STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Bonaventure of South Hill LLC
Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

RE: Bonaventure of Puyallup License # 2555

Dear Administrator:

This letter addresses Compliance Determination(s) 80276 (Completion Date 07/10/2026) and 76703 (Completion Date 05/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/10/2026 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-2320-2-b, WAC 388-78A-2320-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2466-2, WAC 388-78A-2466

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 04/30/2026, 05/04/2026 and 05/06/2026 of:

Bonaventure of Puyallup
14503 Meridian Avenue E
Puyallup, WA 98375

The following sample was selected for review during the unannounced on-site visit: 8 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

Statement of Deficiencies	License #: 2555	Compliance Determination # 76703
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 2 of 7	Licensee: Bonaventure of South Hill LLC	05/11/2026

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.

Laurie Anderson
Residential Care Services

05/12/2026
Date

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

Administrator (or Representative)

5/12/26
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

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

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 9 of 9 sampled staff (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, and Staff K) were qualified to administer medications and procedures that require delegation by a Registered Nurse (RN). This failure placed the residents at risk of medical complications and a decreased quality of life by receiving medications and/or procedures from undelegated staff.

RESIDENT 2
Review of Resident 2's February 2026, March 2026, and April 2026 Medication Administration Records (MARs), showed physician orders for Atorvastatin, 20 (milligrams) mg tablet, one time per day (medication used to lower cholesterol); Breo Ellipta inhale one puff a day (medication used to treat lung disease); Melatonin 3 mg tablet one time a day (supplement used to treat insomnia); Quetiapine Fumarate, 50 mg tablet one time a day (medication used to treat agitation); Quetiapine, 25 mg tablet one time per day; Sertraline, 100 mg tablet one time per day (medication used to treat anxiety); Xarelto, 20 mg tablet one time per day (medication used to thin blood); Eye Vitamins, one tablet a day (supplement used for eye health); and Vitamin D3, one tablet a day (supplement used for bone health).

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

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.

Laurie Anderson
Residential Care Services

05/12/2026
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.

Administrator (or Representative)

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

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

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 9 of 9 sampled staff (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, and Staff K) were qualified to administer medications and procedures that require delegation by a Registered Nurse (RN). This failure placed the residents at risk of medical complications and a decreased quality of life by receiving medications and/or procedures from undelegated staff.

RESIDENT 2
Review of Resident 2's February 2026, March 2026, and April 2026 Medication Administration Records (MARs), showed physician orders for Atorvastatin, 20 (milligrams) mg tablet, one time per day (medication used to lower cholesterol); Breo Ellipta inhale one puff a day (medication used to treat lung disease); Melatonin 3 mg tablet one time a day (supplement used to treat insomnia); Quetiapine Fumarate, 50 mg tablet one time a day (medication used to treat agitation); Quetiapine, 25 mg tablet one time per day; Sertraline, 100 mg tablet one time per day (medication used to treat anxiety); Xarelto, 20 mg tablet one time per day (medication used to thin blood), Eye Vitamins, one tablet a day (supplement used for eye health); and Vitamin D3, one tablet a day (supplement used for bone health).

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

Review of Resident 2's MARs showed that Staff H (Caregiver) and Staff K (Med Aide/MA) administered Resident 2's medications between 02/01/2026 and 04/06/2026. Review of Resident 2's MARs showed Staff H administered medications between 04/07/2026 and 04/30/2026.

Review of the facility's Nurse Delegation: Nursing Visit record for Resident 2, dated 12/04/2025, showed that Staff H and Staff K were not delegated by Staff B (Regional Nurse) to administer Resident 2's medications.

Review of the facility's Nurse Delegation: Nursing Visit record for Resident 2, dated 04/07/2026, showed that Staff H was not delegated by Staff Q (ALF RN) to administer Resident 2's medications.

RESIDENT 4
Review of Resident 4's February 2026, March 2026, and April 2026 MARs showed an order for Glargine insulin, to inject 12 units once daily in the morning; and for Lispro insulin, to inject 2 to 10 units four times a day for diabetes (a medical condition that fails to regulate blood sugar). The MARs also showed an order to check Resident 4's blood sugar four times per day (a procedure that requires piercing of the skin to collect a blood sample to measure the level of sugar in the blood).

Review of the February 2026 MAR showed that Staff G (MA) and Staff J (MA) administered insulin and checked Resident 4's blood sugar between 02/01/2026 and 02/28/2026.

Review of the March 2026 MAR showed that Staff G and Staff J administered insulin and checked Resident 4's blood sugar between 03/01/2026 and 03/31/2026. Staff E (MA) administered insulin and checked Resident 4's blood sugar between 03/14/2026 and 03/31/2026.

Review of the April 2026 MAR showed that Staff G and Staff J administered insulin and checked Resident 4's blood sugar between 04/01/2026 and 04/06/2026. Staff E administered insulin and checked Resident 4's blood sugar between 04/07/2026 and 04/25/2026.

Review of the facility's Nurse Delegation: Nursing Visit records, dated 01/31/2026 and 03/02/2026, showed that Staff G and Staff J were not delegated by Staff B to administer insulin or check Resident 4's blood sugar. Facility documents showed Staff E was unqualified for nurse delegation after 03/14/2026.

RESIDENT 5
Review of Resident 5's February 2026, March 2026, and April 202 MARs showed an

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

order for Lispro insulin, to inject 5 to 12 units three times a day for diabetes. The MARs also showed an order to check Resident 5's blood sugar five times per day.

Review of the February 2026 MAR showed that Staff C (Caregiver) and Staff F (MA) checked Resident 5's blood sugar between 02/01/2026 and 02/28/2026. Staff G and Staff J administered insulin and checked Resident 5's blood sugar between 02/01/2026 and 02/28/2026.

Review of the March 2026 MAR showed that Staff C and Staff F checked Resident 5's blood sugar between 03/01/2026 and 03/31/2026. Staff G and Staff J administered insulin and checked Resident 5's blood sugar 03/01/2026 and 03/31/2026. Staff E administered insulin and checked Resident 5's blood sugar between 03/14/2026 and 03/28/2026.

Review of the April 2026 MAR showed that Staff D (MA) checked Resident 5's blood sugar on 04/04/2026 and 04/05/2026. Staff G and Staff J administered insulin and checked Resident 5's blood sugar between 04/01/2026 and 04/06/2026. Staff E administered insulin and checked Resident 5's blood sugar between 04/07/2026 and 04/25/2026.

Review of the facility's Nurse Delegation: Nursing Visit records, dated 12/03/2025 and 03/02/2026, showed that Staff C, Staff D, Staff F, Staff G, and Staff J were not delegated by Staff B to administer insulin or check Resident 5's blood sugar. Facility documents showed Staff E was unqualified for nurse delegation after 03/14/2026.

RESIDENT 6
Review of Resident 6's February 2026, March 2026, and April 2026 Treatment Administration Record (TARs) showed an order to check Resident 6's blood sugar two times per day.

Review of February 2026, March 2026, and April 2026 TARs showed that Staff E, Staff G, and Staff J checked Resident 6's blood sugar two times daily between 02/01/2026 and 04/30/2026.
Review of the facility's Nurse Delegation: Nursing Visit record dated 02/01/2026 showed that Staff E, Staff G, and Staff J were not delegated by Staff B to check Resident 6's blood sugar.

RESIDENT 8
Review of Resident 8's February 2026 MAR showed physician orders for Donepezil, 10 mg tablet one tablet a day (medication used to treat dementia); Lidocaine, 4% apply patch one time a day (medication used to treat pain); Mirtazapine, 15 mg tablet one time per day (medication used to treat depression), and Omeprazole, 25 mg tablet one time a day (medication used to treat heartburn). The MAR's "Informational Orders" showed instructions to crush the medications and place them in applesauce or pudding to aid in swallowing.

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

Review of Resident 8's February 2026 MAR showed that Staff H and Staff K administered Resident 8's Donepezil, Mirtazapine, Omeprazole, and applied the Lidocaine patch.

Review of the facility's Nurse Delegation: Nursing Visit record for Resident 8, dated 12/04/2025, showed that Staff H and Staff K were not delegated by Staff B to administer Resident 8's medications.

During an interview on 05/06/2026 at 11:00 AM, Staff B stated they were not aware that Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J and Staff K were not delegated to administer medications to and/or check blood sugars for Resident 2, Resident 4, Resident 5, Resident 6 and Resident 8. Staff B stated it was the responsibility of the facility to notify them which staff need to be 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 Puyallup is or will be in compliance with this law and / or regulation on (Date) 5-25-26 .

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

Administrator (or Representative) — Date: 5/12/26

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012

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

Review of Resident 8's February 2026 MAR showed that Staff H and Staff K administered Resident 8's Donepezil, Mirtazapine, Omeprazole, and applied the Lidocaine patch.

Review of the facility's Nurse Delegation: Nursing Visit record for Resident 8, dated 12/04/2025, showed that Staff H and Staff K were not delegated by Staff B to administer Resident 8's medications.

During an interview on 05/06/2026 at 11:00 AM, Staff B stated they were not aware that Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J and Staff K were not delegated to administer medications to and/or check blood sugars for Resident 2, Resident 4, Resident 5, Resident 6 and Resident 8. Staff B stated it was the responsibility of the facility to notify them which staff need to be 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 Puyallup 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

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 7 sampled staff (Staff L and Staff M) completed a name and date of birth background check (BGC) upon hire. The ALF failed to ensure 2 of 7 sampled staff (Staff N and Staff O) completed a BGC every two years. The ALF failed to ensure 1 of 7 sampled staff (Staff O) completed a national fingerprint BGC as required. These failures placed all 55 residents at risk of receiving care and services from staff with an unknown background and potentially disqualifying crimes.

Findings included...

Review of the facility's personnel records showed the facility hired Staff L (Caregiver) on 10/29/2025. The records showed Staff L's name and date of birth BGC was completed on 12/03/2025, 35 days after date of hire.

Review of the facility's personnel records showed the facility hired Staff M (Server) on 02/10/2024. The records showed Staff L's name and date of birth BGC was completed on 05/23/2024, 103 days after date of hire.

Review of the facility's personnel records showed the facility hired Staff N (Dishwasher) on 01/16/2024 The records showed Staff N's name and date of birth BGC expired on 01/07/2026. The records showed Staff N's two-year renewal of their BGC was completed on 05/01/2026, 114 days after date of hire.

Review of the facility's personnel records showed the facility hired Staff O (Caregiver) on 10/12/2022. The records showed Staff O's name and date of birth BGC expired on 10/11/2024. The records showed Staff O's two-year renewal of their BGC was completed on 05/01/2026, more than 18 months after the previous BGC expired. Review of the personnel records showed documentation that the facility completed a national fingerprint BGC for Staff O on 12/19/2023. The national fingerprint BGC was completed more than 12 months after date of hire, and not within 120 days of hire, as required.

During an interview on 04/30/2026 at 3:30 PM, Staff P, Health and Wellness Director, acknowledged that some staff BGC's were completed late.

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

Statement of Deficiencies	License #: 2555	Compliance Determination # 76703
Plan of Correction	Bonaventure of Puyallup	Completion Date
Page 7 of 7	Licensee: Bonaventure of South Hill LLC	05/11/2026

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 Puyallup is or will be in compliance with this law and / or regulation on (Date) 5-25-26.

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

Administrator (or Representative) — Date: 5/12/26

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

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 Puyallup 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

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