STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Bothell Adult Family Homes Inc
Bothell Adult Family Home 3
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 3 License # 756205

Dear Provider:

This letter addresses Compliance Determination(s) 80721 (Completion Date 07/20/2026) and 78272 (Completion Date 06/01/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/20/2026 and found that you have corrected the violations listed in the Follow up report dated 06/01/2026. Your home is back in compliance as of 07/11/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-a, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 06/01/2026 of:
Bothell Adult Family Home 3
17519 EASON AVE
BOTHELL, WA 98011

This document references the following SOD dated: 06/01/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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.

Renee' Bourque
Residential Care Services

06/11/2026
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

6/16/2026
Date

WAC 388-76-10660 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) included how the resident would use a medical device ([redacted]) for 2 of 4 residents (Resident 2 and 3). This failure placed Residents 2 and 3 at risk of harm or injury due to improper use of the [redacted].

Findings included...

Observation, on 06/01/2026 at 10:49 AM, showed one quarter-length [redacted] (raised) installed on Resident 2's bed (bedroom [redacted]. Observation showed two quarter-length [redacted] (raised) installed on Resident 3's bed (bedroom [redacted].

Record review showed the AFH admitted Resident 2 on [redacted] 2026. Review of Resident 2's NCP, dated 02/03/2026, showed no description of Resident 2's use of the [redacted]

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

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.

Renee' Bourgue
Residential Care Services

06/11/2026
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) included how the resident would use a medical device ([redacted]) for 2 of 4 residents (Resident 2 and 3). This failure placed Residents 2 and 3 at risk of harm or injury due to improper use of the [redacted]

Findings included...

Observation, on 06/01/2026 at 10:49 AM, showed one quarter-length [redacted] (raised) installed on Resident 2's bed (bedroom [redacted]). Observation showed two quarter-length [redacted] (raised) installed on Resident 3's bed (bedroom [redacted]).

Record review showed the AFH admitted Resident 2 on [redacted]'2026. Review of Resident 2's NCP, dated 02/03/2026, showed no description of Resident 2's use of the [redacted]

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

Record review showed the AFH admitted Resident 3 on [redacted] 2026. Review of Resident 3's NCP, dated 03/11/2026, showed no description of Resident 3's use of [redacted].

In an interview, on 06/01/2026 at 11:32 AM, Staff F, Business Office Manager, stated that they would ensure information about the use of [redacted] would be added to Resident 2 and Resident 3's NCPs.

This is an uncorrected deficiency previously cited on 04/10/2026.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 7/11/2026.

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

Provider (or Representative) — Date: 6/16/2026

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed by the AFH and the resident or their representative for 3 of 4 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk of having unrecognized or unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2024. Review showed Resident 1's NCP, dated 10/10/2025, was not signed by the resident or their representative.

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

Record review showed the AFH admitted Resident 3 on [redacted]2026. Review of Resident 3's NCP, dated 03/11/2026, showed no description of Resident 3's use of [redacted].

In an interview, on 06/01/2026 at 11:32 AM, Staff F, Business Office Manager, stated that they would ensure information about the use of [redacted] would be added to Resident 2 and Resident 3's NCPs.

This is an uncorrected deficiency previously cited on 04/10/2026.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed by the AFH and the resident or their representative for 3 of 4 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk of having unrecognized or unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]2024. Review showed Resident 1's NCP, dated 10/10/2025, was not signed by the resident or their representative.

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

Record review showed the AFH admitted Resident 2 on [redacted] 2026. Review showed Resident 2's NCP, dated 02/03/2026, was not signed by the AFH.

Record review showed the AFH admitted Resident 3 on [redacted] 2026. Review showed Resident 3's NCP, dated 03/11/2026, was not signed by the AFH.

In an interview, on 06/01/2026 at 10:48 AM, Staff C, Caregiver, stated that Resident 1's representative was out of the state and not able to sign Resident 1's NCP. Staff C stated that they would work to obtain Resident 1's representative's signature on the NCP upon their return. Staff C stated that they would request Staff A, Owner, sign Resident 2 and Resident 3's NCPs.

In an interview, on 06/01/2026 at 11:31 AM, Staff F, Business Office Manager, stated that Staff A signed Resident 2 and Resident 3's NCPs. Record review, of Resident 2 and Resident 3's NCP signature pages, showed Staff A signed Resident 2 and Resident 3's NCPs on 06/01/2026.

This is an uncorrected deficiency previously cited on 04/10/2025.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 7/11/2026

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

Provider (or Representative) — Date: 6/16/2026

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

Record review showed the AFH admitted Resident 2 on [redacted]2026. Review showed Resident 2's NCP, dated 02/03/2026, was not signed by the AFH.

Record review showed the AFH admitted Resident 3 on [redacted]2026. Review showed Resident 3's NCP, dated 03/11/2026, was not signed by the AFH.

In an interview, on 06/01/2026 at 10:48 AM, Staff C, Caregiver, stated that Resident 1's representative was out of the state and not able to sign Resident 1's NCP. Staff C stated that they would work to obtain Resident 1's representative's signature on the NCP upon their return. Staff C stated that they would request Staff A, Owner, sign Resident 2 and Resident 3's NCPs.

In an interview, on 06/01/2026 at 11:31 AM, Staff F, Business Office Manager, stated that Staff A signed Resident 2 and Resident 3's NCPs. Record review, of Resident 2 and Resident 3's NCP signature pages, showed Staff A signed Resident 2 and Resident 3's NCPs on 06/01/2026.

This is an uncorrected deficiency previously cited on 04/10/2026.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

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

Bothell Adult Family Home 3
License #75620

Plan of Correction
Statement of Deficiencies
Completion Date
07/11/2026

Date: June 16, 2026

Attn: Mrs. Renee Bourque, Field Manager

Mrs. Renee,

I am writing a detailed plan of correction for the cited deficiencies:

WAC 388 - 76 – 10650 (2) (a) (b) (c) Medical devices.

The facility will update the negotiated care plans to include specific instructions on how residents use medical devices, including [redacted]. Staff will be re-educated on completing and updating negotiated care plans to ensure all required information is documented. Current resident care plans will be audited for compliance, and ongoing reviews will be conducted to ensure accuracy and completeness.

WAC 388 - 76 – 10375 Negotiated care plan Signature Required.

The facility will ensure all negotiated care plans are signed by the Adult Family Home and the resident or the resident's representative. The designated staff will be re-trained on the requirements for completing, reviewing, and obtaining signatures for negotiated care plans upon completion of the NCP and whenever changes occur.

Please feel free to contact me if you have any questions.
Daniela Torkelson
Provider

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/07/2026 and 04/14/2026 of:

Bothell Adult Family Home 3
17519 EASON AVE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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.

Renee' Bourque
Residential Care Services

04/15/2026
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Daniel
Provider (or Representative)

4/16/2026
Date

WAC 388-76-10810 Fire extinguishers. ✓ 1

(2) The home must ensure fire extinguishers are:

(a) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the fire extinguishers on the main level of the home were not located behind a locked door. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in the event of a fire emergency.

Findings included...

Observation, on 04/07/2026 at 8:57 AM, of the main floor of the home (licensed area), showed a fire extinguisher located in the medication room secured with a keypad style lock on the door. Observation showed a fire extinguisher in the garage secured with a keypad style lock on the door. Further observation showed no fire extinguisher on the main floor not located behind a locked door.

In an interview, on 04/07/2026 at 8:57 AM, Staff C, Resident Manager, stated that they believed a fire extinguisher was previously in an unlocked closet, however, Staff C could not locate that fire extinguisher. Staff C stated that fire extinguishers must be quickly accessible if they are needed.

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

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.

Renee' Bourgue
Residential Care Services

04/15/2026
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the fire extinguishers on the main level of the home were not located behind a locked door. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in the event of a fire emergency.

Findings included...

Observation, on 04/07/2026 at 9:57 AM, of the main floor of the home (licensed area), showed a fire extinguisher located in the medication room secured with a keypad style lock on the door. Observation showed a fire extinguisher in the garage secured with a keypad style lock on the door. Further observation showed no fire extinguisher on the main floor not located behind a locked door.

In an interview, on 04/07/2026 at 9:57 AM, Staff C, Resident Manager, stated that they believed a fire extinguisher was previously in an unlocked closet, however, Staff C could not locate that fire extinguisher. Staff C stated that fire extinguishers must be quickly accessible if they are needed.

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

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 4/16/2026.

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10805 Automatic smoke alarms. ✓ 2.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a smoke detector was located in the immediate vicinity of all resident bedrooms. The AFH also failed to ensure every smoke detector in the home was interconnected. These failures placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm or injury in the event of a fire emergency.

Findings included...

Observation, on 04/07/2026 at 10:22 AM, showed no smoke detector located outside of bedroom [redacted] (Resident 2's bedroom). Observation showed the base of a smoke detector on the wall outside of bedroom [redacted], however, there was no smoke detector attached to it.

In an interview, on 04/07/2026 at 10:22 AM, Staff C, Resident Manager, stated that the smoke detector was removed due to it frequently beeping. Staff C stated that someone was supposed to come to the AFH to fix it.

Observation, on 04/07/2026 at 10:24 AM, showed the smoke detector in bedroom B (vacant) was not interconnected when a smoke detector on the upper level of the home

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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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a smoke detector was located in the immediate vicinity of all resident bedrooms. The AFH also failed to ensure every smoke detector in the home was interconnected. These failures placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm or injury in the event of a fire emergency.

Findings included...

Observation, on 04/07/2026 at 10:22 AM, showed no smoke detector located outside of bedroom [redacted] (Resident 2's bedroom). Observation showed the base of a smoke detector on the wall outside of bedroom [redacted], however, there was no smoke detector attached to it.

In an interview, on 04/07/2026 at 10:22 AM, Staff C, Resident Manager, stated that the smoke detector was removed due to it frequently beeping. Staff C stated that someone was supposed to come to the AFH to fix it.

Observation, on 04/07/2026 at 10:24 AM, showed the smoke detector in bedroom B (vacant) was not interconnected when a smoke detector on the upper level of the home

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

was activated. Observation showed the smoke detector in bedroom B was not interconnected when the smoke detector in bedroom C (vacant) was activated.

In an interview, on 04/07/2026 at 10:24 AM, Staff C stated that they had not noticed the smoke detector in bedroom B did not activate when other smoke detectors in the home were activated.

In a telephonic interview, on 04/09/2026 at 1:04 PM, Staff A, Owner, stated that there was supposed to be a smoke detector outside of bedroom [redacted]. Staff A stated that they would work to correct the smoke detector in bedroom B.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10650 Medical devices. 3

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all supporting documentation was in place (safety assessment by a qualified assessor, informed consent, and documentation in negotiated care plan [NCP]) prior to the use of a medical device ([redacted] for 2 of 3 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of harm or injury due to improper use of [redacted].

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

was activated. Observation showed the smoke detector in bedroom B was not interconnected when the smoke detector in bedroom C (vacant) was activated.

In an interview, on 04/07/2026 at 10:24 AM, Staff C stated that they had not noticed the smoke detector in bedroom B did not activate when other smoke detectors in the home were activated.

In a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A, Owner, stated that there was supposed to be a smoke detector outside of bedroom [redacted]. Staff A stated that they would work to correct the smoke detector in bedroom B.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all supporting documentation was in place (safety assessment by a qualified assessor, informed consent, and documentation in negotiated care plan [NCP]) prior to the use of a medical device ([redacted]) for 2 of 3 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of harm or injury due to improper use of [redacted].

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

Findings included...

Observation, on 04/07/2026 at 10:10 AM, showed one quarter-length [redacted] (raised) installed on the bed in bedroom [redacted] (Resident 2's room). Further observation showed two quarter-length [redacted] (lowered on the wall side and raised on the outer side) installed on the bed in bedroom [redacted] (Resident 3's bedroom).

Record review showed the AFH admitted Resident 2 on [redacted]/2026. Review of Resident 2's NCP, dated 02/03/2026, showed no description of Resident 2's use of the [redacted]. Further review, of Resident 2's records, showed no safety assessment or informed consent for the use of the [redacted].

Record review showed the AFH admitted Resident 3 on [redacted]/2026. Review of Resident 2's NCP, dated 03/11/2026, showed no description of Resident 3's use of [redacted]. Further review, of Resident 3's records, showed no safety assessment or informed consent for the use of [redacted].

In a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A, Owner, stated that there should have been safety assessments completed and informed consent obtained for Resident 2 and Resident 3's use of [redacted]. Staff A stated that the use of [redacted] was supposed to be described in Resident 2 and Resident 3's NCPs.

During a field visit, on 04/09/2026 at 10:53 AM, Staff F, Business Office Manager, provided safety assessments for Resident 2 and Resident 3. Record review of these assessments showed they were completed on 04/07/2026. Review showed no evidence informed consent had been obtained from the resident or their representatives.

In an interview, on 04/09/2026 at 11:01 AM, Staff F stated that the informed consent documents had not yet been signed by the resident representatives.

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

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date 4/16/2026

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm if they accessed the toxic chemicals.

Findings included...

Observation, on 04/07/2026 at 9:54 AM, of the unlocked cupboard under the kitchen sink, showed a container of Clorox disinfecting wipes.

In an interview, on 04/07/2026 at 9:54 AM, Staff C, Resident Manager, stated that they knew cleaning supplies must be kept in locked storage. Staff C moved the Clorox disinfecting wipes and placed them in a locked storage area.

Observation, on 04/07/2026 at 9:59 AM, of the common bathroom (located near the front entrance), showed a container of dishwasher detergent pods in the unlocked cupboard underneath the bathroom sink.

In an interview, on 04/07/2026 at 9:59 AM, Staff C stated that they were not sure how dishwasher detergent pods ended up in the bathroom. Staff C moved the dishwasher detergent pods and placed them in a locked storage area.

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

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, Bothell Adult Family Home 3 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm if they accessed the toxic chemicals.

Findings included...

Observation, on 04/07/2026 at 9:54 AM, of the unlocked cupboard under the kitchen sink, showed a container of Clorox disinfecting wipes.

In an interview, on 04/07/2026 at 9:54 AM, Staff C, Resident Manager, stated that they knew cleaning supplies must be kept in locked storage. Staff C moved the Clorox disinfecting wipes and placed them in a locked storage area.

Observation, on 04/07/2026 at 9:59 AM, of the common bathroom (located near the front entrance), showed a container of dishwasher detergent pods in the unlocked cupboard underneath the bathroom sink.

In an interview, on 04/07/2026 at 9:59 AM, Staff C stated that they were not sure how dishwasher detergent pods ended up in the bathroom. Staff C moved the dishwasher detergent pods and placed them in a locked storage area.

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

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date: 4/16/2026

5.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a Washington Name and Date of Birth (WNDOB) background check (BGC) was completed every 2 years for 5 of 6 current staff (Staff B, Entity Representative, Staff C, Resident Manager, Staff D and E, Caregivers, and Staff F, Business Office Manager) as well as 3 of 3 household (HH) members with unsupervised access to the residents (HH1, HH2, and HH3, Staff C's relatives). This failure placed Residents 1, 2, and 3 at risk of receiving care from and having unsupervised access to individuals with unknown backgrounds.

Findings included...

Record review showed the AFH hired Staff B on 03/08/2025, Staff C on 03/13/2023, Staff D on 03/25/2026, Staff E on 02/22/2010, and Staff F on 09/18/2018. Review showed Staff B's WNDOB BGC expired on 01/16/2026. Review showed Staff C's WNDOB BGC expired on 03/31/2025. Review showed Staff D's WNDOB BGC expired on 08/19/2020. Review showed Staff E's WNDOB BGC expired on 05/22/2025. Review showed Staff F's WNDOB BGC expired on 05/22/2025.

Record review showed three individuals who had unsupervised access to the AFH. Review showed HH1, HH2, and HH3's WNDOB BGCs expired on 01/16/2026

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

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, Bothell Adult Family Home 3 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a Washington Name and Date of Birth (WNDOB) background check (BGC) was completed every 2 years for 5 of 6 current staff (Staff B, Entity Representative, Staff C, Resident Manager, Staff D and E, Caregivers, and Staff F, Business Office Manager) as well as 3 of 3 household (HH) members with unsupervised access to the residents (HH1, HH2, and HH3, Staff C's relatives). This failure placed Residents 1, 2, and 3 at risk of receiving care from and having unsupervised access to individuals with unknown backgrounds.

Findings included...

Record review showed the AFH hired Staff B on 03/08/2025, Staff C on 03/13/2023, Staff D on 03/25/2026, Staff E on 02/22/2010, and Staff F on 09/18/2018. Review showed Staff B's WNDOB BGC expired on 01/16/2026. Review showed Staff C's WNDOB BGC expired on 03/31/2025. Review showed Staff D's WNDOB BGC expired on 08/19/2020. Review showed Staff E's WNDOB BGC expired on 05/22/2025. Review showed Staff F's WNDOB BGC expired on 05/22/2025.

Record review showed three individuals who had unsupervised access to the AFH. Review showed HH1, HH2, and HH3's WNDOB BGCs expired on 01/16/2026.

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

In a telephonic interview, on 04/08/2026 at 1:04 AM, Staff A, Owner, stated that they were responsible for completing the background checks for the home. Staff A stated that they believed Staff B, Staff C, Staff F, HH1, HH2, and HH3's WNDOB BGCs were expired. Staff A stated that believed Staff D and Staff E had current WNDOB BGCs.

During a field visit, on 04/09/2026 at 10:53 AM, the AFH provided additional WNDOB BGCs. Review of these records show WNDOB BGCs were completed for Staff B, Staff F, HH1, HH2, and HH3 on 04/08/2026 and would expire on 04/08/2028.

In a secured email, received by the Department on 04/10/2026, Staff F provided a copy of Staff D's WNDOB BGC. Review of this record shows it was ran on 04/08/2026 and would expire on 04/08/2026.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10161 Background checks. Who is required to have. F

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 5 current caregiving staff (Staff B, Entity Representative). This failure placed Residents 1, 2, and 3 at risk of receiving care from someone with an unknown background.

Findings included...

Record review showed the AFH hired Staff B on 03/08/2025. Review showed no

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

In a telephonic interview, on 04/08/2026 at 1:04 AM, Staff A, Owner, stated that they were responsible for completing the background checks for the home. Staff A stated that they believed Staff B, Staff C, Staff F, HH1, HH2, and HH3's WNDOB BGCs were expired. Staff A stated that believed Staff D and Staff E had current WNDOB BGCs.

During a field visit, on 04/09/2026 at 10:53 AM, the AFH provided additional WNDOB BGCs. Review of these records show WNDOB BGCs were completed for Staff B, Staff F, HH1, HH2, and HH3 on 04/08/2026 and would expire on 04/08/2028.

In a secured email, received by the Department on 04/10/2026, Staff F provided a copy of Staff D's WNDOB BGC. Review of this record shows it was ran on 04/08/2026 and would expire on 04/08/2028.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 5 current caregiving staff (Staff B, Entity Representative). This failure placed Residents 1, 2, and 3 at risk of receiving care from someone with an unknown background.

Findings included...

Record review showed the AFH hired Staff B on 03/08/2025. Review showed no

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

documentation Staff B had completed a national fingerprint background check.

In an interview, on 04/09/2026 at 11:57 AM, Staff F, Business Office Manager, stated that Staff B had not yet completed a national fingerprint background check since they were hired as Entity Representative. Staff F stated that Staff B would need to complete a national fingerprint background check.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10695 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred at least every 60 days. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm or injury in the event of an emergency requiring evacuation.

Findings included...

Record review showed the AFH completed evacuation drills on 01/15/2026, 11/21/2025, 09/23/2025, 07/19/2025, and 05/21/2025. Review showed no record of an evacuation drill occurring after 01/15/2026.

In a telephonic interview, on 04/09/2026 at 1:04 PM, Staff A, Owner, stated that partial evacuation drills must occur every two months and full evacuation drills must occur every year.

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

documentation Staff B had completed a national fingerprint background check.

In an interview, on 04/09/2026 at 11:57 AM, Staff F, Business Office Manager, stated that Staff B had not yet completed a national fingerprint background check since they were hired as Entity Representative. Staff F stated that Staff B would need to complete a national fingerprint background check.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure emergency evacuation drills occurred at least every 60 days. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm or injury in the event of an emergency requiring evacuation.

Findings included...

Record review showed the AFH completed evacuation drills on 01/16/2026, 11/21/2025. 09/23/2025, 07/10/2025, and 05/21/2025. Review showed no record of an evacuation drill occurring after 01/16/2026.

In a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A, Owner, stated that partial evacuation drills must occur every two months and full evacuation drills must occur every year.

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

In an interview, on 04/09/2026 at 11:19 AM, Staff C, Resident Manager, stated that no evacuation drill occurred since 01/16/2026.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/ 10/ 2026.

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(3) Date and time of the drill;

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure all evacuation drills logs showed the time of drill and the length of time it took to complete the evacuation. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in the event of an emergency requiring evacuation.

Findings included...

Record review, of the AFH's evacuation drill logs, showed a partial evacuation drill occurred on 01/16/2026. Further review of the evacuation drill log, dated 01/16/2026, showed no documentation of the start time of the drill, end time of the drill, and length of time it took to complete the evacuation.

In an interview, on 04/09/2026 at 11:19 AM, Staff C, Resident Manager, stated that they had not noticed the 01/16/2026 evacuation drill log was missing the start time, end time, and length of the drill. Staff C stated that this information was necessary in order to know how long the drill took.

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

In an interview, on 04/09/2026 at 11:13 AM, Staff C, Resident Manager, stated that no evacuation drill occurred since 01/16/2026.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(3) Date and time of the drill;

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure all evacuation drills logs showed the time of drill and the length of time it took to complete the evacuation. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in the event of an emergency requiring evacuation.

Findings included...

Record review, of the AFH's evacuation drill logs, showed a partial evacuation drill occurred on 01/16/2026. Further review of the evacuation drill log, dated 01/16/2026, showed no documentation of the start time of the drill, end time of the drill, and length of time it took to complete the evacuation.

In an interview, on 04/09/2026 at 11:19 AM, Staff C, Resident Manager, stated that they had not noticed the 01/16/2026 evacuation drill log was missing the start time, end time, and length of the drill. Staff C stated that this information was necessary in order to know how long the drill took.

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

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date: 4/16/2026

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure personnel records (including staff orientation records, training records, cardiopulmonary resuscitation and first aid records, tuberculosis testing results, and background check results) were readily available when requested by Department staff for 2 of 6 current staff (Staff B, Entity Representative, and Staff D, Caregiver) and 2 of 3 former staff (Staff G and I, Former Caregivers). This failure delayed verification of staff credentials and placed Residents 1, 2, and 3 at risk of receiving care from individuals with unknown backgrounds or who may not be fully qualified.

Findings included...

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

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure personnel records (including staff orientation records, training records, cardiopulmonary resuscitation and first aid records, tuberculosis testing results, and background check results) were readily available when requested by Department staff for 2 of 6 current staff (Staff B, Entity Representative, and Staff D, Caregiver) and 2 of 3 former staff (Staff G and I, Former Caregivers). This failure delayed verification of staff credentials and placed Residents 1, 2, and 3 at risk of receiving care from individuals with unknown backgrounds or who may not be fully qualified.

Findings included...

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

Record review of the AFH's personnel records, showed no available employee files for Staff B, Staff D, and Staff I. Review showed an employee file created for Staff G, however, the file did not contain Staff G's national fingerprint background check.

During an interview, on 04/07/2026 at 1:40 PM, Staff C, Resident Manager, stated that Staff F, Business Office Manager, oversaw the AFH's personnel records. Staff C stated that the missing employee files were likely in Staff F's office, which was located in a different home. Staff C stated that they attempted to call Staff F and Staff A, Owner, to request the records, however Staff C did not receive a response.

During a telephonic interview, on 04/09/2026 at 1:04 PM, Staff A stated that the AFH did have the missing employee records. Staff A stated that it was a mistake the AFH kept the employee records in an office located outside of the home.

During an additional field visit, on 04/09/2026 at 10:53 AM, Staff F provided the employee files for Staff B and Staff D. Staff F stated that they could not locate Staff G's missing national fingerprint background check. Staff F stated they requested Staff G's national fingerprint background check from Staff A. Staff F stated they could not locate Staff I's employee file. Staff F believed Staff I had taken it when they departed from the AFH. Staff F stated they requested a copy of the file from Staff A.

In a secured email, received by the Department on 04/10/2026, Staff F provided a copy of Staff I's Washington Name and Date of Birth (WNDOB) background check (BSC). Review of this document showed it expired on 01/18/2026.

As of 04/10/2026 at 1:00 PM, the Department has not seen the national fingerprint background checks for Staff G and Staff I.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026.

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

Provider (or Representative) — Date: 4/16/2026

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

Record review, of the AFH's personnel records, showed no available employee files for Staff B, Staff D, and Staff I. Review showed an employee file created for Staff G, however, the file did not contain Staff G's national fingerprint background check.

During an interview, on 04/07/2026 at 1:40 PM, Staff C, Resident Manager, stated that Staff F, Business Office Manager, oversaw the AFH's personnel records. Staff C stated that the missing employee files were likely in Staff F's office, which was located in a different home. Staff C stated that they attempted to call Staff F and Staff A, Owner, to request the records, however Staff C did not receive a response.

During a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A stated that the AFH did have the missing employee records. Staff A stated that it was a mistake the AFH kept the employee records in an office located outside of the home.

During an additional field visit, on 04/09/2026 at 10:53 AM, Staff F provided the employee files for Staff B and Staff D. Staff F stated that they could not locate Staff G's missing national fingerprint background check. Staff F stated they requested Staff G's national fingerprint background check from Staff A. Staff F stated they could not locate Staff I's employee file. Staff F believed Staff I had taken it when they departed from the AFH. Staff F stated they requested a copy of the file from Staff A.

In a secured email, received by the Department on 04/10/2026, Staff F provided a copy of Staff I's Washington Name and Date of Birth (WNDOB) background check (BGC). Review of this document showed it expired on 01/18/2026.

As of 04/10/2026 at 1:00 PM, the Department has not seen the national fingerprint background checks for Staff G and Staff I.

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, Bothell Adult Family Home 3 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.

_____ _____
Provider (or Representative) Date

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

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident, and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed by the AFH and the resident or their representative for 3 of 3 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk of having unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review showed Resident 1's NCP, dated 10/14/2025, was not signed by the AFH and the resident or their representative.

Record review showed the AFH admitted Resident 2 on [redacted]2026. Review showed Resident 2's NCP, dated 02/03/2026, was not signed by the AFH.

Record review showed the AFH admitted Resident 3 on [redacted]2026. Review showed Resident 3's NCP, dated 03/11/2026, was not signed by the AFH.

In a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A, Owner, stated that the NCPs were supposed to be signed. Staff A stated that they would work to obtain the necessary signatures.

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, Bothell Adult Family Home 3 is or will be in compliance with this law and / or regulation on (Date) 5/20/2026

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

Provider (or Representative) — Date: 4/16/2026

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

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed by the AFH and the resident or their representative for 3 of 3 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk of having unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review showed Resident 1's NCP, dated 10/14/2025, was not signed by the AFH and the resident or their representative.

Record review showed the AFH admitted Resident 2 on [redacted]2026. Review showed Resident 2's NCP, dated 02/03/2026, was not signed by the AFH.

Record review showed the AFH admitted Resident 3 on [redacted]2026. Review showed Resident 3's NCP, dated 03/11/2026, was not signed by the AFH.

In a telephonic interview, on 04/08/2026 at 1:04 PM, Staff A, Owner, stated that the NCPs were supposed to be signed. Staff A stated that they would work to obtain the necessary signatures.

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, Bothell Adult Family Home 3 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.

_____ _____

Provider (or Representative) Date

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/15/2026

Bothell Adult Family Homes Inc
Bothell Adult Family Home 3
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 3 # 756205

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/10/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/10/2026), no later than 05/25/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

The Adult Family Home (AFH) failed to ensure Resident 1, Resident 2, and Resident 3's Inventory of Personal Belongings (IPB) forms had a current inventory of each resident's personal belongings. This deficiency was corrected over the course of inspection by Staff C, Resident Manager.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourgue

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

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a

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

Panel IDR, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

Bothel Adult family Home 3
License #756205

Plan of Correction
Statement of Deficiencies
Completion Date
04/10/2026

Date: April 16, 2026

Attn: Mrs. Renee Bourque, Field Manager

Mrs. Renee,

I am writing a detailed plan of correction for the cited deficiencies:

WAC 388 - 76 – 10810 Fire Extinguisher

Fire extinguishers will be available and easily accessible to both staff and residents at all times and not be locked or restricted from use.

WAC 388 - 76 – 10805 Automatic smoke alarms

All smoke detectors are functioning properly, and all required changes have been completed.

WAC 388 – 76 – 10650 Medical devices

All supporting documentation will be in place as soon as the nurse completes it, and the nurse and family have been informed.

WAC 388 – 76 – 10750 Safety and Maintenance

All chemicals are properly stored in a locked storage space.

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

Bothel Adult family Home 3
License #756205

Plan of Correction
Statement of Deficiencies
Completion Date
04/10/2026

WAC 388-76-10165 National Fingerprint Background checks

All the national fingerprint background checks are current, valid, and indicate no criminal records.

WAC 388-76-10161 Background Check

All the background checks are current, valid, and indicate no criminal records.

WAC 388-76-10895 Emergency evacuation drill.
Staff were reoriented, and fire drills will be conducted every two months.

WAC 388-76-10900 Documentation of emergency evacuation drill
Staff were reoriented, and all the file drills will show the length of time took to complete the evacuation.

WAC 388-76-10198 AFH Personnel Records
All personnel files will be available at all times for the department. They are no longer kept outside the facility.

WAC 388-76-10375 Negotiated Care Plan
All the care plans are signed and up to date.

Please feel free to contact me if you have any questions.

Respectfully,
Daniela Torkelson
Provider

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