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 4
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 4 License # 756206

Dear Provider:

This letter addresses Compliance Determination(s) 82069 (Completion Date 08/11/2026) and 78866 (Completion Date 06/16/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/11/2026 and found that you have corrected the violations listed in the Follow up report dated 06/16/2026. Your home is back in compliance as of 07/31/2026 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10375-1, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

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 06/11/2026 of:

Bothell Adult Family Home 4
17422 EASON AVE
BOTHELL, WA 98011

This document references the following SOD dated: 06/16/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

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Statement of Deficiencies	License #: 756206	Compliance Determination # 76866
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 2 of 5	Licensee: Bothell Adult Family Homes Inc	06/16/2026

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 Bengree — Residential Care Services

6/23/2026 — 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)

07/14/2026 — Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) skin test was completed within three days of hire for 1 of 2 sampled staff (Staff C, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff C on 01/01/2025. Review showed Staff C had a TB skin test administered on 12/09/2024 and read on 12/11/2024 with a negative result. Review showed no documentation that Staff C completed a TB skin test within three days of employment.

In an interview, on 06/11/2026 at 10:00 AM, Staff C stated that they did not complete an additional TB test. Staff C stated that they previously completed a two-step TB skin test. Staff C stated that the AFH believed Staff C's TB screening documentation was sufficient.

In an email, received by the Department on 06/11/2026 at 11:53 AM, Staff E, Business

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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.

Residential Care Services | 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) skin test was completed within three days of hire for 1 of 2 sampled staff (Staff C, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included…

Record review showed the AFH hired Staff C on 01/01/2025. Review showed Staff C had a TB skin test administered on 12/09/2024 and read on 12/11/2024 with a negative result. Review showed no documentation that Staff C completed a TB skin test within three days of employment.

In an interview, on 06/11/2026 at 10:00 AM, Staff C stated that they did not complete an additional TB test. Staff C stated that they previously completed a two-step TB skin test. Staff C stated that the AFH believed Staff C's TB screening documentation was sufficient.

In an email, received by the Department on 06/11/2026 at 11:53 AM, Staff E, Business

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Office Manager, provided additional TB screening records for Staff C. Record review of these TB screening records showed Staff C had a TB skin test administered on 09/27/2023 and read on 09/30/2023 with a negative result. Review showed Staff C had a TB skin test administered on 11/15/2017 and read on 11/17/2017 with a negative result. Further review showed Staff C had a TB skin test administered on 10/26/2017 and read on 10/28/2017 with a negative result.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 is or will be in compliance with this law and / or regulation on (Date) 07/21/2026.

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

Provider (or Representative) Date 07/14/2026

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

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 plan (NCP) was signed by the resident or their representative for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk of having unrecognized or unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2 had a representative who signed on their behalf. Further review showed Resident 2's NCP, dated 09/06/2025, was not signed by Resident 2's representative.

In an interview, on 06/11/2026 at 10:09 AM, Staff C, Caregiver, stated that multiple requests had been made to Resident 2's representative to sign Resident 2's NCP, however, the representative preferred more time to review the document prior to

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Office Manager, provided additional TB screening records for Staff C. Record review of these TB screening records showed Staff C had a TB skin test administered on 09/27/2023 and read on 09/30/2023 with a negative result. Review showed Staff C had a TB skin test administered on 11/15/2017 and read on 11/17/2017 with a negative result. Further review showed Staff C had a TB skin test administered on 10/26/2017 and read on 10/28/2017 with a negative result.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 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

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 plan (NCP) was signed by the resident or their representative for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk of having unrecognized or unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2 had a representative who signed on their behalf. Further review showed Resident 2's NCP, dated 09/06/2025, was not signed by Resident 2's representative.

In an interview, on 06/11/2026 at 10:09 AM, Staff C, Caregiver, stated that multiple requests had been made to Resident 2's representative to sign Resident 2's NCP, however, the representative preferred more time to review the document prior to

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signing. Staff C stated that the representative was not ready to sign Resident 2's NCP when requests were made.

In a telephonic interview, on 06/11/2026 at 10:35 AM, Staff E, Business Office Manager, stated that multiple requests had been made to Resident 2's representative to sign Resident 2's NCP. However, Staff E stated that the representative did not yet want to sign the NCP.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 is or will be in compliance with this law and / or regulation on (Date) 07/31/2026.

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

Provider (or Representative) Date 07/14/2026

(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:

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current inventory of the personal belongings for 1 of 6 residents (Resident 2). The AFH also failed to ensure Resident 2's Inventory of Personal Belongings (IPB) form was signed by Resident 2's representative. This failure placed Resident 2 at risk of experiencing lost or misplaced belongings.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2's records contained an IPB form, however, the form did not list any of

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signing. Staff C stated that the representative was not ready to sign Resident 2's NCP when requests were made.

In a telephonic interview, on 06/11/2026 at 10:35 AM, Staff E, Business Office Manager, stated that multiple requests had been made to Resident 2's representative to sign Resident 2's NCP. However, Staff E stated that the representative did not yet want to sign the NCP.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 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

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(a) The resident; and

(b) The adult family home.

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current inventory of the personal belongings for 1 of 6 residents (Resident 2). The AFH also failed to ensure Resident 2's Inventory of Personal Belongings (IPB) form was signed by Resident 2's representative. This failure placed Resident 2 at risk of experiencing lost or misplaced belongings.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2's records contained an IPB form, however, the form did not list any of

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Resident 2's belongings. Review of the IPB form showed it was not signed by Resident 2 or their representative.

In an interview, on 06/11/2026 at 10:09 AM, Staff C, Caregiver, stated that Resident 2's representative wanted to inventory all of Resident 2's items on their own. Staff C stated that the representative declined assistance from AFH staff with completing this task. Staff C stated that Resident 2 has numerous personal items.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 is or will be in compliance with this law and / or regulation on (Date) 07/31/2026.

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

Provider (or Representative) Date 07/14/2026

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Resident 2's belongings. Review of the IPB form showed it was not signed by Resident 2 or their representative.

In an interview, on 06/11/2026 at 10:09 AM, Staff C, Caregiver, stated that Resident 2's representative wanted to inventory all of Resident 2's items on their own. Staff C stated that the representative declined assistance from AFH staff with completing this task. Staff C stated that Resident 2 has numerous personal items.

This is an uncorrected deficiency previously cited on 04/28/2026.

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 4 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 4
License #756206

Plan of Correction
Statement of Deficiencies
Completion Date
07/31/2026

Date: July 14, 2026

Attn: Mrs. Renee Bourque, Field Manager

Mrs. Renee,

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

WAC 388 - 76 – 10285 Tuberculosis. Two step skin testing.

The facility will ensure that all newly hired employees complete a TB skin test within 3 days of hire as required. The facility will review the hiring checklist and verify completion of TB screening documentation before the employee begins work. A tracking system will be maintained to monitor compliance, and any missed requirements will be addressed immediately. Ongoing audits will be conducted to ensure all employee health records are complete and up to date.

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.

WAC 388 - 76 – 10320 Resident Record – Content

The facility will ensure that each resident record contains a current inventory of personal belongings upon admission and whenever changes occur. The inventory will be reviewed with the resident or their POA/representative, and required signatures will be obtained to verify accuracy. The facility will audit resident records to ensure personal belongings inventories are complete, updated, and properly signed. Any missing documentation will

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be corrected immediately, and ongoing monitoring will be conducted to maintain compliance.

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 04/22/2026 of:
Bothell Adult Family Home 4
17422 EASON AVE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

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Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 2 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

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

04/28/2026
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)

May 9th, 2026
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 necessary documentation was in place (safety assessment by a qualified assessor, informed consent, and documentation in the negotiated care plan [NCP]) prior to the use of a medical device ([redacted]) for 4 of 6 residents (Residents 1, 3, 4, and 5). This failure placed Residents 1, 3, 4, and 5 at risk of harm or injury due to improper use of [redacted].

Findings included...

Observation, on 04/22/2026 at 11:42 AM, showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 1's bedroom). Observation showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 3's bedroom). Observation showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 4's bedroom). Further observation showed two quarter-length [redacted] (lowered) on the bed in bedroom [redacted] (Resident 5's bedroom).

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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.

Residential Care Services | 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

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(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 necessary documentation was in place (safety assessment by a qualified assessor, informed consent, and documentation in the negotiated care plan [NCP]) prior to the use of a medical device ([redacted]) for 4 of 6 residents (Residents 1, 3, 4, and 5). This failure placed Residents 1, 3, 4, and 5 at risk of harm or injury due to improper use of [redacted].

Findings included…

Observation, on 04/22/2026 at 11:42 AM, showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 1's bedroom). Observation showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 3's bedroom). Observation showed two quarter-length [redacted] (raised) on the bed in bedroom [redacted] (Resident 4's bedroom). Further observation showed two quarter-length [redacted] (lowered) on the bed in bedroom [redacted] (Resident 5's bedroom).

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Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 3 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Review of Resident 1's records showed no safety assessment for the use of [redacted] and no informed consent. Further review of Resident 1's NCP, dated 01/21/2026, showed no description of Resident 1's use of [redacted].

Record review showed the AFH admitted Resident 3 on [redacted]/2025. Further review of Resident 3's NCP, dated 06/10/2025, showed no description of Resident 3's use of [redacted].

Record review showed the AFH admitted Resident 4 on [redacted]/2025. Further review of Resident 4's NCP, dated 06/10/2025, showed no description of Resident 4's use of [redacted]ails.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review of Resident 5's NCP, dated 05/07/2025, showed no description of Resident 5's use of [redacted].

In an interview, on 04/22/2026 at 12:12 PM, Staff C, Caregiver, stated that Resident 3 started using the [redacted] one week prior. Staff C stated that Resident 3's family wanted to see how Resident 3 liked using the [redacted] before the NCP was updated. Staff B, Entity Representative and Resident Manager, stated that documentation of the [redacted] use was missed in Resident 1, 3, 4, and 5's NCPs.

In a telephonic interview, on 04/23/2026 at 8:23 AM, Staff B was not sure if a safety assessment or informed consent was obtained for Resident 1's use of [redacted].

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

Provider (or Representative) 5/9/2026 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

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Record review showed the AFH admitted Resident 1 on [redacted]/2025. Review of Resident 1's records showed no safety assessment for the use of [redacted] and no informed consent. Further review of Resident 1's NCP, dated 01/21/2026, showed no description of Resident 1's use of [redacted].

Record review showed the AFH admitted Resident 3 on [redacted]/2025. Further review of Resident 3's NCP, dated 06/10/2025, showed no description of Resident 3's use of [redacted].

Record review showed the AFH admitted Resident 4 on [redacted]/2025. Further review of Resident 4's NCP, dated 06/10/2025, showed no description of Resident 4's use of [redacted].

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review of Resident 5's NCP, dated 05/07/2025, showed no description of Resident 5's use of [redacted].

In an interview, on 04/22/2026 at 12:12 PM, Staff C, Caregiver, stated that Resident 3 started using the [redacted] one week prior. Staff C stated that Resident 3's family wanted to see how Resident 3 liked using the [redacted] before the NCP was updated. Staff B, Entity Representative and Resident Manager, stated that documentation of the [redacted] use was missed in Resident 1, 3, 4, and 5's NCPs.

In a telephonic interview, on 04/23/2026 at 8:23 AM, Staff B was not sure if a safety assessment or informed consent was obtained for Resident 1's use of [redacted].

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 4 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

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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 substances were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm if they accessed the unlocked toxic substances.

Findings included...

Observation, on 04/22/2026 at 11:19 AM, showed cleaning supplies located in the unlocked cupboard underneath the kitchen sink. These cleaning supplies included Lysol spray, Comet powder, and Easy-Off oven cleaner.

In an interview, on 04/22/2026 at 11:19 AM, Staff B, Entity Representative and Resident Manager, stated that they did not know how the cleaning supplies ended up unlocked underneath the kitchen sink. Staff B stated that these items must be locked. Staff B immediately removed the cleaning supplies and placed them in a locked storage area.

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

David
Provider (or Representative)

5/9/2026
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:

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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 substances were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm if they accessed the unlocked toxic substances.

Findings included…

Observation, on 04/22/2026 at 11:19 AM, showed cleaning supplies located in the unlocked cupboard underneath the kitchen sink. These cleaning supplies included Lysol spray, Comet powder, and Easy-Off oven cleaner.

In an interview, on 04/22/2026 at 11:19 AM, Staff B, Entity Representative and Resident Manager, stated that they did not know how the cleaning supplies ended up unlocked underneath the kitchen sink. Staff B stated that these items must be locked. Staff B immediately removed the cleaning supplies and placed them in a locked storage area.

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 4 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.

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

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Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 5 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

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 two years for 1 of 5 current staff (Staff B, Entity Representative and Resident Manager). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown background.

Findings included...

Record review showed the AFH hired Staff B on 03/13/2023. Review of Staff B's records showed a WNDOB BGC which expired on 03/31/2025. Further review showed Staff B had no additional WNDOB BGCs which were valid after 03/31/2025.

In an interview, on 04/22/2026 at 2:12 PM, Staff B stated that Staff A, Owner, was responsible for the WNDOB BGCs for the AFH. Staff B stated that they would check with Staff A to see if a new WNDOB BGC was completed for Staff B.

In a video call, on 04/24/2026 at 10:53 AM, Staff E, Business Office Manager, showed a WNDOB BGC for Staff B. Review of this WNDOB BGC showed it was completed on 04/23/2026 and would expire on 04/23/2028.

In an interview, on 04/24/2026 at 10:53 AM, Staff E stated that they were unable to locate a WNDOB BGC for Staff B which was valid between 03/31/2025 and 04/23/2026. Staff E stated that they were not sure how this was missed.

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/11/2026

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

Provider (or Representative) — Date: 5/9/2026

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

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

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 two years for 1 of 5 current staff (Staff B, Entity Representative and Resident Manager). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown background.

Findings included…

Record review showed the AFH hired Staff B on 03/13/2023. Review of Staff B's records showed a WNDOB BGC which expired on 03/31/2025. Further review showed Staff B had no additional WNDOB BGCs which were valid after 03/31/2025.

In an interview, on 04/22/2026 at 2:12 PM, Staff B stated that Staff A, Owner, was responsible for the WNDOB BGCs for the AFH. Staff B stated that they would check with Staff A to see if a new WNDOB BGC was completed for Staff B.

In a video call, on 04/24/2026 at 10:53 AM, Staff E, Business Office Manager, showed a WNDOB BGC for Staff B. Review of this WNDOB BGC showed it was completed on 04/23/2026 and would expire on 04/23/2028.

In an interview, on 04/24/2026 at 10:53 AM, Staff E stated that they were unable to locate a WNDOB BGC for Staff B which was valid between 03/31/2025 and 04/23/2026. Staff E stated that they were not sure how this was missed.

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 4 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

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

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an initial tuberculosis (TB) skin test was completed within three days of hire for 1 of 2 sampled staff (Staff C, Caregiver). The AFH also failed to ensure Staff C completed a second TB skin test one to three weeks following the first TB skin test. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included…

Record review showed the AFH hired Staff C on 01/01/2025. Review of Staff C's file showed no records verifying TB screening had occurred.

In an interview, on 04/22/2026 at 2:01 PM, Staff C stated that they did complete TB screening.

In an email, received by the Department on 04/24/2026 at 10:57 AM, Staff E, Business Office Manager, provided a copy of Staff C's TB screening records. Review of these records showed Staff C had a TB skin test administered on 12/09/2024 and read on 12/11/2024 with a negative result. Review showed no documentation that Staff C completed a second TB skin test.

In a follow up email, the Department asked Staff E if there were records of a second step TB skin test for Staff C. The Department asked if Staff B completed any TB screening within three days of their hire date. The Department requested to receive this information by 04/24/2026 at 12:00 PM.

Review of correspondence, on 04/27/2026, showed the AFH did not provide the requested information.

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 7 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/11/2026.

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

Provider (or Representative) — Date: 5/9/2026

WAC 388-76-10035 License requirements Multiple adult family home providers. The department will only consider an application for more than one home if the applicant has:

(5) A different resident manager at each home who is responsible for the care of each resident at all times.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure each AFH operated by the same provider had a different resident manager responsible for the care of the residents at all times. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of experiencing unmet care needs.

Findings included...

Record review of the Department's Secured Tracking and Reporting Systems (STARS) showed Staff B, Entity Representative and Resident Manager, were assigned as resident manager for the AFH.

In an interview, on 04/22/2026 at 8:56 AM, Staff C, Caregiver, stated that Staff B was the resident manager for the AFH.

In an interview, on 04/22/2026 at 10:57 AM, Staff B stated that they were the resident manager. Staff B stated that they were also the resident manager for a different AFH (756205 Bothell Adult Family Home 3). Staff B stated that they were not aware of the requirement for each home to have a different manager. Staff B stated that they would talk with Staff A, Owner, to correct this.

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 4 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 388-76-10035 License requirements Multiple adult family home providers. The department will only consider an application for more than one home if the applicant has:

(5) A different resident manager at each home who is responsible for the care of each resident at all times.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure each AFH operated by the same provider had a different resident manager responsible for the care of the residents at all times. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of experiencing unmet care needs.

Findings included…

Record review of the Department's Secured Tracking and Reporting Systems (STARS) showed Staff B, Entity Representative and Resident Manager, were assigned as resident manager for the AFH.

In an interview, on 04/22/2026 at 8:56 AM, Staff C, Caregiver, stated that Staff B was the resident manager for the AFH.

In an interview, on 04/22/2026 at 10:57 AM, Staff B stated that they were the resident manager. Staff B stated that they were also the resident manager for a different AFH (756205 Bothell Adult Family Home 3). Staff B stated that they were not aware of the requirement for each home to have a different manager. Staff B stated that they would talk with Staff A, Owner, to correct this.

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 8 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/1/26.

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

Provider (or Representative) — Date: 5/9/2026

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plans (NCP) were reviewed, agreed upon, and signed by the resident or their representatives for 2 of 6 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Further review showed Resident 1's NCP, dated 01/21/2026, was not signed by Resident 1 or their representative.

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review showed Resident 2's NCP, dated 09/06/2025, was not signed by Resident 2 or their representative.

In an interview on 04/22/2026 at 12:09 PM, Staff B, Entity Representative and Resident Manager, stated that they previously requested Resident 2's representative to sign Resident 2's NCP. However, Resident 2's representative had not yet signed the NCP.

In an interview, on 04/22/2026 at 3:05 PM, Staff E, Business Office Manager, stated that they requested Resident 1's representative to sign Resident 1's NCP.

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 4 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

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plans (NCP) were reviewed, agreed upon, and signed by the resident or their representatives for 2 of 6 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Further review showed Resident 1's NCP, dated 01/21/2026, was not signed by Resident 1 or their representative.

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review showed Resident 2's NCP, dated 09/06/2025, was not signed by Resident 2 or their representative.

In an interview on 04/22/2026 at 12:09 PM, Staff B, Entity Representative and Resident Manager, stated that they previously requested Resident 2's representative to sign Resident 2's NCP. However, Resident 2's representative had not yet signed the NCP.

In an interview, on 04/22/2026 at 3:05 PM, Staff E, Business Office Manager, stated that they requested Resident 1's representative to sign Resident 1's NCP.

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 9 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/1/2026 .

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

Provider (or Representative) 5/9/2026 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood glucose [sugar] testing and monitoring) for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2 had a diagnosis of [redacted].

In an interview, on 04/22/2026 at 9:23 AM, Staff C, Caregiver, stated that the AFH staff assisted Resident 2 with blood glucose monitoring and insulin administration. Staff C stated that Resident 2 required blood glucose testing four times daily, both at meal times and before bed. Staff C stated that AFH staff assist Resident 2 with conducting the blood glucose testing and recording the blood glucose results. Staff C stated that Resident 2 received insulin before meals and before bedtime which is administered by AFH staff.

Record review of the AFH's records showed no MTSW. Review showed a MTSW application, dated 10/31/2023, which did not specify the name of the facility.

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 4 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

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(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood glucose [sugar] testing and monitoring) for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk for receiving medical tests without the required certificate of waiver.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Review showed Resident 2 had a diagnosis of [redacted].

In an interview, on 04/22/2026 at 9:23 AM, Staff C, Caregiver, stated that the AFH staff assisted Resident 2 with blood glucose monitoring and insulin administration. Staff C stated that Resident 2 required blood glucose testing four times daily, both at meal times and before bed. Staff C stated that AFH staff assist Resident 2 with conducting the blood glucose testing and recording the blood glucose results. Staff C stated that Resident 2 received insulin before meals and before bedtime which is administered by AFH staff.

Record review of the AFH's records showed no MTSW. Review showed a MTSW application, dated 10/31/2023, which did not specify the name of the facility.

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 10 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

In an interview, on 04/22/2026 at 2:48 PM, Staff E, Business Office Manager, stated that the home had not yet mailed the MTSW application.

In a fax, received by the Department on 04/24/2026, Staff E provided a copy of the completed MTSW application. Review of the MTSW application showed it was signed and dated by Staff A, Owner, on 04/24/2026.

During a video call, on 04/24/2026 at 10:53 AM, Staff E stated that they would mail the MTSW application today.

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/11/2026

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

Provider (or Representative) 5/9/2026 Date

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

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

(a) The resident; and

(b) The 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 resident record contained a current inventory of the resident's personal belongings for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk of experiencing lost or misplaced belongings.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review of Resident 2's records showed no inventory of Resident 2's personal belongings.

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

In an interview, on 04/22/2026 at 2:48 PM, Staff E, Business Office Manager, stated that the home had not yet mailed the MTSW application.

In a fax, received by the Department on 04/24/2026, Staff E provided a copy of the completed MTSW application. Review of the MTSW application showed it was signed and dated by Staff A, Owner, on 04/24/2026.

During a video call, on 04/24/2026 at 10:53 AM, Staff E stated that they would mail the MTSW application today.

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 4 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

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

(a) The resident; and

(b) The 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 resident record contained a current inventory of the resident's personal belongings for 1 of 6 residents (Resident 2). This failure placed Resident 2 at risk of experiencing lost or misplaced belongings.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review of Resident 2's records showed no inventory of Resident 2's personal belongings.

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 76262
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 11 of 11	Licensee: Bothell Adult Family Homes Inc	04/28/2026

In an interview, on 04/22/2026 at 12:09 PM, Staff B, Entity Representative and Resident Manager, stated that Resident 2 did have personal belongings at the AFH. Staff B stated that they believed Resident 2's belongings were inventoried, however, the form was filed elsewhere. Staff B stated that they would look for Resident 2's inventory of personal belongings.

In an email, sent on 04/23/2026, to Staff A, Owner, the Department's verbal request for Resident 2's inventory of personal belongings was repeated. The Department requested to receive the record no later than 2:00 PM on 04/23/2026.

Review of correspondence, on 04/27/2026, showed the AFH did not provide Resident 2's inventory of personal belongings.

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 4 is or will be in compliance with this law and / or regulation on (Date) 6/1/2026

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

Provider (or Representative) 5/9/2026 Date

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

In an interview, on 04/22/2026 at 12:09 PM, Staff B, Entity Representative and Resident Manager, stated that Resident 2 did have personal belongings at the AFH. Staff B stated that they believed Resident 2's belongings were inventoried, however, the form was filed elsewhere. Staff B stated that they would look for Resident 2's inventory of personal belongings.

In an email, sent on 04/23/2026, to Staff A, Owner, the Department's verbal request for Resident 2's inventory of personal belongings was repeated. The Department requested to receive the record no later than 2:00 PM on 04/23/2026.

Review of correspondence, on 04/27/2026, showed the AFH did not provide Resident 2's inventory of personal belongings.

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 4 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

04/28/2026

Bothell Adult Family Homes Inc
Bothell Adult Family Home 4
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 4 # 756206

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/28/2026 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 (04/28/2026), no later than 06/12/2026 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.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

The Adult Family Home (AFH) failed to ensure all complaint investigation reports within the last twelve months were placed in a common use area. This deficiency was corrected on site at the time of inspection by Staff B, Entity Representative and Resident Manager, who moved the complaint investigation reports to a common use area.

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.

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

Sincerely,

Renee' Bourque

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:

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

Sincerely,

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:

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

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 **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 4
License #756206

Plan of Correction
Statement of Deficiencies
Completion Date
04/28/2026

Date: May 9th, 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 Medical devices
All supporting documentation will be in place as soon as the nurse completes it, and the nurse and family have been informed. [redacted] are properly installed.

WAC 388 – 76 – 10750 Safety and Maintenance
All the toxic substances such as Lyson spray, Comet powder and Easy off are always placed in a locked space.

WAC 388-76-10165 Background Check
All the background checks are current, valid, and available for the department always.

WAC 388-76-10285 Tuberculosis two steps skin testing
TB Testing will be corrected based on DSHS requirements.

WAC 388 - 76 – 10035 License requirements
Resident manager requirements established.

WAC 388-76-10375 Negotiated Care Plan
All the care plans will be signed and comply with state regulation.

WAC 388 - 76 – 10015 License
MTSW was completed and mailed to the department.

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

Bothel Adult family Home 4
License #756206

Plan of Correction
Statement of Deficiencies
Completion Date
04/28/2026

WAC 388-76-10320 Resident record – Consent
Personal belonging inventory forms are available and signed up to date.

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

Respectfully,
Daniela Torkelson
Provider

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