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
3425 Boone Rd SE
Salem, OR 97317

RE: Bonaventure of Vancouver License # 2535

Dear Administrator:

This letter addresses Compliance Determination(s) 53364 (Completion Date 02/06/2025) and 51041 (Completion Date 12/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2025 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-2320, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-c, WAC 388-78A-2320-2-d, WAC 388-78A-2320-2-e, WAC 388-78A-2320-2-f, WAC 388-78A-2320-3, WAC 388-78A-2320-3-a, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-c, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e, WAC 388-78A-2210-1-b, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130-2, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2480-1, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6, WAC 388-78A-2730-2-b-iii, WAC 388-78A-3140-2

The Department staff who did the on-site verification:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse 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

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 12/02/2024 and 12/05/2024 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 91 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.

Residential Care Services

12/12/2024
Date

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

Administrator (or Representative)

12/24/24
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.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(f) Availability of the supervisor, in person, by pager, or by telephone, to respond to residents' needs on the assisted living facility premises as necessary.

(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:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

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

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

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the nurse delegation requirements were met when the nurse delegator failed to delegate 9 of 14 Medication Aids (Staff D, E, H, I, J, K, L, M, and N) prior to administering medications to 1 of 1 sampled resident (Resident 4). This failure placed this resident at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation.
(1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
ASSESS
(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).
(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.
(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.
(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.
(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.
(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.
(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.
(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.
PLAN
(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;
(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
(i) How to notify the registered nurse delegator of the change;
(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and
(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;
(k) How to document the task in the patient's record;
(l) Document teaching done and a return demonstration, or other method for verification of competency; and
(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks, and may be more frequent.
(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.
IMPLEMENT
(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.
(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).
EVALUATE
(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of

care.
(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.

During an unannounced licensing full inspection on 12/02/2024 at 12:30 PM, record review of the facility's resident characteristics roster provided, documented three residents requiring nurse delegation.

Resident 4 (R4)
On 12/03/2024 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R4's nurse delegation records showed a consent signed on 10/15/2024.

Record review of R4's nurse delegation: nursing visit, dated 10/09/2024, showed only five staff delegated:
- Staff A, Executive Director, hired 07/04/2017.
- Staff O, medication aide, hired on 08/18/2024.
- Staff P, medication aide, hired on 03/04/2020.
- Staff Q, caregiver, hired on 09/22/2024.
- Staff R, medication aide, hired on 08/02/2023.

Record review of R4's medication administration record (MAR) dated 09/01/2024 to 12/02/2024 showed that the following staff administered insulin to R4:
- Staff D, medication aide, hired on 05/24/2023.
- Staff E, medication aide, hired on 11/09/2023.
- Staff H, former employee. Hire and termination date unknown.
- Staff I, medication aide, hired 07/14/2023.
- Staff J, medication aide, hired on 03/15/2023.
- Staff K, medication aide, hired on 04/22/2024.
- Staff L, medication aide, hired on 06/05/2024.
- Staff M, caregiver, hired on 05/09/2024.
- Staff N, caregiver, hired on 12/27/2024.

During an exit interview on 12/05/2024 at 11:10 AM, Staff C, Registered Nurse,

acknowledged that the nurse delegation consent for R4 was signed after staff had been administering oral medications, insulin, and monitoring blood sugars for R4 and that 9 of the 14 medication aides that had been administering medications to R4 had not been delegated.

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) 01/19/25 .

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

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

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication service when 3 of 12 residents (Resident 4, 6 and 12) were administered medications not as prescribed. This failure placed these two residents at risk of harm from inconsistent or improper medication management.

Findings included...

Resident 4 (R4)
During an unannounced full inspection on 12/03/2024 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R4's medication administration record (MAR), dated 09/01/2024 – 12/02/2024, showed that R4 was receiving a medication, carvedilol, twice a day to regulate R4's blood pressure.

Review of R4's September and October of 2024 MAR's, showed documentation that between 09/27/2024 – 10/05/2024, the facility had the wrong dose of the medication and was in communication with the pharmacy to receive the correct dose. During this time, it was documented that the medication was administered five times. No other documentation was found to show why the medication was given when the facility had the wrong dose.

Resident 6 (R6)
On 12/03/2024 at 10:30 AM, R6's records showed that R65 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of R6's MAR's, dated 09/01/2024 – 12/02/2024, showed that R6 was receiving a medication, cromolyn sodium, three times a day to treat symptoms of a respiratory disease. Review of R6's September of 2024 MAR, showed documentation throughout the month that the medication was not given with the explanation that "medication has not arrived."

The following are the dates this medication was not given:
- 09/01/2024: morning and afternoon dose
- 09/02/2024: morning and afternoon dose
- 09/03/2024: morning and evening dose
- 09/14/2024: morning and afternoon dose
- 09/15/2024: morning dose
- 09/21/2024: evening dose
- 09/22/2024: morning dose

Resident 12 (R12)
On 10/04/2024 at 11:00 AM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R12's MAR's, dated 09/01/2024 – 12/02/2024, showed that R12 was receiving a medication, prednisone, to treat inflammation. Review of R12's October of 2024 MAR, showed documentation that between 10/13/2024 – 10/28/2024, the medication was not given with the explanation that "med not arrived." Between that time frame, it was documented that the medication was given on 10/20/2024, 10/21/2024, and 10/27/2024.

During an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged the need for additional training for medication assistance and administration.

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) 01/19/25 .

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

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

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:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 3 sampled staff (Staff C, D, and E) had completed and/or had documentation of them completing their required basic training, specialty training, and/or 12 hours of continuing education (CEUs) per regulation. This failure placed all residents at risk for harm due to staff not being properly trained.

Findings included...

During an unannounced licensing full inspection on 12/02/2024 at 1:00 PM, the department received the requested staff documents.

Staff C
Record review for Staff C, Registered Nurse (RN), showed that Staff C was hired on 09/25/2023. Review of Staff C's personnel records showed no documentation that Staff C had completed the required dementia and mental health specialty training.

In an interview on 12/04/2024 at 1:05 PM, Staff C stated that they were unaware that RN's were required to take the specialty training.

Staff D
Record review for Staff D, Assisted Living Director, showed that Staff D was hired on 05/24/2023. Review of Staff D's personnel records no documentation that Staff D had completed the required 70-hour basic training, the annual 12 hours of continuing education, or the dementia and mental health specialty training.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 11/09/2023. Review of Staff E's personnel records no documentation that Staff E had completed the required annual 12 hours of continuing education, or the dementia and mental health specialty training.

During an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged the department's findings.

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) 01/19/25 .

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

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

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 14 days of the resident's admission to the facility for 2 of 6 sampled residents (Residents 4, and 9). This failure placed these two residents at risk of their care needs not being met.

Findings included...

Resident 4 (R4)
During an unannounced full inspection on 12/03/2024 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R4's assessments showed a preadmission assessment dated 05/23/2024. No assessments were found within 14 days of R4 admitting to the facility.

Resident 9 (R9)
During record review, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including chronic [redacted].

Record review of R9's assessments showed a preadmission assessment undated. No assessments were found within 14 days of R9 admitting to the facility.

During an exit interview on 12/05/2024 at 11:10 AM, Staff C, Registered Nurse, acknowledged that the 14-day assessments for R4 and R9 had not been completed.

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) 01/09/25.

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

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

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) upon admission and/or within 30 days of admission to the facility for 2 of 6 sampled residents (Resident 4 and 9). This failure placed these two residents at risk for proper care needs being unmet.

Findings included...

Resident 4 (R4)
During an unannounced full inspection on 12/03/2024 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

[redacted] and [redacted].

Record review of R4's NSAs showed an NSA dated 05/23/2024 that was signed three months later, on 08/25/2024 by the resident or the resident's responsible party. An NSA dated 06/27/2024 was also found and signed three months later, on 09/27/2024. No documentation was provided to show that either NSAs were reviewed and/or agreed upon by the resident or resident's responsible party at the time of the NSA.

Resident 9 (R9)
Review of R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Record review of R9's NSAs showed an initial NSAs dated 07/24/2024. No other NSA was found within 30-days of R9's admission into the facility.

During an exit interview on 12/05/2024 at 11:10 AM, Staff C, Registered Nurse, acknowledged the department's findings.

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) 01/19/25 .

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

[signature] 12/24/24

Administrator (or Representative) 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 interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 3 of 12 sampled residents (Resident 2, 8, and 10). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 2 (R2)
During an unannounced licensing full inspection on 11/04/2024 at 1:20 PM, R2's records showed that R2 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of R2's assessment, dated 09/20/2024, documented that R2 utilizes an assistive device.

Record review of R2's negotiated service agreement (NSA), dated 06/06/2024, also documented that R2 utilizes an assistive device.

Review of the facility's resident characteristics roster (RCR) showed no documentation that R2 has or utilizes an assistive device. The RCR documented that R2 was receiving nurse delegation services.

Review of R2's records showed no nurse delegation documents.

During an interview on 12/04/2024 at 1:05 PM, Staff C, Registered Nurse (RN), confirmed that R2 uses a walker and stated that R2 had nurse delegation for wound care, but no longer requires nurse delegation as the wound care is now basic first aid.

Resident 8 (R8)
During an unannounced full inspection on 12/03/2024 at 11:35 AM, R8's records showed that R8 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] and [redacted].

Record review of the facility's resident characteristics roster showed that R8 was a fall risk.

Record review of R8's NSA, dated 09/01/2024, documented that R8 was not a fall risk.

During an interview on 12/04/2024 at 1:05 PM, Staff C confirmed that R8 is not a fall

risk.

Resident 10 (R10)
On 12/04/2024 at 9:30 AM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Review of the facility's RCR documented that R10 requires administration for medication management, that R10 is a non-insulin dependent diabetic, and has pressure ulcers.

Review of R10's records showed no nurse delegation documents for administration with medications.
A diagnosis of [redacted] could not be found on any of R10's records.

Record review of R10's NSA dated 09/14/2024, documented that R10 has no wounds or skin issues.

During an interview on 12/04/2024 at 1:05 PM, Staff C confirmed that R10 is not a diabetic and currently has no wounds.

During an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged that the resident characteristics roster had discrepancies.

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) 01/19/25 .

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

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

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.

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 within three days of hire for 3 of 3 sampled staff (Staff C, D, and E) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 12/02/2024 at 1:00 PM, the department received the requested staff documents.

Staff C
Record review for Staff C, Registered Nurse (RN), showed that Staff C was hired on 09/25/2023. Review of Staff C's personnel records showed a TB test was initiated on 02/21/2024. No documentation was found to show that Staff C had a TB test within three days of hire.

Staff D
Record review for Staff D, Assisted Living Director, showed that Staff D was hired on 05/24/2023. Review of Staff D's personnel records showed a TB test was initiated on 10/07/2023. No documentation was found to show that Staff D had a TB test within three days of hire or by 08/31/2023 when the facility was back in compliance for TB testing.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 11/09/2023. Review of Staff E's personnel records showed a TB test was initiated on 01/02/2024. No documentation was found to show that Staff E had a TB test within three days of hire.

During an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged that the TB tests for Staff C, D, and E were initiated late.

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) 01/19/25 .

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

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

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

(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 3 of 3 sampled pets living in the facility had regular examinations and immunizations and had been certified by a veterinarian to be free of diseases transmittable to humans. This failure placed all staff and residents at risk for possible exposure and harm from a transmittable disease.

Findings included...

During an unannounced licensing full inspection on 12/03/2024 at 12:00 PM, the department reviewed the requested pet records.

Review of the facility's pet records showed a feline with a rabies vaccination that had expired on 04/06/2024, a canine with a rabies vaccination that had expired on 07/19/2023, and another feline that had a rabies vaccination that had expired on 06/15/2024.

On 12/04/2024, the facility provided the department with two updated pet vaccination records. No additional documents were provided to show that the two sampled felines and one sampled canine were current on vaccinations.

In an exit interview on 12/05/2024 at 11:10 AM, Staff B, Assistant Executive Director, acknowledged that there were pets living in the facility that had no documentation that they have had regular examinations and immunizations and have been certified by a veterinarian to be free of diseases transmittable to humans since moving into the facility.

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) 01/19/25 .

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

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

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 a Medicaid policy was on a page separate from other documents and was signed on or before admission for 3 of 9 sampled residents (Resident 2, 3, and 4). This failure placed these three residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

Resident 2 (R2)
During an unannounced full inspection on 12/03/2024 at 9:20 AM, R2's records showed that R2 admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] and [redacted].

During review of R2's records, a Medicaid policy was found, signed by the resident or

resident's responsible party on 07/05/2023.

Resident 3 (R3)
On 12/03/2024 at 9:38 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

During review of R3's records, a Medicaid policy was found, signed by the resident or resident's responsible party on 12/03/2024.

Resident 4 (R4)
On 12/03/2024 at 10:15 AM, R4's records showed that R4 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

During initial review of R4's records, no Medicaid policy was found.

On 12/04/2024 at 11:50 AM, the facility provided a Medicaid policy for R4 that was signed by the resident or resident's responsible party on 12/03/2024.

In an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged that the Medicaid policies for R2, 3, and 4 were not completed and/or signed late.

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) 01/19/25.

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

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

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the facility failed to post a copy, including the cover letter, and plan of correction of the most recent full inspection conducted by the department. This failure placed residents and/or any individual visiting the facility at risk for being uninformed of the facilities current and past deficiencies.

Findings included...

During an unannounced licensing full inspection on 12/02/2024 at 10:05, the department observed the facility's survey binder containing the facility's last full inspection report.

Record review of the facility's survey binder showed a full inspection report from 2021. No report was found for the full inspection conducted in 2023.

In an exit interview on 12/05/2024 at 11:10 AM, Staff A, Executive Director, acknowledged that the facility's survey binder was not up to date with the most recent full inspection report.

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) 01/19/25 .

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

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

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 record review and interview, the facility failed to provide accurate documentation when requested by the Department during their full licensing inspection. This failure 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 12/03/2024 at 11:30 AM, the department requested to Staff C, Registered Nurse, the nurse delegation credentials for the facilities delegated staff.

In an interview to go over preliminary findings, on 12/04/2024 at 1:05 PM, the department again requested from Staff C, the nurse delegation credentials for the facilities delegated staff.

On 12/04/2024 at 2:15 PM, the department requested from Staff A, Executive Director, the nurse delegation credentials for the facilities delegated staff, to be delivered by the following morning.

On 12/05/2024 at 11:00 AM, no delegation credentials were provided to the department.

In an exit interview on 12/05/2024 at 11:10 AM, Staff A, acknowledged the departments repeated requests for documents that were not received.

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) 01/19/25 .

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

Administrator (or Representative) 12/24/24 Date