



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Bonaventure of Lacey (688396)      **Intake ID(s):** 3648141  
**License/Cert. #:** AL2036  
**Investigator:** Bailey, Julia      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 05/20/2019 through 06/14/2019  
**Complainant Contact Date(s):**

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**Allegations:**

AV passed away on [REDACTED] at approximately 200am. AV had a POLST form that indicates DNR. The PCP's office was contacted to sign the death certificate so the PCP office contacted the coroner's office at which time they were notified CPR was initiated. AV has a POLST form that indicates DNR. His wishes were not honored.

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**Investigation Methods:**

**Sample:**      Named resident and two current residents.

**Observations:**      Facility environment, resident appearance, number of staff on duty and resident safety measures.

**Interviews:**      Residents, nursing and resident safety measures.

**Record Reviews:**      Named resident and two other residents. Facility incident reports.

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**Allegation Summary:**

The former AV was found unresponsive by staff when they did a routine check. EMS services were notified and staff began CPR. EMS pronounced the AV's death upon arrival. The AV had a Physician Orders for Life-Sustaining Treatment (POLST) form dated 3/21/2019 that stated "Do Not Attempt Resuscitation (Allow Natural Death)."

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**Unalleged Violation(s):**       Yes       No

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**       **Failed Provider Practice Not Identified / No Citation Written**

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A citation was written under WAC 388-78A-2660 Resident Rights and RCW 70.129.140 Quality of Life - Rights.



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Bonaventure of Lacey (688396)      **Intake ID(s):** 3644361, 3644445  
**License/Cert. #:** AL2036  
**Investigator:** Bailey, Julia      **Region/Unit:** RCS Region 3/Unit D      **Investigation Date(s):** 05/20/2019 through 06/14/2019  
**Complainant Contact Date(s):**

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**Allegations:**

- 1) Quality of care/treatment - Named resident (AV) was sitting at the table in the common area of the Memory Care Unit, when she stood up from her wheelchair, lost her balance and fell onto her right side.
- 2) Quality of Care/treatment - AV had three falls in one week. The third fall resulted in a fractured femur. In the am of the serious fall precautions were discussed and I wasn't provided with any options. There have been two stories about her fall, she slid out of her chair and she stood up and fell. My concern is she wasn't provided with any precautions and the story versions lead me to be confused about what occurred.
- 3) Other - Unable to locate a white laundry basket with AV's name on it and the contents.
- 4) Other - Received a bill from the pharmacy and noted that an expensive inhaler. Called to ask about obtaining medications. Have not received a call back. If medication cannot be transferred to the POA is there a requirement for a record of disposal.

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**Investigation Methods:**

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| <p><input checked="" type="checkbox"/> <b>Sample:</b> AV and one resident with a fall.</p>                               | <p><input checked="" type="checkbox"/> <b>Observations:</b> Facility environment, resident appearance, number of staff on duty and resident safety measures.</p> |
| <p><input checked="" type="checkbox"/> <b>Interviews:</b> Residents who were able, nursing and administrative staff.</p> | <p><input checked="" type="checkbox"/> <b>Record Reviews:</b> Named resident, a resident with falls and facility investigation reports.</p>                      |



**Residential Care Services  
Investigation Summary Report**

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**Allegation Summary:**

1 & 2) Quality of care/treatment - The AV no longer resided at the facility. AV had three prior falls in the same week, with two on the same day.. The first fall occurred on 04-30-2019. The second and third fall occurred on 05-02-2019. The first and second fall occurred in the early morning in the AV's room. The AV was assessed and found to have no injuries. All responsible parties were notified including the Department. After an investigation of the two falls it was determined the AV needed increased safety checks and a bedside fall mat at night. Increased safety checks and a fall matt were added to the care plan to be started on 05/02/2019. The AV was placed on alert monitoring. The afternoon of [REDACTED]/2019 the AV was in the common area, stood up on her own from her wheelchair and fell. The AV fell while staff was assisting another resident. When assessed, the AV complained of right-sided pain and was sent out by EMS to a local ER for evaluation. It was found the AV fractured a lumbar disc and was admitted to the hospital. The AV did not return to the facility.

3) Other - The facility unsuccessfully attempted to locate the laundry basket. The administrator stated the representative moved the AV's items and staff were unable to do an inventory with her. Staff were not made aware of the contents of the laundry basket. The administrator stated she was unable to contact the representative except by letter and was not given a discharge date.

4) Other - The facility stated the representative notified the facility of the AV's passing on [REDACTED]/2019. The facility's policy was to return any unused medications to the pharmacy for a resident that was not returning to them. The facility made contact with the pharmacy to determine if the medications were sent back. The pharmacy stated they do not do an inventory of returned medications.

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**Unalleged Violation(s):**       Yes       No

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**Conclusion / Action:**       Failed Provider Practice Identified / Citation(s) Written       Failed Provider Practice Not Identified / No Citation Written



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504**

June 25, 2019

**CERTIFIED MAIL**

7018 3090 0000 2464 6897

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

RE: Bonaventure of Lacey License #2036

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on June 19, 2019 and found that your facility does not meet the assisted living facility licensing requirements.

**The Department:**

- Wrote the enclosed report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed "Plan/Attestation Statement";
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement with original signatures to:

Chris Cornell, Field Manager  
Residential Care Services  
Region 3, Unit D  
PO Box 45819  
Olympia, WA 98504

- Complete correction within 45 days or sooner if directed by the department after review of your proposed correction dates.

Bonaventure of Lacey LLC  
Bonaventure of Lacey License #2036  
June 25, 2019  
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**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (360) 664-8421.

Sincerely,

Chris Cornell, Field Manager  
Region 3, Unit D  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 45819, Olympia, WA 98504**

Statement of Deficiencies	License #: 2036	Completion Date
Plan of Correction	Bonaventure of Lacey	June 19, 2019
Page 1 of 3	Licensee: Bonaventure of Lacey LLC	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint numbers: 3644361 , 3644445 , 3648141

The department has completed data collection for the unannounced on-site complaint investigation on 5/20/2019, 5/30/2019, 6/3/2019 and 6/14/2019 of:

Bonaventure of Lacey  
 4528 Intelco Loop SE  
 Lacey, WA 98503

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

The department staff that inspected and investigated the assisted living facility:  
 Julia Bailey, RN, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit D  
 PO Box 45819  
 Olympia, WA 98504  
 (360)664-8421

As a result of the on-site complaint investigation 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
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I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)	Date
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**WAC 388-78A-2660 Resident rights. The assisted living facility must:**

(2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW;

**RCW 70.129-140 Quality of life – Rights.**

(2) Within reasonable facility rules designed to protect the rights and quality of life of residents, the resident has the right to:

(c) Make choices about aspects of his or her life in the facility that are significant to the resident;

**This requirement was not met as evidenced by:**

Based on interview and record review the facility failed to have a system in place for one of three sample residents (Former Resident #1) that ensured the right to choose no cardiopulmonary resuscitation (CPR) was honored when the resident was found with no pulse and not breathing. This failure violated the resident's right to choose no CPR.

**Findings included...**

Former Resident #1 (FR#1) was admitted to the facility on [REDACTED]/18 with diagnoses of [REDACTED]. The resident had a POLST (Physician Orders for Life-Sustaining Treatment) dated 03/21/19 which documented FR#1's choice for receiving CPR as "DNAR/Do Not Attempt Resuscitation (Allow Natural Death). The form was signed by FR#1 and his medical provider as required by law.

According to "Charting Notes" beginning 04/26/19 at 4:38 AM the resident began complaining of shortness of breath. The chart note also stated, "When asked if he wanted the paramedics called, he very adamantly (but not rudely) declined..." The resident was placed on alert charting to monitor for shortness of breath. On 05/12/19 at 4:39 PM the resident reported being short of breath and staff again offered to call paramedics to have him evaluated. The resident again refused to be seen.

On [REDACTED]/19 a chart note stated staff went to check on FR#1 and found the resident was not breathing. The resident was lying partially off the right side of his bed with his legs hanging down. The head of the bed was elevated and his oxygen was on. "911 was called and they asked if we had started CPR. CPR started (Chart with POLST not readily available). Paramedics came and confirmed death."

The facility's policy for conducting CPR titled "CPR Policy" dated 08/2009, stated that under Procedure, a) Prior to move in residents are offered the opportunity to choose whether CPR is, or is not performed in the event of a cardio/pulmonary emergency (no breathing or heartbeat detected). b) When a resident makes a choice, a POLST form is completed and sent to the physician to be signed. When the form is returned from the physician, a copy is placed in the chart along with the original. Upon identifying that a resident has no pulse or is not breathing and a Registered Nurse is not on site, staff is to 1) call 911 2) Use a reasonable person standard, determine if treatment might be beneficial to the resident (Heimlich maneuver or mouth sweep). If at all unclear as to resident's status and/or what to do: a) initiate CPR b) Present EMS team with the POLST form upon arrival. c) Stay with resident and call a co-worker, if possible.

On 06/19/19 at 4:50 PM, when asked how staff checked resident's records for the POLST form,

Staff B stated that the staff who finds the resident, pulls the emergency call cord and radios to other staff on duty to check the resident's record for the CPR status on the POLST form. When the amount of time that could take was brought up, Staff B stated that was why the facility had staff start CPR until they found out the resident's CPR status and they allow EMT's determine whether to continue CPR or pronounce death. Staff B stated they use the Good Samaritan Act to perform CPR until the resident's CPR status was confirmed.

The facility did not have a system to quickly identify a residents' CPR status which allowed staff to perform CPR on a resident who chose not to have CPR performed.

#### **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 Lacey 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.

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

\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date