STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

05/28/2026

BONAVENTURE OF VANCOUVER LLC
Bonaventure of Vancouver
3425 Boone Rd SE
Salem, OR 97317

RE: Bonaventure of Vancouver # 2535

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 77597 (Completion Date 05/28/2026) and 74687 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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

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

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

(b) A national fingerprint background check.

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

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

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.

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:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

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

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

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

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

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.

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)450-1218.

Sincerely,

Clinton Fridley, RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 03/23/2026 and 03/26/2026 of:
Bonaventure of Vancouver
9317 NE 86th Street
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

Statement of Deficiencies	License #: 2535	Compliance Determination # 74687
Plan of Correction	Bonaventure of Vancouver	Completion Date
Page 2 of 10	Licensee: BONAVENTURE OF VANCOUVER LLC	04/09/2026

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.

Clinton Fridley, RN
Residential Care Services

04/17/2026
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.

Natacha Landsverk
Administrator (or Representative)

4/24/2026
Date

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

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

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure that a national fingerprint background check was completed for 1 of 3 sampled staff (Staff E) and that a Washington state name and date of birth background check was completed upon hire for 1 of 3 sampled staff (Staff E). These failures placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included...

On 03/23/2026 at 12:13 PM, the department received the requested staff documents.

Record review of employee file for Staff E, Medication Aide, hired 09/17/2025 showed only one Washington state name and date of birth background check, completed 03/19/2026. Staff E's employee file showed no documentation that the national fingerprint background check was completed.

On 03/24/2026 at 9:15 AM, the facility provided additional staff documents. No additional background checks were provided for Staff E.

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

On 03/25/2026 at 12: 05 PM, Staff B, Operations Support, stated that they just learned that they did not have an original national fingerprint background check completed, but would work on getting one completed before Staff E returns to work.

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) 5/23/2026 10 NL

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

Natacha Landsverk — Administrator (or Representative)

4 24 NL 5/23/2026 — Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to complete a Washington state name and date of birth background check every two years per regulations for 2 of 2 sampled staff (Staff F and G). This failure placed all residents and staff at risk for harm by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

On 03/23/2026 at 12:13 PM, the department received the requested staff documents.

Staff F

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

Record review of employee file for Staff F, Caregiver, hired 04/02/2023, showed only one Washington state name and date of birth background check in the employee file, completed 03/30/2023. No other background checks were found in the employee file.

Staff G

Record review of employee file for Staff G, Medication Aide, hired 03/04/2020, showed only one Washington state name and date of birth background check in the employee file, completed 03/11/2024. No other background checks were found in the employee file.

On 03/23/2026 at 2:15 PM, the Department requested current background checks for Staff F and G. Staff B, Operations Support, stated, "If we don't have one, we will run one today."

On 03/24/2026, at 9:15 AM, the Department received additional staff documents. The facility provided a Washington state name and date of birth background check for Staff F and G dated 03/23/2026.

On 03/26/2026, at 11:00 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) 5/23/2026 10 NL

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

Natacha Landsvik — Administrator (or Representative)

4/24/2026 — Date

WAC 388-78A-2210 Medication services.

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

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

(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 observation, interview and record review, the assisted living facility failed to develop and implement systems that support and promote safe medication services when 3 of 3 medication carts (memory care, assisted living day shift, and assisted living swing shift medication carts) had no documented open dates on topical, eye drops, ear drops, or insulin medications. This failure placed residents at risk of harm from adverse reactions due to medications being expired or no longer recommended for use.

Findings included...

Record review of the facility's policy titled "Medication Systems Summary," dated 05/01/2023, showed that all topical medications, eye and ear medications are to be separately stored in a sealed bag and away from other medications. The resident's name is to be marked on the sealed bag and an open date sticker placed.

Review of manufacturer's Federal Drug Administration (FDA) approved Instructions for Use, a Lantus insulin pen, when not in use, is good until expiration date if refrigerated, if at room temperature, or in use, Lantus expires in 28 days after first use or if at room temperature.

Review of manufacturer's Federal Drug Administration (FDA) approved Instructions for Use, an Ozempic pen, prior to first use, is good until its expiration date on the label, the medication expires 56 days after first use.

Review of manufacturer's Federal Drug Administration (FDA) approved Instructions for Use, latanoprost, once the bottle is opened for use, may be stored at room temperature for

An observation on 03/25/2026 at 12:28 PM, of the memory care medication cart, showed that all opened topical medications, eye drops, eye ointments, and nasal sprays were not marked with the date when they were opened.

On 03/25/2026 at 1:00 PM, Staff I, Medication Aide, stated that they were not trained to date medications with the date they were opened on.

On 03/25/2026 at 1:05 PM, the Department asked Staff C, Health Services Director, whether the facility has a policy on labeling medications with the date when they are opened. Staff C stated that they just go off the expiration date on the medication.

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

An observation on 03/25/2026 at 2:00 PM, of the assisted living day shift and evening medication carts, showed that all opened topical medications, eye drops, eye ointments, and nasal sprays were not marked with the date when they were opened. Below are the medications found not dated when opened per medication cart:

<Swing shift medication cart>

- Erythromycin ointment (an antibiotic for an eye infection) for Resident 8 (R8).
- Ofloxacin eye drops (an antibiotic for an eye infection) for Resident 9.
- Three Lantus (long-acting insulin to treat diabetes) pens for Resident 10 (R10).
- Two Ozempic (a medication to treat diabetes) pens for R10.

<Day shift medication cart>

- Hydrocodone (a pain medication) for R8.
- Latanoprost (eye drop to treat high pressure in the eye).
- Olopatadine hydrochloride ophthalmic solution (eye drops for allergies).

On 03/25/2026 at 2:10 PM, Staff J, Medication Aide, stated that they were not trained on labeling medications when opened. The department asked Staff J if there was a process for internal medication cart audits and Staff J stated, "I couldn't tell you."

On 03/26/2026, at 11:00 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) 5/23/2026 10 NR

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

Natacha Landsverk — Administrator (or Representative)

4/24/2026 — Date

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

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:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

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

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of

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personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to document, in the resident's negotiated service agreements (NSA), the plan to provide specific resident identified care and service needs for 2 of 7 sampled residents (Residents 5 and 7). This failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 5 (R5)

On 03/24/2026 at 11:15 AM, records showed that that R5 was admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster (RCR) documented that R5 utilizes a medical device.

Record review of R5's assessment, dated 03/18/2026, documented that R5 has [redacted]. Documentation showed a medical device evaluation for [redacted] was completed on 01/09/2026.

Record review of R5's NSA, dated 03/01/2026, showed documentation that R5 uses a sliding board for transfers and under [redacted] use, it is marked as, "No."

On 03/24/2026 at 12:00 PM, Staff H, Registered Nurse, confirmed that R5 used to use a sliding board but now uses [redacted].

On 03/25/2026 at 11:07 AM, the department observed [redacted] on R5's bed. R5 stated that they have had [redacted] since moving into the facility in the beginning of 2022.

Resident 7 (R7)

On 03/24/2026 at 12:15 PM, records showed that R7 was admitted to the facility on [redacted]/2021 with various diagnoses including [redacted].

Record review of the facility's RCR documented that R7 utilizes a medical device.

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Record review of R7's assessment, dated 03/09/2026, documented that R7 has [redacted]. Documentation showed a medical device evaluation for [redacted] was completed on 01/09/2026.

Record review of R7's NSA, dated 03/01/2026, documented "No" to [redacted] use.

On 03/25/2026 at 10:55 AM, the department observed [redacted] on R7's bed. R7 stated that they have had [redacted] for five years, ever since they moved 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) 5/23/2026 10 AM

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

Natacha Landsverk

Administrator (or Representative) Date 4/24/26

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 assisted living facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of employment for 3 of 3 sampled staff (Staff A, D and E).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

Record review of facility policy titled "Tuberculosis Testing Policy-Employees, dated 11/2014, showed that all employees must have a TB skin test completed within three days of employment.

Record review of employee file for Staff A, Executive Director, hired 03/09/2026, showed the first documented TB test was initiated on 03/22/2026.

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

Statement of Deficiencies	License #: 2535	Compliance Determination # 74687
Plan of Correction	Bonaventure of Vancouver	Completion Date
Page 10 of 10	Licensee: BONAVENTURE OF VANCOUVER LLC	04/09/2026

Record review of employee file for Staff D, Medication Aide, hired 07/18/2024, showed the first documented TB test was initiated on 03/24/2026.

Record review of employee file for Staff E, Medication Aide, hired 09/17/2025, showed the first documented TB test was initiated on 10/07/2025.

On 03/26/2026, at 11:00 AM, Staff A acknowledged that the TB tests for Staff A, Staff D, and Staff 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) 5/23/26 10 hr.

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

Natacha Landsverk 4/24/2026

Administrator (or Representative) Date

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