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

GENRIETTA KATSMAN
OLGINO 2 ADULT FAMILY HOME
23228 49TH AVE SE
BOTHELL, WA 98021

RE: OLGINO 2 ADULT FAMILY HOME License # 752048

Dear Provider:

This letter addresses Compliance Determination(s) 73926 (Completion Date 03/05/2026) and 72100 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/05/2026 and found that you have corrected the violations listed in the Full report dated 02/11/2026. Your home is back in compliance as of 01/29/2026 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 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10201-1, WAC 388-76-10750-7

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)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourgue

Nicholette Flynn, AFH Field Manager
Region 2, Unit I
Residential Care Services

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 01/28/2026 of:
OLGINO 2 ADULT FAMILY HOME
23228 49TH AVE SE
BOTHELL, WA 98021

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

The department staff that inspected the Adult Family Home:

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

Statement of Deficiencies	License #: 752048	Compliance Determination #72100
Plan of Correction	OLGINO 2 ADULT FAMILY HOME	Completion Date
Page 2 of 6	Licensee: GENRIETTA KATSMAN	02/11/2026

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

02/11/2026
Date

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

Provider (or Representative)

2/18/26
Date

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility.

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 4 residents (Resident 1 and Resident 2) had the required Residency Agreement available in their record. This failure placed Resident 1 and Resident 2 at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included...

RESIDENT 1:

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

Residential Care Services | Date

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

Provider (or Representative) | Date

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Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 4 residents (Resident 1 and Resident 2) had the required Residency Agreement available in their record. This failure placed Resident 1 and Resident 2 at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included…

RESIDENT 1:

Review of Resident 1's record showed Resident 1 was admitted [redacted] 2023 with multiple diagnoses including [redacted]

Review of Resident 1's record showed there was no Residency Agreement available in their record.

RESIDENT 2.
Review of Resident 2's record showed Resident 2 was admitted [redacted] 2022 with multiple diagnoses including [redacted]

Review of Resident 2's record showed there was no Residency Agreement available in their record.

In an interview, on 01/28/2026 at 3:00 PM, Staff A (Provider) reported the Residency Agreements would be written, signed and dated and placed in the records.

*Please note that residency Agreements and all addendums were in place at time of visit. The only thing missing was a new leg Required Page w/ information on access to legal services. (GK)

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 1/29/26

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

Provider (or Representative) — Date: 2/18/26

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written succession plan was written and available for review in the AFH. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of not knowing who would continue to provide care and services in the event the Provider was unable to fulfill their duties.

Review of Resident 1's record showed Resident 1 was admitted [redacted]/2023 with multiple diagnoses including [redacted].

Review of Resident 1's record showed there was no Residency Agreement available in their record.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 2's record showed there was no Residency Agreement available in their record.

In an interview, on 01/28/2026 at 3:00 PM, Staff A (Provider) reported the Residency Agreements would be written, signed and dated and placed in the records.

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, OLGINO 2 ADULT FAMILY HOME 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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Findings included...

Record review of the AFH records showed a written succession plan was not available to review.

In an interview, on 01/28/2026 at 2:45 PM, Staff A (Provider) stated that the succession plan would be completed.

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 1/29/26 .

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

Provider (or Representative) — Date: 2/18/26

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

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in a secured storage area. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for accidental chemical exposure.

Findings included...

Observation, on 01/28/2026 at 11:15 AM, showed the main kitchen under the sink cabinet had multiple bottles of cleaning solutions with many containing bleach. No lock was observed to be on the kitchen cabinet and Staff A (Provider) opened the cabinet with no special tools.

In an interview, on 01/28/2026 at 3:15 PM, Staff A stated that the chemicals would be moved to be kept in secured storage.

Findings included…

Record review of the AFH records showed a written succession plan was not available to review.

In an interview, on 01/28/2026 at 2:45 PM, Staff A (Provider) stated that the succession plan would be completed.

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in a secured storage area. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for accidental chemical exposure.

Findings included…

Observation, on 01/28/2026 at 11:15 AM, showed the main kitchen under the sink cabinet had multiple bottles of cleaning solutions with many containing bleach. No lock was observed to be on the kitchen cabinet and Staff A (Provider) opened the cabinet with no special tools.

In an interview, on 01/28/2026 at 3:15 PM, Staff A stated that the chemicals would be moved to be kept in secured storage.

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, OLGINO 2 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 1/28/26

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Provider (or Representative)

2/18/26
Date

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

_____ _____

Provider (or Representative) Date