STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Bonaventure of Maple Valley LLC

Bonaventure of Maple Valley LLC
23801 228th AVe SE
Maple Valley, WA 98038

RE: Bonaventure of Maple Valley LLC License # 2694

Dear Administrator:

This letter addresses Compliance Determination(s) 80089 (Completion Date 07/14/2026) and 76120 (Completion Date 05/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/14/2026 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-2468-1, WAC 388-78A-24681-2, WAC 388-78A-24701-1, WAC 388-78A-2474-2-c, WAC 388-112A-0495-4

The Department staff who did the on-site verification:
Michelle Bentz, ALF Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonaventure of Maple Valley LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2694
Intake ID: 219857
Compliance Determination #: 76120
Region/Unit #: RCS Region 2 / Unit D
Investigator: Michelle Bentz
Investigation Date(s): 04/21/2026 through 05/13/2026
Complainant Contact Date(s):

Allegation(s):

1. Staff were not trained.
2. Staff did not have background checks.
3. Staffing was not stable.
4. Staff were not providing care to residents.

Investigation Methods:

Sample:	Total residents: 77 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Administrative staff Residents
Record Reviews:	Medical records Incident investigation Facility policies Personnel files Staff training records Staff patterns

Investigation Summary:

1. The facility did not ensure sampled staff had specialty training as required for residents that had special needs. Failed practice was identified.
2. The facility did not ensure staff had current Washington State Name and Date of Birth Background checks and/or Fingerprint-based checks completed as required. Failed practice was identified.

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3. During an unannounced visit, observations, interviews, and record review showed sufficient staff scheduled. Unable to substantiate failed practice.
4. During an unannounced visit, observations, interviews, and record review showed residents were well kept without concerns regarding their care or medications. Unable to substantiate 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 04/21/2026 of:

Bonaventure of Maple Valley LLC
23801 228th AVe SE
Maple Valley, WA 98038

This document references the following complaint number(s): 219857

The following sample was selected for review during the unannounced on-site visit: 3 of 77 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Bentz, ALF Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 2694	Compliance Determination # 76120
Plan of Correction	Bonaventure of Maple Valley LLC	Completion Date
Page 2 of 8	Licensee: Bonaventure of Maple Valley LLC	05/13/2026

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.

Residential Care Services — Date: 05/21/2026

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: 05/31/2026

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit the Washington state Name and Date of Birth (WNDOB) Background Inquiry (BGI) for 5 of 5 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) within one business day after their start date. This failure placed residents at risk for abuse and neglect from caregivers and staff persons with unknown backgrounds.

Findings included...

Staff B
Review of the facility's employee list showed the facility hired Staff B, Caregiver, on 08/20/2025.
Review of Staff B's employee records showed the facility completed a WNDOB BGI on 12/04/2025, 106 days after Staff B was hired.

Review of the facility staffing schedules for October 2025, November 2025, and December 2025 showed Staff B had scheduled shifts and provided direct care to residents.

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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-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit the Washington state Name and Date of Birth (WNDOB) Background Inquiry (BGI) for 5 of 5 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) within one business day after their start date. This failure placed residents at risk for abuse and neglect from caregivers and staff persons with unknown backgrounds.

Findings included…

Staff B
Review of the facility's employee list showed the facility hired Staff B, Caregiver, on 08/20/2025.
Review of Staff B's employee records showed the facility completed a WNDOB BGI on 12/04/2025, 106 days after Staff B was hired.

Review of the facility staffing schedules for October 2025, November 2025, and December 2025 showed Staff B had scheduled shifts and provided direct care to residents.

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Staff C
Review of the facility's employee list showed the facility hired Staff C, Caregiver, on 02/07/2026. Review of Staff C's employee records showed the facility completed a WNDOB BGI on 02/20/2026, 13 days after Staff C was hired.

Review of the facility staffing schedules for February 2026 showed Staff C had scheduled shifts and provided direct care to residents.

Staff D
Review of the facility's employee list showed the facility hired Staff D, Medication Aide (MedAide), on 11/26/2025. Review of Staff D's employee records showed the facility completed a WNDOB BGI on 12/04/2025, eight days after Staff D was hired.

Review of the facility staffing schedules for December 2025 showed Staff D had scheduled shifts and provided direct care to residents.

Staff E
Review of the facility's employee list showed the facility hired Staff E, Caregiver, on 11/26/2025. Review of Staff E's employee records showed the facility completed a WNDOB BGI on 12/03/2025, seven days after Staff E was hired.

Review of the facility staffing schedules for November 2025 and December 2025 showed Staff E had scheduled shifts and provided direct care to residents.

Staff F
Review of the facility's employee list showed the facility hired Staff F, MedAide, on 10/01/2025. Review of Staff F's employee records showed the facility completed a WNDOB BGI on 10/05/2025, four days after Staff F was hired.

In an interview on 04/21/2026 at 9:50 AM, Staff A, Executive Director, stated that it was their expectation WNDOB BGI's be completed upon hire, and if the BGI results were not back by the employee's first orientation day, they should not proceed to work on the floor until the results were back.

In an interview on 05/05/2026 at 1:18 PM, Staff A stated that it was important to have the WNDOB BGI's completed as required to ensure potential employees with unknown backgrounds do not provide care to vulnerable residents.

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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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) 6/17/2026.

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

Administrator (or Representative) Date 5/31/2026

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 3 of 5 care staff (Staff B, Staff D, & Staff F) completed the national fingerprint background check within 120 days of hire. This failure placed residents at risk of abuse, neglect, or exploitation from staff with an unknown background.

Findings included...

Staff B
Review of the facility's employee list showed the facility hired Staff B, Caregiver, on 08/20/2025. Review of Staff B's employee records showed the final fingerprint background check results were not completed until 03/05/2025, 197 days after Staff B was hired.

Review of the facility staffing schedules for December 2025, January 2026, February 2026, and March 2026 showed Staff B had scheduled shifts and provided direct care to residents.

Staff D
Review of the facility's employee list showed the facility hired Staff D, Medication Aide (MedAide), on 11/26/2025. Review of Staff D's employee records showed no final fingerprint background check was completed as of 04/27/2026, 152 days after Staff D

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 3 of 5 care staff (Staff B, Staff D, & Staff F) completed the national fingerprint background check within 120 days of hire. This failure placed residents at risk of abuse, neglect, or exploitation from staff with an unknown background.

Findings included…

Staff B
Review of the facility's employee list showed the facility hired Staff B, Caregiver, on 08/20/2025. Review of Staff B's employee records showed the final fingerprint background check results were not completed until 03/05/2025, 197 days after Staff B was hired.

Review of the facility staffing schedules for December 2025, January 2026, February 2026, and March 2026 showed Staff B had scheduled shifts and provided direct care to residents.

Staff D
Review of the facility's employee list showed the facility hired Staff D, Medication Aide (MedAide), on 11/26/2025. Review of Staff D's employee records showed no final fingerprint background check was completed as of 04/27/2026, 152 days after Staff D

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was hired.

Review of the facility staffing schedules for March 2026 and April 2026 showed Staff D had scheduled shifts and provided direct care to residents.

Observations on 04/21/2026 at 11:15 AM showed Staff D assisting residents with care during mealtime.

Staff F
Review of facility records showed the facility hired Staff F, MedAide, on 10/01/2025. Review of Staff F's employee records showed no final fingerprint background check was completed as of 03/15/2026, their last day of employment, and 165 days after hire.

Review of the facility staffing schedules for February 2026 and March 2026 showed Staff F had scheduled shifts and provided direct care to residents.

In an interview on 04/21/2026 at 9:50 AM, Staff A, Executive Director, stated that national fingerprint background checks were important to ensure people with unknown backgrounds were not providing care to vulnerable residents. Staff A stated that Staff B's fingerprint background check results were not completed to the standard required and they were unable to locate any fingerprint background check results for Staff D or Staff F.

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date)___ 6/27/2026.

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

Administrator (or Representative) Date 5/31/2026

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

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was hired.

Review of the facility staffing schedules for March 2026 and April 2026 showed Staff D had scheduled shifts and provided direct care to residents.

Observations on 04/21/2026 at 11:15 AM showed Staff D assisting residents with care during mealtime.

Staff F
Review of facility records showed the facility hired Staff F, MedAide, on 10/01/2025. Review of Staff F's employee records showed no final fingerprint background check was completed as of 03/15/2026, their last day of employment, and 165 days after hire.

Review of the facility staffing schedules for February 2026 and March 2026 showed Staff F had scheduled shifts and provided direct care to residents.

In an interview on 04/21/2026 at 9:50 AM, Staff A, Executive Director, stated that national fingerprint background checks were important to ensure people with unknown backgrounds were not providing care to vulnerable residents. Staff A stated that Staff B's fingerprint background check results were not completed to the standard required and they were unable to locate any fingerprint background check results for Staff D or Staff F.

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

_____ _____
Administrator (or Representative) Date

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(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Character, Competence and Suitability (CCS – a review process used to decide whether an individual may have unsupervised access to vulnerable adults) evaluation for 1 of 1 staff (Staff E). This failure placed residents at risk for potential abuse and neglect.

Findings included...

Staff E
Review of the facility's records showed Staff E, Caregiver, was hired by the facility on 11/26/2025. Review of Staff E's Washington State Name and Date of Birth Background Check results dated 12/03/2025 showed a CCS review was required. Staff A, Executive Director, reviewed Staff E's employee records and stated they were unable to locate any documentation the CCS was completed as required.

In an interview on 05/05/2026 at 1:18 PM, Staff A stated that a CCS was important in order to "protect the residents" and stated that they would expect a CCS to be completed as required.

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) 6/27/2026 .

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

Administrator (or Representative) Date 5/31/26

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Character, Competence and Suitability (CCS – a review process used to decide whether an individual may have unsupervised access to vulnerable adults) evaluation for 1 of 1 staff (Staff E). This failure placed residents at risk for potential abuse and neglect.

Findings included…

Staff E
Review of the facility's records showed Staff E, Caregiver, was hired by the facility on 11/26/2025. Review of Staff E's Washington State Name and Date of Birth Background Check results dated 12/03/2025 showed a CCS review was required. Staff A, Executive Director, reviewed Staff E's employee records and stated they were unable to locate any documentation the CCS was completed as required.

In an interview on 05/05/2026 at 1:18 PM, Staff A stated that a CCS was important in order to "protect the residents" and stated that they would expect a CCS to be completed as required.

Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

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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:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure 1 of 5 staff (Staff D) completed all required specialty training to perform their job duties and responsibilities. This failure placed residents at risk of unmet care needs from staff with incomplete specialty training.

Findings included…

SPECIALTY TRAINING

Review of an undated Disclosure of Services document, provided on 05/13/2026, showed the facility provided care for individuals with [redacted] and [redacted] diagnoses.

Review of the undated facility Resident Characteristics Roster showed that on 04/21/2026, the facility provided care and services for 14 residents who had [redacted] diagnoses. Review of the undated facility Resident Characteristics Roster showed that on 04/21/2026, the facility provided care and services for 34 residents who had cognitive deficits and [redacted] diagnoses.

Review of the facility's Employee List showed the facility hired Staff D, Medication Aide, on 11/26/2025. Review of the facility staffing schedules for December 2025 and January through April 2026, showed Staff D had scheduled shifts and provided direct care to residents.

Observations on 04/21/2026 at 11:15 AM, 146 days after Staff D's date of hire on 11/26/2025, showed Staff D assisting residents in the memory care unit with care during mealtime.

Review of the facility's personnel records showed no documentation that Staff D completed the required specialty training for Mental Health and Dementia.

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

In an interview on 05/05/2026 at 1:18 PM, Staff A, Executive Director, stated that specialty training was important to ensure staff were trained in all aspects of a resident's care. Staff A stated that staff work with residents with dementia and mental health in the facility. Staff A stated that the training helps the staff understand, identify what signs and behaviors a resident may be having, and what interventions to provide.

This is a recurring deficiency previously cited on 07/01/2025 for subsection (2)(c), and on 05/07/2025 for subsection (2)(c), and on 03/19/2025 for subsection (2)(c).

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 Maple Valley LLC is or will be in compliance with this law and / or regulation on (Date) 6/27/2026.

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

Administrator (or Representative) — Date: 5/31/26

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

In an interview on 05/05/2026 at 1:18 PM, Staff A, Executive Director, stated that specialty training was important to ensure staff were trained in all aspects of a resident's care. Staff A stated that staff work with residents with dementia and mental health in the facility. Staff A stated that the training helps the staff understand, identify what signs and behaviors a resident may be having, and what interventions to provide.

This is a recurring deficiency previously cited on 07/01/2025 for subsection (2)(c), and on 05/07/2025 for subsection (2)(c), and on 03/19/2025 for subsection (2)(c).

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 Maple Valley LLC 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

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