STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BOTHELL ASSISTED LIVING COMMUNITY L
VINEYARD PARK AT BOTHELL LANDING
10519 EAST RIVERSIDE DRIVE
BOTHELL, WA 98011

RE: VINEYARD PARK AT BOTHELL LANDING License # 1734

Dear Administrator:

This letter addresses Compliance Determination(s) 81037 (Completion Date 07/23/2026) and 78026 (Completion Date 06/01/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/23/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-2-d, WAC 388-112A-0710, WAC 388-112A-0720-2-a, WAC 388-78A-24681, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2420-1, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a

The Department staff who did the on-site verification:
Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1734	Compliance Determination # 78026
Plan of Correction	VINEYARD PARK AT BOTHELL LANDING	Completion Date
Page 1 of 11	Licensee: BOTHELL ASSISTED LIVING COMMUNITY L	06/01/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 05/27/2026, 05/28/2026 and 05/29/2026 of:
VINEYARD PARK AT BOTHELL LANDING
10519 EAST RIVERSIDE DRIVE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 7 of 50 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jodi Condyles, Nursing Consultant Institutional
Steven Kindle, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Jim Sherman
Residential Care Services

06-04-2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Michelle Lowry
Administrator (or Representative)

6/8/2026
Date

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 6 staff (Staff C and Staff E) completed the training requirements within the required timeframes. Staff C did not complete required hands-on cardiopulmonary resuscitation (CPR) training, and they had completed no first aid training. Staff E did not complete required hands-on first aid training. These failures caused residents to receive care from staff that did not have the necessary training related to their job duties.

Findings included...

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

Review of an Assisted Living Facility Resident Characteristic Roster and Sample Selection form, undated, showed 50 residents received care and services at the ALF.

Review of the ALF's employee files showed the following:

Staff C, Caregiver/Nursing Assistant Certified, was hired on 10/28/2025. Staff C's file showed they had completed their CPR through an online-only education website. Staff C's file showed there was no documentation they had completed first aid training.

Staff E, Caregiver/Home Care Aide, was hired on 03/08/2023. Staff E's file showed they had completed their first aid training through an online-only education website.

In an interview on 05/29/2026 at 9:05 AM, Staff A, Executive Director (ED), stated that they had taken Staff C off the schedule because their CPR training was online only.

In an interview on 05/29/2026 at 2:28 PM, Staff C stated that their CPR was online only because a previous state they worked in accepted online training.

In an interview on 05/29/2026 at 5:36 PM, Staff A, ED, stated that Staff E's first aid training was online training only.

Plan/Attestation Statement

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 7/16/26 .

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

Administrator (or Representative) Michelle Lowry Date 6/8/26

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the

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

Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 staff (Staff C) who were provisionally employed completed a national fingerprint background check within 120 days of hire. This failure resulted in Staff C not having completed their fingerprint background check within 120 days of hire and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Review of an Assisted Living Facility Resident Roster and Sample Selection form, undated, showed 50 residents received care and services at the ALF.

Review of the ALF's employee files showed the following:

Staff C, Caregiver, was hired on 10/28/2025. Review of a national fingerprint background check showed it was done on 03/16/2026, which was 139 days after their hire.

In an interview on 05/28/2026 at 11:02 AM, Staff A, Executive Director, stated that they could not determine why the fingerprint was not completed int time.

In an interview on 05/29/2026 at 2:28 PM, Staff C stated that they hadn't done their fingerprints when they were hired, and that they did them when they were told to do them.

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

Plan/Attestation Statement

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 7|16|26.

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

Administrator (or Representative) Michelle Lowry Date 6|8|26

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 2 staff (Staff E and Staff F) had a valid Washington state name and date of birth background check completed every two years. This failure resulted in Staff E and Staff F not having a valid background check and placed residents at risk of being cared for by a staff person with a potentially disqualifying background.

Findings included...

Staff E, Caregiver/Home Care Aide (HCA), was hired on 03/08/2023. Staff E had a Washington state name and date of birth background check dated 03/08/2023, that was valid until 03/08/2025. Review of a Washington state name and date of birth background check showed it was not completed until 05/27/2026, which was 445 days with no valid background check.

Staff F, Medication Technician/HCA, was hired on 01/16/2023. Staff F had a Washington state name and date of birth background check dated 01/17/2023, that was valid until 01/17/2025. Review of a Washington state name and date of birth background check showed it was not completed until 01/22/2025, which was five days with no valid

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

background check.

In an interview on 05/29/2026 at 9:05 AM, Staff A, Executive Director, stated that the ALF didn't do a background check timely for Staff E, but that they did just do a new one. Staff A also stated that they were not sure why Staff F's background check was late.

Plan/Attestation Statement

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 7/16/26 .

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

Michelle Young
Administrator (or Representative)

6/8/26
Date

WAC 388-78A-2420 Record retention.

(1) The assisted living facility must maintain on the assisted living facility premises in a resident's active record(s) all relevant information and documentation necessary for meeting a resident's current assessed needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to maintain all relevant documentation necessary to meet the current assessed needs for 2 of 7 sampled residents (Resident 1 and Resident 2). This failure place Resident 1 and Resident 2 at risk of receiving unauthorized nursing interventions by non-licensed staff.

Findings included...

Review of the ALF's Resident Roster undated, showed the resident census was 50 with 13 receiving nurse delegated services.

Review of the ALF's undated Disclosure of Services showed that the ALF provided intermittent nursing services that included medication administration by trained unlicensed staff through nurse delegation.

Review of the Registered Nurse (RN)/Nurse Delegator (ND), Nurse Delegator binder showed missing documentation for signed resident consents and nurse delegation visit

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

notes showing unlicensed staff delegation training, observation and return demonstration to determine competency.

Resident 1

Review of the ALF's Resident Roster undated, showed Resident 1 was admitted on [redacted]/2026 and had been receiving nurse delegated services.

Review of Resident 1's medical record showed the signed Nurse Delegation: Consent for Delegation Process document and Nurse Delegation visit document that listed the trained unlicensed caregivers had not been placed in the resident medical binder.

During an interview on 05/29/2026 at 4:15 PM, Staff J, Medication Technician, stated that they had not completed resident specific nurse delegation training, observation or return demonstration with Staff I, Nurse Delegator.

In an email interview on 06/01/2026 at 10:42 AM, Staff I, Nurse Delegator, sent Resident 1's Nurse Visit Note dated 03/27/2026. Staff I stated that this was the missing visit note for nurse delegation and the training and competency list for staff. Staff I stated that they had the document stored in their laptop and not in the delegation binder at the ALF.

Resident 2

Review of the ALF's Resident Roster undated showed Resident 2 was admitted on [redacted]/2026 and had been receiving nurse delegated services.

Review of Resident 2's medical record showed the signed "Nurse Delegation: Consent for Delegation Process" document had not been placed in the resident medical record.

During an interview on 05/28/2026 at 10:25 AM Staff A, Executive Director, stated that the signed consent for nurse delegation documentation was maintained in the resident medical binder.

During an email interview on 05/29/2026 at 2:40 PM, Staff I, stated that they had consent forms signed at the time of admission and signed copies are maintained in the resident medical binder.

During an interview on 05/29/2026 at 4:45 PM, Staff G, Director of Nursing, stated that the nurse delegation binder was the only resource at the ALF to determine the last resident visit by the delegator and which unlicensed staff had received nurse delegated

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

training. Staff G stated that Staff I had additional delegation documentation but was maintained on Staff I's laptop which they had no access to. Staff G stated that the nurse delegation binder had not been updated.

During an interview on 05/29/2026 at 5:36 PM, Staff A, Executive Director, stated that they had the "Nurse Delegation: Consent for Delegation" signed on 05/28/2026 by Resident 1 and Resident 2. Staff A stated they were unable to locate the consents in the resident medical records.

Plan/Attestation Statement

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 7/16/26 .

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

Administrator (or Representative) Michelle Lowry Date 6/8/26

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 7 sampled residents (Resident 1 and Resident 2) signed a consent for nurse delegation prior to receiving nurse delegated services. This failure resulted in Resident 1 and Resident 2 being provided care by unlicensed staff without their acknowledgment and consent.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-930 The Nurse Delegation Program, under Washington State law, allows nursing assistants working in certain settings to perform certain tasks - such as administration of prescription medications including insulin injections - normally performed only by licensed nurses.

If the registered nurse delegator determines delegation is appropriate, the nurse

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

discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care, obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW.

Review of the ALF's undated Disclosure of Services showed that the facility provided intermittent nursing services that included medication administration by trained unlicensed staff through nurse delegation.

Review of the Registered Nurse (RN)/Nurse Delegator (ND), Nurse Delegator Resident Roster dated 05/11/2026 showed the ALF had thirteen residents receiving nurse delegation services.

Review of the ALF's Resident Rental and Admission Agreement, exhibit 2, Resident Rights dated 04/09/2026 showed that a resident has the right to participate in their care and treatment plan.

RESIDENT 1

Review of the Resident Face Sheet undated, showed Resident 1 was admitted to the ALF on [redacted]/2026 with multiple diagnoses including [redacted] requiring blood glucose checks and insulin administration twice a day.

Review of the ALF's Registered Nurse Delegation Binder showed that Resident 1 began receiving nurse delegated services on [redacted]/2026, but no signed Nurse Delegation: Consent for Delegation document for Resident 1 was in the resident medical binder.

Record review of an Electronic Medication Administration Record (EMAR) dated April and May 2026, showed medications, blood glucose checks and insulin administration was provided by unlicensed medication technicians.

During an interview on 05/28/2026 at 10:25 AM Staff A, Executive Director, stated that the signed consent for nurse delegation documentation was in the resident's medical binder.

During an interview on 05/29/2026 at 10:26 AM, Resident 1 stated that during the afternoon on 05/28/2026 they had been asked to sign a one-page document regarding their medications including blood sugar checks and insulin.

During an interview on 5/29/2026 at 12:13 PM, Resident 1 reviewed the one-page

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

document titled "Nurse Delegation: Consent for Delegation" and stated that it was the same document they had been asked to sign the day prior. Resident 1 said it was the first time they had signed the document.

During an email interview on 05/29/2026 at 2:40 PM, Staff I, Nurse Delegator, stated that they had consent forms signed at the time of admission and signed copies were maintained in the resident medical binder.

During an interview on 05/29/2026 at 5:36 PM, Staff A, stated that they had the "Nurse Delegation: Consent for Delegation" signed on 05/28/2026 by Resident 1 as they did not have a signed consent for Resident 1 in the resident's medical binder.

RESIDENT 2

Review of a Resident Face Sheet undated showed Resident 2 was admitted to the ALF on [redacted]/2024 as an independent resident, then transferred to assisted living on 01/29/2026. Resident 2 was admitted with multiple diagnoses including [redacted] requiring blood glucose checks and insulin administration twice a day.

Review of the ALF's Registered Nurse Delegation Binder showed that Resident 2 began receiving nurse delegated services on 04/30/2026, but no signed Nurse Delegation: Consent for Delegation document for Resident 2 was in the resident medical binder.

Record review of an Electronic Medication Administration Record (EMAR) dated April and May 2026, showed medications, blood glucose checks and insulin administration was provided by unlicensed medication technicians.

During an interview on 05/28/2026 at 10:25 AM, Staff A stated that the signed consent for nurse delegation documentation was in the resident medical binder.

During an interview on 05/29/2026 at 11:14 AM, Collateral Contact 1(CC1), stated that they had been asked to sign a document regarding medications including blood sugar checks and insulin that the facility had been doing for Resident 2.

During an interview on 5/29/2026 at 1:50 PM, CC1 reviewed the one-page document titled "Nurse Delegation: Consent for Delegation" and stated that it was the same document they had been asked to sign the day prior.

During an interview on 05/29/2026 at 5:36 PM, Staff A, stated that they had the "Nurse Delegation: Consent for Delegation" signed on 05/28/2026 by Resident 2 as they did not

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

have a signed consent for Resident 2 in the resident medical binder.

Plan/Attestation Statement

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, VINEYARD PARK AT BOTHELL LANDING is or will be in compliance with this law and / or regulation on (Date) 7/16/26 .

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

Michelle Lowery
Administrator (or Representative)

6/8/26
Date

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