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 2
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 2 License # 756307

Dear Provider:

This letter addresses Compliance Determination(s) 80613 (Completion Date 07/17/2026) and 78004 (Completion Date 05/29/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/17/2026 and found that you have corrected the violations listed in the Follow up report dated 05/29/2026. Your home is back in compliance as of 07/13/2026 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10750-6-c, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10810-2-e, WAC 388-76-10161-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Statement of Deficiencies	License #: 756307	Compliance Determination # 78004
Plan of Correction	Bothell Adult Family Home 2	Completion Date
Page 1 of 9	Licensee: Bothell Adult Family Homes Inc	05/29/2026

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 05/27/2026 of:
Bothell Adult Family Home 2
17525 EASON AVE
BOTHELL, WA 98011

This document references the following SOD dated: 05/29/2026

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:

Farrah Sirous, Long Term Care Surveyor

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.

Statement of Deficiencies	License #: 756307	Compliance Determination # 78004
Plan of Correction	Bothell Adult Family Home 2	Completion Date
Page 2 of 9	Licensee: Bothell Adult Family Homes Inc	05/29/2026

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

06/10/2026
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)

6/22/2026
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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 5 of 6 residents (Residents 1, 3, 4, 5 and 6) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 3, 4, 5 and 6 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 05/27/2026 at 11:05 AM, showed Residents 1, 3, 4, 5 and 6 lived in and received care from the AFH.

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2025. Review of Resident 1's NCP, dated [redacted]/2025, showed Staff A, Owner, signed the NCP. Further review showed there was no evidence Staff A had Resident 1 or their representative sign and date the NCP in 2025.

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2025. Review of Resident 3's NCP, undated, showed Staff A signed the NCP in 2025. Further review showed there

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

was no evidence Staff A had Resident 3 or their representative sign and date the NCP in 2025.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]/2022. Review of Resident 4's NCP, dated 04/06/2026, showed there was no evidence AFH Staff and Resident 4 or their representative sign and date the NCP in 2025.

<Resident 5>
Record review showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's NCP, dated 04/06/2026, showed Staff A and Resident 5's representative signed the NCP in April 2026. Further review showed there was no evidence Staff A and Resident 5 or their representative sign and date the NCP in 2025.

<Resident 6>
Record review showed the AFH admitted Resident 6 on [redacted]/2021. Review of Resident 6's NCP, dated 05/24/2025, showed there was no evidence AFH Staff and Resident 6 or their representative sign and date the NCP in 2025.

In an Interview, on 05/27/2026 at 11:32 AM, Staff B, Entity Representative, stated that they would tell Staff I, Office Manager, to send resident's NCP to the department on 05/27/2026 by 3:00 PM.

In two follow up emails sent and telephonic attempts to Staff A, Owner, from the Department, dated 05/27/2026, the Department repeated the verbal request for records by end of day on 05/27/2026.

Review of documents received by the department on 05/28/2026 showed a picture of Resident 4's NCP signed by their representative and not signed by the AFH staff.

This is an uncorrected deficiency previously cited on 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 7/13/2026 .

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

Provider (or Representative) Date 6/22/2026

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in a community bathroom did not exceed 120 degrees Fahrenheit. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk from hot water burns.

Findings included...

Observation, on 05/27/2026 at 11:05 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 3 ambulated independently, Resident 2 ambulated with medical devices, Residents 5 and 6 ambulated with staff assistance and Resident 4 was [redacted] in the AFH.

Observation, on 05/27/2026 at 11:10 PM, showed the water temperature in the sink of the main bathroom was 132.4 degrees Fahrenheit. Further observation showed the water temperature in the sink of the bathroom in bedroom B was 135.1 degrees Fahrenheit.

In an interview, on 05/27/2026 at 11:15 AM, Staff B, Entity Representative, stated that they would adjust the water temperature.

Review of documents received by the department on 05/27/2026 showed a picture of measured water temperature in the kitchen sink was 114.8 degrees Fahrenheit.

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

This is an uncorrected deficiency previously cited on 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 7/13/2026 .

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

Provider (or Representative) — Date: 6/22/2026

WAC 388-76-10650 Medical devices.

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

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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 residents (Residents 1, 3 and 5) negotiated care plan included how the medical device would be used and that the medical device was installed properly for 2 of 3 residents (Resident 1 and 5). These failures placed Residents 1, 3 and 5 at risk of harm from improper use of a medical device.

Findings included...

Observation, on 05/27/2026 at 11:05 AM, showed Residents 1, 3 and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 3 ambulated independently and Resident 5 ambulated with staff assistance.

<Resident 1>
Observation of Resident 1's bedroom (bedroom [redacted]), on 05/27/2026 at 11:20 AM, showed [redacted] on the right and left upper side of Resident 1's [redacted]. Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame, and it was loose.

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

Review of Resident 1's Negotiated Care Plan (NCP), dated 09/01/2025, did not address Resident 1's [redacted] use information.

<Resident 3>
Observation of Resident 3's bedroom (bedroom [redacted]), on 05/27/2026 at 11:21 AM, showed [redacted] on the right and left upper side of Resident 3's [redacted]. The [redacted] were in the down position.

Review of Resident 3's NCP, undated, did not address Resident 3's [redacted] use information.
Review of Resident 3's assessment dated 08/05/2025, showed information about the [redacted] use.

<Resident 5>
Observation of Resident 5's bedroom (bedroom [redacted]), on 05/27/2026 at 11:22 AM, showed [redacted] on the right and left upper side of Resident 5's [redacted]. Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame; there was a gap between the [redacted] and the mattress and it was loose.

Review of Resident 5's NCP, dated 04/06/2026, did not address Resident 5's [redacted] use information.

In an interview, on 05/27/2026 at 11:24 PM, Staff B, Entity Representative, stated that someone came to fix and tighten the [redacted] Staff B stated that they would let Staff I, Office Manager, send residents NCP today (05/27/2026) by 3:00 PM.

Review of an email received by the department on 05/28/2026, Staff I stated that "[redacted] for all 6 residents were tightened again this afternoon."

Record review showed no NCPs were received.

This is an uncorrected deficiency previously cited on 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 7/13/2026 .

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

Provider (or Representative) Date 6/22/2026

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, record review, and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was not locked behind a locked door. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm during a fire.

Findings included...

Observation, on 05/27/2026 at 11:17 AM, showed a fire extinguisher stored inside a locked laundry and medication room. Observation further showed the laundry and medication room had keypad lock on the door.

In an interview, on 05/27/2026 at 11:19 AM, Staff B, Entity Representative, stated that the fire extinguisher was always in the laundry room. Staff B stated that they would tell Staff A, Owner, about the requirements.

Review of documents received by the department on 05/27/2026 showed a picture of installed fire extinguisher in the common area.

This is an uncorrected deficiency previously cited on 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 7/13/2026 .

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

Provider (or Representative) Date 6/22/2026

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a household member over the age of eleven had the required Washington State Name and Date of Birth (WNOB) Background Check (BGC) completed and on file. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of exposure to an unqualified household member.

Findings included...

Review of the Household Member occupants' records on 05/27/2026 showed Household Member 1 (HHM1) was over the age of 11 and their WNOB BGC had expired in February 2026. Further review showed there were no records of valid WNOB BGC for HHM 1 on file.

In an interview, on 05/27/2026 at 11:29 AM, Staff B, Entity Representative, stated that they would inform Staff I, Office Manager, know to provide the record.

In two follow up emails, and telephonic attempts to Staff A, Owner, from the Department, dated 05/27/2026, the Departments repeated the verbal request for records by end of day on 05/27/2026.

Requested records were not received from the AFH as of 05/29/2026.

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

Statement of Deficiencies	License #: 756307	Compliance Determination # 78004
Plan of Correction	Bothell Adult Family Home 2	Completion Date
Page 9 of 9	Licensee: Bothell Adult Family Homes Inc	05/29/2026

This is an uncorrected deficiency previously cited on 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 7/13/2026.

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

Provider (or Representative) Date 6/22/2026

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

Bothell Adult Family Home 2
License #756307

Plan of Correction
Statement of Deficiencies
Completion Date
07/13/2026

Date: June 22, 2026

Attn: Mrs. Renee Bourque, Field Manager

Mrs. Renee,

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

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 – 10750 Safety and maintenance.

The facility immediately adjusted the water temperature to ensure it does not exceed 120°F. All water sources accessible to residents will be monitored regularly, and staff will be re-educated on water temperature requirements to prevent hot water burns. A routine monitoring schedule will be implemented and documented to ensure ongoing compliance and resident safety.

WAC 388 - 76 – 10650 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.

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

The facility will ensure all medical devices are properly installed, routinely inspected, and safely maintained to ensure resident safety.

WAC 388 - 76 – 10810 Fire extinguishers

The facility will ensure all fire extinguishers are readily accessible and not located behind locked doors. Staff will be re-educated on fire safety requirements, and routine inspections will be conducted to maintain compliance.

WAC 388-76-10161 Background checks

The facility will ensure all household members over the age of 11, volunteers, students, and non-caregiving staff have the required background checks completed and documented.

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

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 the unannounced on-site full inspection on 04/13/2026 of:
Bothell Adult Family Home 2
17525 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:

Farrah Sirous, Long Term Care Surveyor

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.

Statement of Deficiencies	License # 756307	Compliance Determination # 757399
Plan of Correction	Bothell Adult Family Home 2	Completion Date
Page 2 of 13	Licensee: Bothell Adult Family Homes Inc	04/16/2026

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.

Carol Bourque
Residential Care Services

04/16/2026
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)

4/23/2026.
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;

(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 have the personnel records for 3 of 9 staff (Staff C, E and H, Caregivers) readily available for review. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of being cared for by staff who were not fully qualified.

Findings included...

<Staff C>
Review of AFH personnel records showed the AFH hired Staff C on 02/22/2010. Records review showed Staff C was missing Food Worker's Card (FWC) and Cardiopulmonary resuscitation (CPR)

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

04/16/2026
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 388-76-10198 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;

(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 have the personnel records for 3 of 9 staff (Staff C, E and H, Caregivers) readily available for review. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of being cared for by staff who were not fully qualified.

Findings included...

<Staff C>
Review of AFH personnel records showed the AFH hired Staff C on 02/22/2010. Records review showed Staff C was missing Food Worker's Card (FWC) and Cardiopulmonary resuscitation (CPR).

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

<Staff E>
Review of Staff E's personnel records showed the AFH hired Staff E on 08/11/2021. Records review showed Staff E was missing the FWC.

<Staff H>
Review of Staff H's personnel records showed the AFH hired Staff H on 11/28/2023. Records review showed Staff H was missing the national Fingerprint Background Check, FWC and CPR.

In an interview, on 04/13/2026 at 2:10 PM, Staff I, Office Manager, stated that they had staff records and they would send them to the department next business day (04/14/2026) by 4:00 PM.

Requested records were not received from Staff I as of 04/15/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026

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

Provider (or Representative) 4/23/2026 Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 pet (Cat) maintained up-to-date rabies vaccinations. This failed practice placed Residents 1, 2, 3, 4, 5 and 6 at risk of potential exposure to infection.

Findings included...

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

<Staff E>
Review of Staff E's personnel records showed the AFH hired Staff E on 06/11/2021. Records review showed Staff E was missing the FWC.

<Staff H>
Review of Staff H's personnel records showed the AFH hired Staff H on 11/28/2023. Records review showed Staff H was missing the national Fingerprint Background Check, FWC and CPR.

In an interview, on 04/13/2026 at 2:10 PM, Staff I, Office Manager, stated that they had staff records and they would send them to the department next business day (04/14/2026) by 4:00 PM.

Requested records were not received from Staff I as of 04/15/2026.

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 2 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 pet (Cat) maintained up-to-date rabies vaccinations. This failed practice placed Residents 1, 2, 3, 4, 5 and 6 at risk of potential exposure to infection.

Findings included...

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

During the tour of the premises on 04/13/2026 at 11:15 AM, Staff B, Entity Representative, stated they had a cat in the home.

Review of the pet's records showed the rabies vaccine expired on 01/25/2025. Further review showed there were no records of up-to-date rabies vaccinations on file.

In an interview, on 04/13/2026 at 2:10 PM, Staff I, Office Manager, stated that they would schedule an appointment for the pet.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026

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

Provider (or Representative) — Date: 4/23/2026

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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 5 of 6 residents (Residents 1, 3, 4, 5 and 6) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 3, 4, 5 and 6 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 3, 4, 5 and 6 lived in and received care from the AFH.

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

During the tour of the premises on 04/13/2026 at 11:15 AM, Staff B, Entity Representative, stated they had a cat in the home.

Review of the pet's records showed the rabies vaccine expired on 01/25/2025. Further review showed there were no records of up-to-date rabies vaccinations on file.

In an interview, on 04/13/2026 at 2:10 PM, Staff I, Office Manager, stated that they would schedule an appointment for the pet.

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 2 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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 5 of 6 residents (Residents 1, 3, 4, 5 and 6) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 3, 4, 5 and 6 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 3, 4, 5 and 6 lived in and received care from the AFH.

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

<Resident 1>
Record reviews showed the AFH admitted Resident 1 on [redacted] 2025. Review of Resident 1's NCP showed Staff A, Owner, signed the NCP. Further review showed there was no evidence Staff A had Resident 1 or their representative sign and date the NCP in 2025.

<Resident 3>
Record reviews showed the AFH admitted Resident 3 on [redacted] 2025. Review of Resident 3's NCP showed Staff A signed the NCP. Further review showed there was no evidence Staff A had Resident 3 or their representative sign and date the NCP in 2025.

<Resident 4>
Record reviews showed the AFH admitted Resident 4 on [redacted] 2022. Review of Resident 4's NCP showed there was no evidence AFH Staff and Resident 4 or their representative sign and date the NCP in 2025.

<Resident 5>
Record reviews showed the AFH admitted Resident 5 on [redacted] 2025. Review of Resident 5's NCP showed Staff A and Resident 5's representative signed the NCP in April 2026. Further review showed there was no evidence Staff A and Resident 5 or their representative sign and date the NCP in 2025.

<Resident 6>
Record reviews showed the AFH admitted Resident 6 on [redacted] 2021. Review of Resident 6's NCP showed there was no evidence AFH Staff and Resident 6 or their representative sign and date the NCP in 2025.

In an Interview, on 11/21/2025 at 1:00 PM, Staff I, Office Manager, stated that they had difficulties reaching out to the resident's representative and they were not available to sign records. Staff I stated that they would get them to sign the 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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026

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

Provider (or Representative) — Date: 4/23/2026

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in a community bathroom did not exceed 120 degrees Fahrenheit. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk from hot water burns.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 3 ambulated independently, Residents 2 and 4 ambulated with medical devices and Residents 5 and 6 ambulated with staff assistance in the AFH.

Observation and interview, on 04/13/2026 at 11:25 PM, showed the water temperature in the sink of the main bathroom was 129.6 degrees Fahrenheit. Staff I, Office Manager, stated that they would adjust the water temperature to remeasure. Observation showed Staff I attempted to adjust the water temperature.

Observation and interview, on 04/13/2026 at 3:00 PM, showed the water temperature in the sink of the bathroom in bedroom B was 123.4 degrees Fahrenheit. Staff I stated they would adjust the water temperature, and it would take fifteen to twenty minutes for the water heater to re-adjust.

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 2 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:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in a community bathroom did not exceed 120 degrees Fahrenheit. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk from hot water burns.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 3 ambulated independently, Residents 2 and 4 ambulated with medical devices and Residents 5 and 6 ambulated with staff assistance in the AFH.

Observation and interview, on 04/13/2026 at 11:25 PM, showed the water temperature in the sink of the main bathroom was 129.6 degrees Fahrenheit. Staff I, Office Manager, stated that they would adjust the water temperature to remeasure. Observation showed Staff I attempted to adjust the water temperature.

Observation and interview, on 04/13/2026 at 3:00 PM, showed the water temperature in the sink of the bathroom in bedroom B was 123.4 degrees Fahrenheit. Staff I stated they would adjust the water temperature, and it would take fifteen to twenty minutes for the water heater to re-adjust.

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 2 is or will be in compliance with this law and / or regulation on (Date) 4/17/2026

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

Provider (or Representative) — Date: 4/23/2026

WAC 388-76-10650 Medical devices.

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

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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 residents (Residents 1, 3 and 5) had the necessary care planning and the medical device installed properly. These failures placed Residents 1, 3 and 5 at risk of harm from injury if the [redacted] were not used properly.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 3 and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 3 ambulated independently and Resident 5 ambulated with staff assistance.

<Resident 1>
Observation of Resident 1's bedroom (bedroom [redacted], on 04/13/2026 at 11:55 AM, showed [redacted] on the right and left upper side of Resident 1's [redacted]. Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame, and it was loose.

Review of Resident 1's Negotiated Care Plan (NCP), dated 09/01/2025, did not address Resident 1's [redacted] use information.

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 2 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:

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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 residents (Residents 1, 3 and 5) had the necessary care planning and the medical device installed properly. These failures placed Residents 1, 3 and 5 at risk of harm from injury if the [redacted] were not used properly.

Findings included...

Observation, on 04/13/2026 at 9:40 AM, showed Residents 1, 3 and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 3 ambulated independently and Resident 5 ambulated with staff assistance.

<Resident 1>
Observation of Resident 1's bedroom (bedroom [redacted]), on 04/13/2026 at 11:55 AM, showed [redacted] on the right and left upper side of Resident 1's [redacted] Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame, and it was loose.

Review of Resident 1's Negotiated Care Plan (NCP), dated 09/01/2025, did not address Resident 1's [redacted] use information.

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

<Resident 3>
Observation of Resident 3's bedroom (bedroom [redacted], on 04/13/2026 at 11:47 AM, showed [redacted] on the right and left upper side of Resident 3's [redacted]. The [redacted] were securely attached to the bed frame in the down position.

Review of Resident 3's Negotiated Care Plan (NCP), undated, did not address Resident 3's [redacted] use information. Review of Resident 3's assessment dated 09/05/2025, showed information about the [redacted] use

<Resident 5>
Observation of Resident 5's bedroom (bedroom [redacted], on 04/13/2026 at 11:45 AM, showed [redacted] on the right and left upper side of Resident 5's [redacted] Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame; there was a gap between the [redacted] and the mattress and it was loose.

Review of Resident 5's Negotiated Care Plan (NCP), dated 04/06/2026, did not address Resident 5's [redacted] use information.

In an interview, on 04/13/2026 at 1:10 PM, Staff 1, Office Manager, stated that they would update Residents 1, 3 and 5's NCP with the [redacted] use information and they would make sure [redacted] installed properly.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/15/2026.

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

Provider (or Representative) — Date: 4/23/2026

WAC 388-76-10610 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(e) Not located behind a locked door.

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

<Resident 3>
Observation of Resident 3's bedroom (bedroom [redacted]), on 04/13/2026 at 11:47 AM, showed [redacted] on the right and left upper side of Resident 3's [redacted]. The [redacted] were securely attached to the bed frame in the down position.

Review of Resident 3's Negotiated Care Plan (NCP), undated, did not address Resident 3's [redacted] use information. Review of Resident 3's assessment dated 08/05/2025, showed information about the [redacted] use.

<Resident 5>
Observation of Resident 5's bedroom (bedroom [redacted], on 04/13/2026 at 11:45 AM, showed [redacted] on the right and left upper side of Resident 5's [redacted]. Observation showed the [redacted] were in down position. The [redacted] on the right side of the bed was not securely attached to the bed frame; there was a gap between the [redacted] and the mattress and it was loose.

Review of Resident 5's Negotiated Care Plan (NCP), dated 04/06/2026, did not address Resident 5's [redacted] use information.

In an interview, on 04/13/2026 at 1:10 PM, Staff I, Office Manager, stated that they would update Residents 1, 3 and 5's NCP with the [redacted] use information and they would make sure [redacted] installed properly.

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 2 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(e) Not located behind a locked door.

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was not locked behind a locked door. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm during a fire.

Findings Included...

Observation, on 04/13/2026 at 11:20 AM, showed a fire extinguisher stored inside a locked laundry and medication room. Observation further showed the laundry and medication room had keyped locker on the door.

In an interview, on 04/13/2026 at 11:22 AM, Staff I, Office Manager, stated that they were unaware of the requirement and they would move the fire extinguisher to an unlocked accessible location.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/ 15/ 2026.

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

Provider (or Representative) — Date: 4/23/2026

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 sugar testing and monitoring) as required for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was not locked behind a locked door. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm during a fire.

Findings included...

Observation, on 04/13/2026 at 11:20 AM, showed a fire extinguisher stored inside a locked laundry and medication room. Observation further showed the laundry and medication room had keypad locker on the door.

In an interview, on 04/13/2026 at 11:22 AM, Staff I, Office Manager, stated that they were unaware of the requirement and they would move the fire extinguisher to an unlocked accessible location.

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 2 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 388-76-10015 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 sugar testing and monitoring) as required for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

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

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]2025 with multiple diagnoses including [redacted]
Review of Resident 1's assessment, dated [redacted]2025, showed AFH staff would assist with insulin (blood sugar lowering medication) injection when Resident 1 was not able to perform the task four times a day.

In an interview, on 04/13/2026 at 10:40 PM, Staff I, Office Manager, stated that they helped Resident 1 as needed to monitor and inject the insulin. Staff I stated that they had a MTSW license and they would send a MTSW license to the department next business day (04/14/2026) by 4:00 PM.

Review of facility records showed no record of the MTSW license available.

In a follow up email sent and telephonic attempt to Staff A and I from the Department, dated 04/15/2026, the Departments' verbal request for records by end of day on 04/14/2026, was repeated.

Requested records were not received from the AFH as of 04/16/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026

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

David
Provider (or Representative)

4/23/2026
Date

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

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

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses including [redacted]
Review of Resident 1's assessment, dated [redacted] 2025, showed AFH staff would assist with insulin (blood sugar lowering medication) injection when Resident 1 was not able to perform the task four times a day.

In an interview, on 04/13/2026 at 10:40 PM, Staff I, Office Manager, stated that they helped Resident 1 as needed to monitor and inject the insulin. Staff I stated that they had a MTSW license and they would send a MTSW license to the department next business day (04/14/2026) by 4:00 PM.

Review of facility records showed no record of the MTSW license available.

In a follow up email sent and telephonic attempt to Staff A and I from the Department, dated 04/15/2026, the Departments' verbal request for records by end of day on 04/14/2026, was repeated.

Requested records were not received from the AFH as of 04/16/2026.

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 2 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

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

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed, and dated Inventory of Personal Belongings form for 2 of 6 residents (Residents 3, and 5). This failure placed the residents 3 and 5 at risk of lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2025. Record reviews showed Resident 3 had a representative who signed for them. Review of Resident 3's records showed the AFH staff did not sign the personal belonging inventory.

<Resident 5>
Review of Resident 5's record showed the AFH admitted Resident 5 on [redacted]2025. Record reviews showed Resident 5 had a representative who signed for them. Review of Resident 5's records showed the AFH staff did not sign the personal belonging inventory.

In an interview, on 04/13/2026 at 1:07 PM, Staff I, Office Manager, stated that they would send a copy of signed personal belonging inventory to the department next business day (04/14/2026) by 4:00 PM.

In a follow up email sent and telephonic attempt to Staff A and I from the Department, dated 04/15/2026, the Departments' verbal request for records by end of day on 04/14/2026, was repeated.

Requested records were not received from the AFH as of 04/16/2026.

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026

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

Provider (or Representative) — Date: 4/23/2026

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a household member over the age of eleven had the required Washington State Name and Date of Birth (WNOB) Background Check (BGC) completed and on file. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of exposure to an unqualified household member.

Findings included...

Review of the Household Member occupants showed Household Member 1 (HHM 1) was over the age of 11 and their WNOB BGC had expired in February 2026. Further review showed there were no records of valid WNOB BGC for HHM 1 on file.

In an interview, on 04/13/2026 at 2:33 PM, Staff I, Office Manager, stated that they had HHM 1's WNOB BGC and they would locate it and send the date to the department next business day (04/14/2026) by 4:00 PM.

In a follow up email sent and telephonic attempt to Staff A and I from the Department, dated 04/15/2026, the Departments' verbal request for records by end of day on 04/14/2026, was repeated.

Requested records were not received from the AFH as of 04/16/2026.

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 2 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.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a household member over the age of eleven had the required Washington State Name and Date of Birth (WNOB) Background Check (BGC) completed and on file. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of exposure to an unqualified household member.

Findings included...

Review of the Household Member occupants showed Household Member 1 (HHM1) was over the age of 11 and their WNOB BGC had expired in February 2026. Further review showed there were no records of valid WNOB BGC for HHM 1 on file.

In an interview, on 04/13/2026 at 2:33 PM, Staff I, Office Manager, stated that they had HHM 1's WNOB BGC and they would locate it and send the date to the department next business day (04/14/2026) by 4:00 PM.

In a follow up email sent and telephonic attempt to Staff A and I from the Department, dated 04/15/2026, the Departments' verbal request for records by end of day on 04/14/2026, was repeated.

Requested records were not received from the AFH as of 04/16/2026.

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

Statement of Deficiencies	License # 756307	Compliance Determination # 757739
Plan of Correction	Bothell Adult Family Home 2	Completion Date
Page 13 of 13	Licensee: Bothell Adult Family Homes Inc	04/16/2026

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 2 is or will be in compliance with this law and / or regulation on (Date) 5/25/2026.

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

Provider (or Representative) — Date: 4/23/2026

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 2 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

04/16/2026

Bothell Adult Family Homes Inc
Bothell Adult Family Home 2
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 2 # 756307

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/15/2026 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 (04/15/2026), no later than 05/30/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home (AFH) failed to ensure to keep over the counter barrier creams (Selan+ and Remedy paste, used for skin irritation) in the locked storage. This deficiency was corrected during the visit by Staff I, Office Manager, who locked unlocked OTC medications.

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' Bourque

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

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

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 **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.

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

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 2
License #756307

Plan of Correction
Statement of Deficiencies
Completion Date
04/15/2026

Date: April 23, 2026

Attn: Mrs. Renee Bourque, Field Manager

Mrs. Renee,

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

WAC 388-76-10198 AFH Personnel Records
All personnel files will be available at all times for the department, and all missing documentation is in place and up to date.

WAC 388-76-10230 Pets
The rabies vaccination will be kept current and up to date as required by department.

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

WAC 388 – 76 – 10750 Safety and Maintenance
The water temperature in all the bathrooms does not exceed 120 degrees Fahrenheit.

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.

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

Bothel Adult family Home 2
License #756307

Plan of Correction
Statement of Deficiencies
Completion Date
04/15/2026

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 – 10015 License
MTSW license will be completed in accordance with the state regulations.

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

WAC 388-76-10161 Background Check
All the background checks are current, valid, and available for the department at all times.

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.