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 1
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 1 License # 756520

Dear Provider:

This letter addresses Compliance Determination(s) 82617 (Completion Date 08/19/2026) and 79063 (Completion Date 06/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/19/2026 and found that you have corrected the violations listed in the Full report dated 06/26/2026. Your home is back in compliance as of 08/10/2026 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 388-76-10584, WAC 388-76-10585-1-b, WAC 388-76-10320-8, WAC 388-76-10530-2

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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 the unannounced on-site full inspection on 06/23/2026 of:
Bothell Adult Family Home 1
10614 E Riverside Dr
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 07/06/2026 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) — 07/12/2026 Date

WAC 388-76-10584 Resident rights Examination of license. The adult family home must place its license to operate and any conditions on the license, in a visible location in a common use area where it can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure their license to operate was placed in a visible location in a common use area where it could be examined by residents and the community. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of a lack of knowledge related to the AFH license.

Findings included...

Observation, on 06/23/2026 at 11:00 AM, showed the AFH license was not available to review in any common areas of the home.

In an interview, on 06/23/2026 at 11:30 AM, Staff H (Business Manager) stated that the AFH license will be posted

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Provider (or Representative) — Date

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Findings included...

Observation, on 06/23/2026 at 11:00 AM, showed the AFH license was not available to review in any common areas of the home.

In an interview, on 06/23/2026 at 11:30 AM, Staff H (Business Manager) stated that the AFH license will be posted.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Bothell Adult Family Home 1 is or will be in compliance with this law and / or regulation on (Date) 08/10/2026.

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

Provider (or Representative) — Date: 07/13/2026

WAC 388-76-10685 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:

(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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the reports for recent complaint investigations were placed in a visible location in common use area where it could be examined by residents and the community. This failure placed 5 of 6 residents (Residents 1, 2, 3, 4 and 5) at risk of a lack of knowledge related to the AFH investigations.

Findings included...

Observation and interview, on 06/23/2026 at 11:10 AM, showed a sign on the common use bulletin board in the AFH stating "Reports could be found on the bulletin board in the office." An unmarked door near the kitchen of the AFH was used as the AFH's Office. Staff B (Resident Manager) stated that the bulletin board was to the right of the door once the office was entered. The bulletin board had equipment stacked in front of the bulletin board, blocking whatever was posted on it. No investigation reports were available to review. Staff B also stated there may be a binder in the locked medication room. The medication room binder was empty.

In an interview, on 06/23/2026 at 11:30 AM, Staff H (Business Manager) stated that the AFH will ensure the sign stating where the investigations were located will include all investigations and inspections for the community to read.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Bothell Adult Family Home 1 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 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:

(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.

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure the reports for recent complaint investigations were placed in a visible location in common use area where it could be examined by residents and the community. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of a lack of knowledge related to the AFH investigations.

Findings included...

Observation and interview, on 06/23/2026 at 11:10 AM, showed a sign on the common use bulletin board in the AFH stating "Reports could be found on the bulletin board in the office." An unmarked door near the kitchen of the AFH was used as the AFH's Office. Staff B (Resident Manager) stated that the bulletin board was to the right of the door once the office was entered. The bulletin board had equipment stacked in front of the bulletin board, blocking whatever was posted on it. No investigation reports were available to review. Staff B also stated there may be a binder in the locked medication room. The medication room binder was empty.

In an interview, on 06/23/2026 at 11:30 AM, Staff H (Business Manager) stated that the AFH will ensure the sign stating where the investigations were located will include all investigations and inspections for the community to read.

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Statement of Deficiencies	License # 756520	Compliance Determination # 738083
Plan of Correction	Bothell Adult Family Home 1	Completion Date
Page 4 of 6	Licensee: Bothell Adult Family Homes Inc	08/26/2026

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 1 is or will be in compliance with this law and / or regulation on (Date) 08/10/2026.

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

Provider (or Representative) — Date: 07/13/2026

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

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required Social Security Number (SSN) listed in their resident record. This failures placed Resident 1 at risk of misidentification.

Findings included...

Review of the resident records showed the AFH admitted Resident 1 on [redacted]2022.

Review of Resident 1's record showed the SSN was not documented in their record.

In an interview, on 06/23/2026 at 1:30 PM, Staff H (Business Manager) stated they would include the SS number in the record.

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 1 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required Social Security Number (SSN) listed in their resident record. This failures placed Resident 1 at risk of misidentification.

Findings included...

Review of the resident records showed the AFH admitted Resident 1 on [redacted]/2022.

Review of Resident 1's record showed the SSN was not documented in their record.

In an interview, on 06/23/2026 at 1:30 PM, Staff H (Business Manager) stated they would include the SS number in the record.

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

Statement of Deficiencies	License #: 756520	Compliance Determination #73063
Plan of Correction	Bothell Adult Family Home 1	Completion Date
Page 6 of 6	Licensee: Bothell Adult Family Homes Inc	08/26/2026

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 1 is or will be in compliance with this law and / or regulation on (Date) 08/10/2026.

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

Provider (or Representative) — Date: 07/13/2026

WAC 388-76-10630 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Notice of Services (NOS) for 1 of 5 residents (Resident 1) was reviewed and signed at least every 24 months. This failure placed Resident 1 at risk of a lack of knowledge related to the services the AFH provided.

Findings included...

Review of the resident records showed the AFH admitted Resident 1 on [redacted]2022.

Review of Resident 1's record showed the NOS document had last been signed on 03/20/2024.

In an interview, on 06/23/2026 at 1:30 PM, Staff H (Business Manager) stated they would review the NOS document and have it signed.

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 1 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Notice of Services (NOS) for 1 of 5 residents (Resident 1) was reviewed and signed at least every 24 months. This failure placed Resident 1 at risk of a lack of knowledge related to the services the AFH provided.

Findings included...

Review of the resident records showed the AFH admitted Resident 1 on [redacted]/2022.

Review of Resident 1's record showed the NOS document had last been signed on 03/20/2024.

In an interview, on 06/23/2026 at 1:30 PM, Staff H (Business Manager) stated they would review the NOS document and have it signed.

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Statement of Deficiencies	License # 756520	Compliance Determination # 79063
Plan of Correction	Bothell Adult Family Home 1	Completion Date
Page 6 of 6	Licensee: Bothell Adult Family Homes Inc	06/26/2026

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 1 is or will be in compliance with this law and / or regulation on (Date) 08/10/2026.

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

Provider (or Representative) — Date: 07/15/2026

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 1 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 1
License #756520

Plan of Correction
Statement of Deficiencies
Completion Date
08/10/2026

Date: July 13, 2026

Attn: Mrs. Cecile Leano, Field Manager

Mrs. Cecile,

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

WAC 388 - 76 – 10584 Residents rights. Examination of license.

The facility will ensure that the license to operate will be posted in a visible location within a common use area where it can be easily examined by residents and the community. Monthly environmental audits will include verification that the license remains posted in the required location. The facility will monitor compliance and take corrective action immediately if the license is found to be missing or relocated.

WAC 388 - 76 – 10585 Residents rights. Examination of inspection results.

The facility will ensure that inspection results including 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 will be posted in a visible location within a common use area where it can be easily examined by residents and the community.

WAC 388 - 76 – 10320 Resident record. Content.

The facility will obtain and include the resident's Social Security number in the resident's record, as required. A review of all resident records will be completed to ensure required identifying information is present. Staff responsible for admissions and record maintenance will be re-educated on documentation requirements.

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Bothell Adult Family Home 1
License #756520

Plan of Correction
Statement of Deficiencies
Completion Date
08/10/2026

WAC 388-76-10530 Residents rights. Notice of rights and services

The facility will ensure the Notice of Services is reviewed and signed by the resident or the resident's representative at least every 24 months. All resident records will be reviewed to identify any overdue Notice of Services documents. Staff responsible for resident records will be re-educated on the required review and signature timelines.

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.