



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

September 9, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5850

Administrator
Bonaventure of East Wenatchee
3425 Boone Road SE
Salem, OR 97317

Assisted Living Facility License #2026
Licensee: Bonaventure of East Wenatchee LLC.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On August 22, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Bonaventure of East Wenatchee**, located at **50 29th Street NW, East Wenatchee**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **August 22, 2014**.

WAC 388-78A-2305(1) – Food sanitation.

WAC 246-215 – Food Service.

The licensee failed to prevent cross-contamination from two cooks when handling ready-to-eat food.

The licensee failed to ensure six staff members washed their hands for at least twenty seconds and/or used a barrier to prevent re-contamination.

This is a repeat deficiency previously cited on June 17, 2013.

The licensee failed to ensure food was stored in a manner to protect it from contamination including pests.

The licensee failed to ensure hot water sanitizing rinse temperatures reached one hundred eighty degrees when dishes were washed in the dishwasher.

The licensee failed to maintain direct food contact surfaces of the ice bin, dishes, and utensils in a clean manner and/or protected from contamination.

WAC 388-78A-2660(1) – Resident rights.

RCW 70.129-060(2) – Grievances.

The licensee failed to ensure grievances brought to management related to food and food services were addressed for four residents, three supplemental residents and multiple residents.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- ***The licensee must hire at their own expense, an outside consultant, preferably a Registered Dietician, to work with the facility to review kitchen food service, write and train on needed procedures including sanitation, safe food handling, safe food storage, infection control practices, and food grievances.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on our license is **September 9, 2014**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

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Return the signed and dated SOD to:

Robert Gutierrez, Field Manager
District 1, Unit D
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2813 / Fax: (509) 574-5597 or (509) 454-7890

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

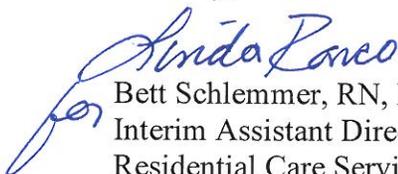
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Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Robert Gutierrez, Field Manager at (509) 225-2813.

Sincerely,

A handwritten signature in blue ink that reads "Bett Schlemmer". The signature is fluid and cursive, with a large initial "B" and "S".

Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
Field Manager, District 1, Unit D
RCS District Administrator, District 1
DDA District Administrator, District 1
WA LTC Ombuds
Valentina Karnafel, HCS
NDL