



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

August 24, 2022

**CERTIFIED MAIL 7018 0360 0000 1578 8518**

Administrator  
Bonaventure of East Wenatchee  
3425 Boone Rd  
Salem, OR 97317

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

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On August 11, 2022, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **Bonaventure of East Wenatchee**, located at **50 29<sup>th</sup> 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 civil fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **August 11, 2022**.

**Civil Fine**

**WAC 388-78A-2040 (1) Other requirements**

**\$600.00**

**The licensee failed to maintain compliance with the Washington State Fire Protection Bureau when the Deputy State Fire Marshal (DSFM) found the facility in violation of documenting fire drills, monthly testing of elevator operations and rooftop unit signal was silenced on a follow up reinspection visit. This failed practice placed residents at risk for harm in the event of a fire.**

**This is an uncorrected deficiency previously cited on April 21, 2022.**

***NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.***

Administrator  
Bonaventure of East Wenatchee  
License #2026  
August 24, 2022  
Page 2

**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:

Michelle Closner, Field Manager  
Region 1, Unit C  
1200 Alder St  
Union Gap, WA 98903  
Phone: (509) 572-7394 / Fax: (509) 454-4160

**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 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

Administrator  
Bonaventure of East Wenatchee  
License #2026  
August 24, 2022  
Page 3

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fine. **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 **\$600.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114 (extension 45919)  
OFRMMISVendor@dshs.wa.gov

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.

Administrator  
Bonaventure of East Wenatchee  
License #2026  
August 24, 2022  
Page 4

If you have any questions, please contact Michelle Closner, Field Manager, at (509) 572-7394.

Sincerely,



Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
jb