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) 64669 (Completion Date 08/26/2025) and 60983 (Completion Date 07/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/26/2025 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-2240

The Department staff who did the on-site verification:
Richard Westom, NCI, ALF Complaint Investigator

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

Sincerely,

Rebecca Kane Rebecca Kane, Regional Administator, for Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Vancouver
Provider Type: Assisted Living Facility

License/Cert.#: 2535
Intake ID: 182606
Compliance Determination #: 60983
Region/Unit #: RCS Region 3 / Unit I
Investigator: Richard Westom
Investigation Date(s): 06/11/2025 through 07/01/2025
Complainant Contact Date(s): 06/11/2025

Allegation(s):
1. neglect. Resident not receiving ordered medications.

Investigation Methods:

Sample:	Total residents: 88 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Medical records Facility policies

Investigation Summary:
1. neglect. After interviews and record review the facility failed to provide all medications for 1 of 3 residents reviewed. Failed practice.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 06/11/2025 of:

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

This document references the following complaint number(s): 182606

The following sample was selected for review during the unannounced on-site visit: 3 of 88 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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.

Clinton Fridley
Residential Care Services

07/02/2025
Date

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

Administrator (or Representative)

July 10, 2025
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medications for 1 of 3 sampled residents (Resident 1 [R1]) who were reviewed for availability of medications. This failure resulted in R1 not receiving medications as ordered by the physician and placed R1 at risk of harm by not receiving the required medications.

Findings included...

Review of undated facility policy titled "Medication Technician & QMAP Training" documented staff shall carry out all medication and treatment orders as prescribed.

Review of facility records showed R1 admitted to the facility on [redacted]/2022 with diagnoses to include [redacted].

Review of R1's evaluation and service agreement, dated 07/09/2025, documented staff will order and administer all medications.

During an unannounced visit on 06/11/2025 at 1:05 PM, Staff A, administrator, stated that the facility is ordering and administering R1's medications.

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 _____ 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) _____ Date _____

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

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Findings included…

Review of undated facility policy titled “Medication Technician & QMAP Training” documented staff shall carry out all medication and treatment orders as prescribed.

Review of facility records showed R1 admitted to the facility on [redacted]/2022 with diagnoses to include [redacted].

Review of R1’s evaluation and service agreement, dated 07/09/2025, documented staff will order and administer all medications.

During an unannounced visit on 06/11/2025 at 1:05 PM, Staff A, administrator, stated that the facility is ordering and administering R1’s medications.

Review of R1's Medication Administration Record (MAR), dated June 2025, documents the following medications were circled as not given on 06/13/2025, 06/14/2025 and 06/19/2025:

- Multivitamin (vitamin supplement),
- Sennosides (medication used for constipation),
- Vitamin B-12 (vitamin supplement),
- Vitamin C (vitamin supplement),
- Vitamin D3 (vitamin supplement),
- Aspirin (medication used for clot prevention),
- Ferrous sulfate (vitamin supplement),
- Pantoprazole (medication used for acid reflux),
- Rosuvastatin calcium (medication used for high cholesterol).

Review of facility documentation on 06/30/2025, titled "MAR exceptions," documented the reason the above medications had not been administered on 06/13/2025, 06/14/2025 and 06/19/2025 was that they had not arrived from the pharmacy.

In an interview on 06/25/2025 at 11:09 AM, Staff B, facility registered nurse (RN), stated they order medications for residents.

In an interview on 07/01/2025 at 10:35 AM, Staff A, stated pharmacy won't fill supplements, staff need to call family to bring them in and that it's not acceptable for R1 to miss medications.

In an interview on 07/01/2025 at 11:05 AM, R1 stated "nobody made me aware that I wasn't getting all my medications," and that the facility orders all my medications.

In an interview on 07/01/2025 at 11:38 AM, Staff C, medication technician (MT), stated the MT's are mostly new hires, and we didn't know we couldn't get supplements from the pharmacy and that it is not ok R1 was missing medications.

This is a recurring deficiency from 11/23/2023.

Statement of Deficiencies	License #: 2535	Compliance Determination # 80983
Plan of Correction	Bonaventure of Vancouver	Completion Date
Page 4 of 4	Licensee: BONAVENTURE OF VANCOUVER LLC	07/01/2025

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) 8/15/2025

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

Administrator (or Representative)

July 10, 2025
Date

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)_____ .

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

_____ _____

Administrator (or Representative) Date