 04/13/2023.
- Staff F, Medication Aide, hired on 03/04/2020, had an interim fingerprint check dated 04/14/2023.
- Staff G, Caregiver, hired on 02/24/2023, had an interim fingerprint check dated 02/24/2023.

On 06/28/2023 at 12:15 PM, Staff A, Executive Director, stated the process for completing fingerprint background checks was "backed up" but that they could get the department the dates that these staff are scheduled for the fingerprint background checks.

As of 06/29/2023, the department has not received any information regarding Staff C, Staff D, Staff E, Staff F, and Staff G having scheduled a fingerprint background check.

This is an uncorrected deficiency previously cited on 05/04/2023.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 8/17/23 .

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

Administrator (or Representative) 7/17/23 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:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 1 of 2 sampled staff (Staff L) within three days of employment. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

On 06/30/2023 at 5:22 PM, during an unannounced licensing follow up visit, the department requested TB test results for Staff L, caregiver.

Staff record review for Staff L showed no documentation of Staff L receiving their first step TB test.

On 07/03/2023 at 11:40 AM, Staff A, Executive Director, stated that they had given all that they had for the requested documents.

This is an uncorrected deficiency previously cited on 05/04/2023.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 8/17/23 .

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

Administrator (or Representative) Date 7/17/23

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:

(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 that 2 of 5 sampled staff (Staff C and Staff E) 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.

Findings included...

On 06/28/2023 at 11:09 AM, during an unannounced licensing follow up, the department requested staff documents for Staff C and Staff E.

At 11:50 AM, Staff B, Assistant Executive Director, delivered staff documents. Staff record review showed no First aid/CPR training was in the staff file provided by the facility for the following staff:
- Staff C, Caregiver, hired on 10/13/2022.
- Staff E, Medication Aide, hired on 11/29/2022.

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On 06/28/2023 at 12:15 PM, Staff A, Executive Director, acknowledged that there was no record of first aid/CPR training in the staff file for Staff C and Staff E. Staff A stated that they would provide the missing documents to the department.

As of 06/30/2023, the department has not received any documentation that Staff C and Staff E had received the required first aid and CPR training.

This is an uncorrected deficiency previously cited on 05/04/2023.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 8/17/23 .

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

Administrator (or Representative) 7/17/23 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:

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

This requirement was not met as evidenced by:

Based on interview, and record review, the facility failed to ensure consent was received prior to implementing nurse delegation to 8 of 8 residents (Resident 1, Resident 8, Resident 10, Resident 12, Resident 13, Resident 14, Resident 15, and Resident 16) 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.

Findings included...

Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation.
(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.
(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

During an unannounced licensing follow up visit on 06/28/2023 at 10:30 AM, record review of the facilities nurse delegation binder showed 8 residents who were evaluated and required nurse delegation from nursing staff.

Review of nurse delegation consent forms for Resident 1, Resident 8, Resident 10, Resident 12, Resident 13, Resident 14, Resident 15, and Resident 16 showed that the client or authorized representative signature was missing.

During an interview on 06/28/2023 at 01:55 PM, Staff H, Caregiver, and Staff I, Medication Aide, stated that there are two residents, Resident 10 (R10) and Resident 12 (R12), in the memory care unit that they provide capillary blood glucose monitoring (CBGs) for.

Review of R12's nurse delegation documents showed a nurse delegation nursing visit for CBG monitoring dated 05/09/2023 however the section for caregivers being evaluated was left blank.

This is an uncorrected deficiency previously cited on 05/04/2023.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 8/17/23 .

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

Statement of Deficiencies	License #: 2535	Compliance Determination # 25893
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Administrator (or Representative)

7/17/23
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2535	Compliance Determination #22341
Plan of Correction	Bonaventure of Vancouver	Completion Date
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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 04/12/2023 and 04/18/2023 of:
Bonaventure of Vancouver
9317 NE 86th Street
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 12 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Nikki O'Brien

Residential Care Services

05/16/2023

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

5/24/23
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

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually for 6 of 12 sampled residents (Resident 1, Resident 2, Resident 5, Resident 8, Resident 10, and Resident 11). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 04/12/2023 at 2:00 PM, review of R1's medical records documented that R1 admitted to the facility on [redacted]/2022, with various diagnoses including [redacted].

Review of R1's NSA, dated 11/04/2022, 12/01/2022, 04/12/2023, showed no signature from R1 or R1's responsible party.

Resident 2 (R2)
During an unannounced full inspection on 04/13/2023 at 12:00 PM, review of R2's records showed R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R2's NSA, dated 02/04/2023, showed no signature from R2 or R2's responsible party.

Resident 5 (R5)
During an unannounced full inspection on 04/13/2023 at 1:30 PM, review of R5's medical

records documented that R5 admitted to the facility on [redacted]/2020, with various diagnoses including [redacted].

Review of R5's NSA, dated 12/03/2023, showed no signature from R5 or R5's responsible party.

Resident 8 (R8)
During an unannounced full inspection on 04/13/2023 at 1:30 PM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's NSA, dated 03/01/2023, showed no signature from R8 or R8's responsible party.

Resident 10 (R10)
During an unannounced full inspection on 04/14/2023 at 12:30 PM, R10's records showed that R10 admitted to the facility on [redacted]2022 with various diagnoses including [redacted].

Review of R10's NSA, dated 01/12/2023, showed no signature from R10 or R10's responsible party.

Resident 12 (R12)
During an unannounced full inspection on 04/14/2023 at 12:05 PM, R12's records showed that R12 admitted to the facility on [redacted]2022 with various diagnoses including [redacted].

Review of R12's NSA, dated, 09/28/2022 and 12/25/2022 showed no signature from R12 or R12's responsible party.

During an exit interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, acknowledged that the facility was unable to provide signed NSA's for these residents.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/2023

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

Administrator (or Representative) — Date: 5/26/23

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA), the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 5 of 12 sampled residents (Resident 2, Resident 6, Resident 7, Resident 8, and Resident 11). Failure to develop a complete NSA placed residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included:

Resident 2 (R2)
During an unannounced full inspection on 04/13/2023 at 12:00 PM. Review of R2's records showed R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of the facilities "Resident Characteristic Roster" showed R2 was receiving home health services.

Review of discharge instructions from a hospital visit on [redacted]/23 showed that R2 was to receive home health services.

Review of R2's NSA, dated 02/04/2023, showed no documentation of R2 receiving home health services.

Resident 6 (R6)
During an unannounced full inspection on 04/13/2023 at 2:00 PM, R6's records showed that R6 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R6's assessments dated 09/05/2022, 12/06/2022, and 03/13/2023 documented that R6 was receiving physical therapy (PT) and occupational therapy (OT).

Review of R6's NSA, dated 07/23/2022, showed no documentation of R6 receiving PT or OT services.

During an interview on 04/17/2023 at 12:40 PM, R6's spouse confirmed that R6 was receiving PT and OT services and they came for 12 visits.

Resident 7 (R7)
During an unannounced full inspection on 04/14/2023 at 10:00 AM, R7's records showed R7 admitted to the facility on [redacted]2023 with various diagnoses including [redacted].

Review of R7's NSA, dated 02/21/2023, showed that it did not match the information on R7's Portable Orders for Life-Sustaining Treatment (POLST). R7's service plan, under general information question one "does resident want to be resuscitated?" "Yes" is marked. On R7's POLST, which R7 had signed on 03/09/2023 and signed by the physician on 03/13/2023, under A Use of Cardiopulmonary Resuscitation (CPR), "No – Do Not Attempt Resuscitation (DNAR)/Allow Natural Death" was selected.

Resident 8 (R8)
During an unannounced full inspection on 04/13/2023 at 1:30 PM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's NSA, dated 03/01/2023, showed that R8 was a fall risk but gave no information about how the facility was going to support R8 with falls.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/2023

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

Administrator (or Representative) — Date: 5/26/23

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:

(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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the written plan for family medication assistance included the minimum information required when 2 of 2 residents (Resident 6 and Resident 8) had family assisting with medications. This failure placed these residents at risk for not receiving medications as prescribed due to missing documentation of the assistance family was providing with medications.

Findings included...

Resident 6 (R6)
R6's records showed that R6 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Initial review of R6's records on showed there was no family assistance with medications and treatments plan found in R6's chart.

On 04/17/2023 at 9:30 AM, an incomplete family assistance with medications and treatments plan was provided for R6. There was no description or information describing

medication assistance on the written plan provided other than, "all meds."

Resident 8 (R8)
R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's family assistance with medications and treatments plan showed that the required "alternative person" listed to aid with medications was left blank.

During interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, confirmed that the family assistance with medications and treatments plan for R6 lacked a detailed description of the medication assistance being provided by family. Staff B, Staff C, and Staff D also confirmed that the family assistance with medications and treatments plan for R8 lacked an alternate person as required.

This is a recurring deficiency previously cited on 05/24/2021.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Bonaventure of Vancouver is or will be in compliance with this law and / or regulation on (Date) 6.18.23.

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

Administrator (or Representative) — Date: 5/24/23

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:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(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 interview and record review, the facility failed to ensure residents were provided a Medicaid policy for 6 of 12 sampled residents (Resident 3, Resident 4, Resident 7, Resident 10, Resident 11, and Resident 12). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

Resident 3 (R3)
R3's records showed that R3 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Review of R3's records showed that there was no Medicaid policy present in the resident's chart.

Resident 4 (R4)
R4's records showed that R4 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Review of R4's records showed that there was no Medicaid policy present in the resident's chart.

Resident 7 (R7)
R7's records showed R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R7's records showed that there was no Medicaid policy present in the resident's chart.

Resident 10 (R10)
R10's records showed that R10 admitted to the facility on [redacted]2022 with various diagnoses including [redacted].

Review of R10's records showed that there was no Medicaid policy present in the resident's chart.

Resident 11 (R11)
R11's records showed that R11 admitted to the facility on [redacted]2023 with various diagnoses including [redacted].

Review of R11's records showed that there was no Medicaid policy present in the resident's chart.

Resident 12 (R12)
R12's records showed R12 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]

Review of R12's records showed that there was no Medicaid policy present in the resident's chart.

During an interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, acknowledged that the facility was unable to provide signed Medicaid policies for these residents.

This is a recurring deficiency previously cited on 05/24/2021.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Bonaventure of Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23.

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

Administrator (or Representative) — Date: 5/26/23

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 complete a full assessment within fourteen days of the resident's move-in date for 3 of 4 sampled residents (Residents 7, Resident 8, and Resident 11). This failure placed these residents at risk for their care needs not being met.

Findings included...

Resident 7 (R7)
During an unannounced full inspection on 04/14/2023 at 10:00 AM, R7's records showed

R7 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R7's records showed that there was no assessment completed for R7.

Resident 8 (R8)
During an unannounced full inspection on 04/13/2023 at 1:30 PM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's records showed that there was no assessment completed for R8.

Resident 11 (R11)
During an unannounced full inspection on 04/14/2023 at 12:00 PM, R11's records showed that R11 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R11's records showed that there was no assessment completed for R11.

During an exit interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, acknowledged that the facility was not able to provide a completed assessment for these residents.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23.

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

Administrator (or Representative) — Date: 5/24/23

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the facility failed to institute standard infection control practices in the assisted living facility to prevent and limit the spread of infections. This failure placed all residents, staff, and visitors at risk of COVID-19 exposure and other potentially infectious diseases.

Findings included...

The Washington State Department of Social and Health Services (DSHS) and Washington State Department of Health (DOH) document, titled "Long Term Care (LTC) COVID Response", implementation date October 31, 2022, documented that facilities and homes were required to follow the recommendations and guidelines in the LTC COVID Response document, which provides direct links to the Centers for Disease Control and Prevention (CDC) and DOH websites.

CDC document titled "Managing Investigations During an Outbreak" defines an outbreak as: "two or more contacts are identified as having active COVID-19, regardless of their assigned priority."

The CDC document titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", dated 5/8/2023, outlines the CDC recommendations for COVID-19 outbreak as follows:
1. Provide guidance (e.g., posted signs at entrances, on patient room doors... .) about recommended actions for patients and visitors and staff.
2. Implement source control measures. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.
3. Implement Universal Use of Personal Protective Equipment. "This includes NIOSH Approved particulate respirators with N95 filters or higher, Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters... these are to be replaced during each change of resident encounter... the facility should have adequate supply of PPE to ensure adequate protection of staff and residents."

During an unannounced licensing inspection on 04/12/2023 at 11:35 AM, a general tour of the facility was conducted with Staff B, Assistant Executive Director, and Staff D, Nurse. Staff D stated that the memory care unit was in COVID-19 "outbreak status". It was observed that there were no signs notifying that the facility was in a COVID-19 outbreak status. Only three signs were observed on residents' doors notifying staff which rooms required the use of personal protective equipment (PPE) and COVID-19 precautions, which was less than the reported number of positive resident rooms requiring signage. Only one small bin that contained PPE, gowns, gloves, and hand sanitizer was observed for the entire outbreak population.

During an interview while on the facility tour, at 11:40 AM, Staff D stated there were currently 4 to 5 COVID-19 positive residents in memory care. Staff D stated that staff put on (don) PPE before entering the room and take PPE off (doff) before exiting the room. Staff D stated they sanitize their hands once out of the room, and then they were supposed to go and wash their hands.

During the same tour, housekeeping staff was observed vacuuming the hallway in the memory care unit wearing an N95 respirator mask and no eye protection. The kitchen staff were observed coming out of a memory care resident's room wearing a surgical mask and no eye protection.

During an interview on 04/17/2023 at 2:00 PM, Staff L, Medication Aid, stated that there were 11 presumed COVID-19 positive residents that they use PPE for.

On 04/17/2023 at 2:15 PM, Staff I, Caregiver, and Staff J, Caregiver, were observed entering and exiting COVID-19 positive residents' rooms without eye protection.

In an interview on 04/17/2023 at 2:20 PM, Staff I stated that they had never been taught how to don and doff PPE.

On 04/17/2023 at 4:10 PM, Staff K, Medication Aid, was observed doffing PPE outside of a COVID-19 positive resident's room after providing care to the COVID-19 positive resident. Staff K then disposed of the doffed PPE in the medication room instead of in the resident room prior to exiting the room as required.

This is a recurring deficiency previously cited on 05/24/2021.

Plan/Attestation Statement

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Administrator (or Representative) — Date 5/26/23

WAC 388-78A-24641 Background checks Washington state name and date of birth background check. Unless the individual is eligible for an exception under WAC 388-113-0040 , if the results of the Washington state name and date of birth background check indicate the person has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action under WAC 388-78A-2470 , then the assisted living facility must:

(1) Not employ, directly or by contract, a caregiver, administrator, or staff person; and

(2) Not allow a volunteer or student to have unsupervised access to residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background check for 1 of 5 sampled staff members (Staff G). This failure placed all residents and staff at risk for harm by employing staff with potential disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

On 04/13/23 at 9:45 AM, during an unannounced licensing inspection, staff record review showed no Washington State name and date of birth background check in the staff file provided by the facility for Staff G, Medication Aid, hired on 11/29/2022.

On 04/13/2023 at 2:23 PM, Staff B, Assistant Executive Director, stated that they provided everything they had on the sampled staff.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23 .

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

Administrator (or Representative) — Date: 5/26/23

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check or ensure the results of the fingerprint background check were documented in their employee records for 4 of 5 sampled staff (Staff E, Staff F, Staff G, and Staff H). This failure placed all residents and staff at risk for harm by employing staff with potentially disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

On 04/13/23 at 9:45 AM, during an unannounced licensing inspection, staff record review showed no fingerprint background checks in the staff file provided by the facility for the following staff:
- Staff E, Caregiver, hired on 10/13/2022.
- Staff F, Medication Aid, hired on 03/22/2023.
- Staff G, Medication Aid, hired on 11/29/2022.
- Staff H, Medication Aid, hired on 03/04/2020.

On 04/13/2023 at 12:23 PM, Staff B, Assistant Executive Director, stated that Staff A, Executive Director, was contacting the home office for the missing background checks.

On 04/13/2023 at 2:23 PM, Staff B stated that they provided everything they had on the sampled staff.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date)_ 6/18/23 __.

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

Administrator (or Representative) 5/24/23 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:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 3 of 5 sampled staff (Staff E, Staff F, and Staff G) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included:

On 04/13/23 at 9:45 AM, during an unannounced licensing inspection, staff record review showed no TB testing documentation in the staff file provided by the facility for the following staff:
- Staff E, Caregiver, hired on 10/13/2022.
- Staff F, Medication Aid, hired on 03/22/2023.
- Staff G, Medication Aid, hired on 11/29/2022.

On 04/13/2023 at 2:23 PM, Staff B stated that they provided everything they had on the sampled staff.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23 .

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Administrator (or Representative) 5/24/23 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:

(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 that 2 of 5 sampled staff (Staff E and Staff G) had updated first aid and cardiac pulmonary resuscitation (CPR) training certifications. This failure placed all residents at risk for emergency care being provided by untrained staff.

Findings included...

On 04/13/23 at 9:45 AM, during an unannounced licensing inspection, staff record review showed no First aid/CPR training was in the staff file provided by the facility for the following staff:
- Staff E, Caregiver, hired on 10/13/2022.
- Staff G, Medication Aid, hired on 11/29/2022.

On 04/13/2023 at 2:23 PM, Staff B stated that they provided everything they had on the sampled staff.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23 .

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Administrator (or Representative) — Date: 5/24/23

WAC 388-78A-3140 Responsibilities during inspections. The assisted living facility must:

(2) Provide requested records to the representatives of the department; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide accurate documentation when requested by the Department during their full licensing inspection. This failure caused a delay in the inspection process and placed all residents at risk of care from a facility not in compliance with governing rules and regulations.

Findings included...

During an unannounced full licensing inspection on 04/12/2023 at 11:00 AM, the Department provided Staff B, Assistant Executive Director, and Staff D, Nurse, the form Assisted Living Facility Request for Documentation, attachment B, a form that lists out required documents to complete the full licensing inspection.

Throughout the inspection, the Department had to continually re-request documents from the facility.

On 04/14/2023 at 11:18 AM, the Department again requested the resident register and liability insurance that had not yet been received.

On 04/18/2023 at 12:00 PM, the facility was not able to provide a copy of the liability insurance certificate.

During an exit interview on 04/18/2023 at 12:00 PM, Staff B, Staff C, Assisted Living Director, and Staff D, acknowledged that the facility failed to provide requested documentation in a timely manner.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23 .

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Administrator (or Representative) — Date: 5/26/23

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:

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

This requirement was not met as evidenced by:

Based on interview, record review, and observation, the facility failed to ensure staff were nurse delegated for medication administration and medical treatments. This failure resulted in 2 of 13 residents reviewed for nurse delegation, receiving care by undelegated staff and placed residents at risk for receiving care by undelegated staff.

Findings included...

Washington Administrative Code (WAC) 246-840-930- Criteria for delegation- (1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE: (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (11) Document in the patient's record the rationale for delegating or not delegating nursing tasks. (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes:
(a) The rationale for delegating the nursing task.
(b) The delegated nursing task is specific to one patient and is not transferable to another patient.
(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide.
(d) The nature of the condition requiring treatment and purpose of the delegated nursing task.
(e) A clear description of the procedure or steps to follow to perform the task.
(f) The predictable outcomes of the nursing task and how to effectively deal with them.
(g) The risks of the treatment.
(h) The interactions of prescribed medications.
(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services.
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

During an interview conducted during a licensing visit on 04/13/2023 at 2:23 PM, Staff D, Nurse, stated that the facility has no residents that require nurse delegation at this time.

Record review of resident characteristic roster showed 13 residents as receiving nurse delegation.

Record review showed that Resident 2 (R2) admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]. Review of R2's physician order dated 08/18/2022, was faxed on 03/09/2023, and documented that "delegated staff are to measure and record blood glucose twice daily as needed."

Record review showed that Resident 11 (R11) admitted to the facility on [redacted]/2023 with various diagnoses including [redacted]. Review of R11's service plan dated 02/16/2023 documented that staff are to perform R11's capillary blood glucose (CBG) twice a day.

In an interview on 04/17/2023 at 2:00 PM, Staff K, Medication Aid (person trained specifically for administering treatment and medications), stated that there are three residents (Resident 2, Resident 11, and Resident 13) in the memory care unit that require CBG checks and that the medication aids perform the CBG checks for the residents.

During an interview on 04/18/2023 at 12:00 PM, the facility failed to provide the department with any requested nurse delegation documents that confirmed staff were nurse delegated as requested by the department.

This is a recurring deficiency previously cited on 05/24/2021.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 5/24/23

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

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

(2) Determine the circumstances of the event;

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to investigate and document actions and findings for incidents jeopardizing residents' health for 1 of 12 sampled residents (Resident 1 – R1). This failure resulted in the facility being unable to determine the circumstances of the event, institute and document appropriate measures to prevent similar situations, and protect the resident during the investigation.

Findings included...

Review of R1's medical records documented that R1 admitted to the facility on [redacted]/2022, with various diagnoses including [redacted].

Review of R1's records showed numerous behavioral incidents involving R1 and other residents or R1 and staff. Review of R1's progress note dated 12/30/2022 at 7:29 PM, documented an incident where R1 "punched" two other residents "in the mouth." Progress note dated 01/06/2023 at 2:36 PM, documented that R1 was sent to the hospital due to "striking a caregiver and a med tech." Progress note dated 01/29/2023 at 3:31 AM, described R1 becoming highly combative when caregivers were assisting in activities of daily living (ADL). It read that R1 had removed the lid of the tank of the toilet and attempted to throw it at a med tech, and had punched, kicked, head butted, and swung at the caregiver and med tech. Record review of a resident temporary care plan, dated 02/22/2023, documented R1 "slapped another resident on the face." Review of the facility's "Resident Occurrence Tracking Log" showed no documentation of any of these incidents.

During an interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, acknowledged that the investigations were

not present in the facility's Resident Occurrence Tracking Log and were unable to produce occurrence reports and investigations for these incidents for R1.

This is a recurring deficiency previously cited on 05/24/2021.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 5/26/23

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

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) within 30 days following admission to the facility for 1 of 4 residents (Resident 12 – R12). This failure placed this resident at risk for proper care needs being unmet.

Findings included:

During an unannounced licensing inspection on 04/14/2023 at 12:05 PM, a review of R12's medical records showed that R12 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted]. During the record review, no 30-day NSA was found.

During an exit interview on 04/18/2023 at 12:00 PM, Staff B, Assistant Executive Director, Staff C Assisted Living Director, and Staff D, Nurse, acknowledged that there was no 30-day NSA in the R12's chart.

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 Vancouver is or will be in compliance with this law and / or regulation on (Date) 6/18/23 .

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

Administrator (or Representative)

5/26/23
Date