



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

April 1, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 4147**

Administrator  
Bonaventure of Lacey  
3425 Boone Rd SE  
Salem OR, 97317

Assisted Living Facility License #2036  
Licensee: Bonaventure of Lacey, LLC

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On March 11, 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 civil fines for your assisted living facility, also known as Bonaventure of Lacey, located at 4528 Intelco Loop SE, Lacey, 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 civil fine is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **March 11, 2014**.

**WAC 388-78A-2210(1)(b) Medication services.**

**\$100.00 per resident x  
4 residents = \$400.00**

**The licensee failed to have a system in place for two residents and two supplemental residents to provide the safe delivery of medications and medications were given as prescribed.**

**WAC 388-78A- 2240 Non availability of medication.**

**\$100.00 per resident x  
3 residents = \$300.00**

**The licensee failed to ensure medication was available for two residents and one supplemental resident.**

**WAC 388-78A- 2320(3)(c)(e) Intermittent nursing services.**

**\$100.00**

**The licensee failed to ensure nursing delegation requirements were met for three residents and five supplemental residents which included assessment of the residents to determine if they met delegation criteria.**

**WAC 388-78A-2610(1) Infection control.**

**\$100.00**

**The licensee failed to have a system in place to ensure infection control practices were in place to prevent the spread of infectious disease for two residents and one supplemental resident.**

***NOTE: These are the violations which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.***

**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.

Return the signed and dated SOD to:

Joan Pierce, Field Manager  
District 3 – Unit C  
PO Box 45819  
Olympia, WA 98504-5819  
Phone: (360) 664-8428 / Fax: (360) 664-8451

**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).

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**The written request must be received by the 10<sup>th</sup> 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 civil fine by requesting a formal administrative hearing to challenge the deficiency(ies) which resulted in the civil fines. **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.**

Send your **written** request to:

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

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$900.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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If you have any questions, please contact Janice Jiles at (360) 664-8421.

Sincerely,

*for* 

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist  
Field Manager, District 3, Unit C  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDD District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
DS