STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Bothell Care LLC

Bothell Care LLC
19806 8th Ave SE
Bothell, WA 98012

RE: Bothell Care LLC License # 755087

Dear Provider:

This letter addresses Compliance Determination(s) 56606 (Completion Date 03/19/2025) and 54707 (Completion Date 03/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2025 and found that you have corrected the violations listed in the Full report dated 03/04/2025. Your home is back in compliance as of 03/10/2025 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 388-76-10750-1, WAC 388-76-10522-6

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 02/11/2025 of:

Bothell Care LLC
19806 8th Ave SE
Bothell, WA 98012

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:

Chrissy Exe, Long-Term Care Licensor
Hang Lu, Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 — 03/06/2025 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) — 03/10/2025 Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the home environment in good repair. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for experiencing decreased quality of life.

Findings included...

Observation, on 02/11/2025 at 2:10 PM, showed there were scuff marks on the lower portion of the walls, on the door frames, and on the doors throughout the AFH. There was wood chipped from the windowsill in the dining room. In Resident 1's bedroom (Bedroom [redacted]), there was an observed 5 inch by 1.5 inch section of paint and drywall missing from the wall above the bed.

In an interview, on 02/11/2025 at 2:10 PM, Staff A, Entity Representative, said that they will have someone fix the paint. Staff A said that the missing drywall and paint in Bedroom [redacted] was caused by a prior resident who no longer resided at the AFH. At 3:26 PM, Staff A said that they would call someone to fix the environmental concerns.

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

03/06/2025
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 observation and interview, the Adult Family Home (AFH) failed to keep the home environment in good repair. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for experiencing decreased quality of life.

Findings included...

Observation, on 02/11/2025 at 2:10 PM, showed there were scuff marks on the lower portion of the walls, on the door frames, and on the doors throughout the AFH. There was wood chipped from the windowsill in the dining room. In Resident 1's bedroom (Bedroom [redacted], there was an observed 5 inch by 1.5 inch section of paint and drywall missing from the wall above the bed.

In an interview, on 02/11/2025 at 2:10 PM, Staff A, Entity Representative, said that they will have someone fix the paint. Staff A said that the missing drywall and paint in Bedroom [redacted] was caused by a prior resident who no longer resided at the AFH. At 3:26 PM, Staff A said that they would call someone to fix the environmental concerns.

Statement of Deficiencies	License #: 755087	Compliance Determination # 54707
Plan of Correction	Bothell Care LLC	Completion Date
Page 3 of 4	Licensee: Bothell Care LLC	03/04/2025

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 Care LLC is or will be in compliance with this law and / or regulation on (Date) 03/10/2025 .

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

Akore Holder — Provider (or Representative)

03/10/2025 — Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep a signed and dated Policy on accepting Medicaid as a payment source (Medicaid Policy) in the resident record for 1 of 5 residents (Resident 1). This failure placed Resident 1 at risk of not being fully informed of their rights including understanding the home's policy on accepting public funds as a payment source.

Findings included...

Record Review showed the AFH admitted Resident 1 on [redacted]2024. Record review showed there was no Medicaid Policy in Resident 1's records

In an interview on 02/11/2025 at 11:50 AM, Staff A, Entity Representative, said that Resident 1's Representative did not return the signed Medicaid Policy to the AFH. At 3:25 PM, Staff A said that they would obtain the Medicaid Policy from Resident 1's Representative.

Review of a document titled "Medicaid Policy", received by the Department on 02/11/2025, showed an unknown Resident Representative, and Staff A, had signed the document on 08/15/2024. The document did not state the name of the resident.

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 Care LLC 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 showed the AFH admitted Resident 1 on [redacted]2024. Record review showed there was no Medicaid Policy in Resident 1's records.

In an interview, on 02/11/2025 at 11:50 AM, Staff A, Entity Representative, said that Resident 1's Representative did not return the signed Medicaid Policy to the AFH. At 3:25 PM, Staff A said that they would obtain the Medicaid Policy from Resident 1's Representative.

Review of a document titled "Medicaid Policy", received by the Department on 02/11/2025, showed an unknown Resident Representative, and Staff A, had signed the document on 09/15/2024. The document did not state the name of the resident.

Statement of Deficiencies	License #: 755087	Compliance Determination # 54707
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Page 4 of 4	Licensee Bothell Care LLC	03/04/2025

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

Provider (or Representative) — Date: 03/10/2025

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 Care LLC 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

Bothell Care LLC
License #755087
Date: March 10, 2025

We are pleased to announce that Bothell Care Adult Family Homes has successfully addressed and corrected all identified deficiencies as of March 10, 2025. We remain committed to maintaining the highest standards of care, safety, and compliance to ensure the well-being of our residents.

If you have any questions or would like further information, please do not hesitate to contact us.

Thank you for your continued trust and support

Bothell Care LLC
19806-8th Ave SE
Bothell wa 98012