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 Adult Family Homes Inc
Bothell Adult Family Home 4
405 SW 41st St Ste 407
Renton, WA 98057

RE: Bothell Adult Family Home 4 License # 756206

Dear Provider:

This letter addresses Compliance Determination(s) 69078 (Completion Date 11/20/2025) and 66130 (Completion Date 10/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/20/2025 and found that you have corrected the violations listed in the Complaint report dated 10/07/2025. Your home is back in compliance as of 11/15/2025 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 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10455-2

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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
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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 an unannounced on-site complaint investigation on 09/24/2025 of:

Bothell Adult Family Home 4
17422 EASON AVE
BOTHELL, WA 98011

This document references the following complaint number(s): 194450

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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

Statement of Deficiencies	License #: 756206	Compliance Determination # 66130
Plan of Correction	Bothell Adult Family Home 4	Completion Date
Page 2 of 5	Licensee: Bothell Adult Family Homes Inc	10/07/2025

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

10/10/2025 — 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.

[signature] — Provider (or Representative)

10/15/2025 — Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure they correctly administered and documented insulin (medication used to manage blood glucose levels) injections and oral medication as ordered by the medical provider for 1 of 6 residents (Resident 3). This failure placed Resident 3 at risk for harm related to medication errors and omissions.

Findings included...

Observation, on 09/25/2025 at 11:00 AM, showed AFH was providing care and various services for six residents Observation showed that AFH was providing care for Resident 3.

Review of Resident 3's negotiated care plan (NCP), dated 09/06/2025, showed the AFH admitted Resident 3 on [redacted]/2025 with multiple medical diagnoses including [redacted]. Review of Resident 3's NCP showed Resident 3 required daily insulin administration and blood sugar checks by registered nurse delegation.

Review of Resident 3's assessment, dated 07/28/2025, showed Resident 3 required medication administration by registered nurse delegation.

Review of Resident 3's medication log (ML), dated August 2025, showed Resident 3 had orders for unnamed insulin to be given per sliding scale of (the amount of insulin given changes up and down depending on blood sugar level) by undetermined route as followed:

- If pre meal blood glucose (BG) less than 100 give 0 units
- BG 100-200 give 3 units
- BG 201-300 give 4 units
- BG 301-400 give 5 units
- BG 401- 500 give 6 units
- BG 501-600 give 7 units

Further review of Resident 3's ML, dated August 2025, showed AFH Staff were not recording how many units they administered to Resident 3 when using the insulin sliding scale. Review of Resident 3's August 2025 ML also showed that on 08/30/2025 at 5:00 PM AFH Staff recorded that Resident 3 had "HIGH" BG.

The AFH Staff did not record how many units of insulin they administered to Resident 3. Review of Resident 3's August 2025 ML did not show how AFH Staff determined the dose of insulin they administered when Resident 3's blood sugar level was reading "HIGH" on their glucometer (a small device used to measure amount of sugar in the blood). Review of Resident 3's August 2025 ML did not show if AFH Staff re-checked Resident 3's BG levels after the glucometer indicated Resident 3's BG read "HIGH" level.

Review of Resident 3's ML, dated September 2025, showed AFH Staff begun to initial and document administration of Resident 3's medication on 09/16/2025. The AFH failed to record administration of the medication to Resident 3 from 09/01/2025 to 09/15/2025.

In an interview, on 09/23/2025 at 10:21 AM, Collateral Contact 1 (CC1) reported the AFH asked them to provide a ML for September 2025. CC1 reported that it was already mid-September when the AFH told them that they did not have a ML to initial or follow for Resident 3. CC1 reported that they created a ML for Resident 3 on an excel spreadsheet and gave it to AFH Staff. CC1 reported that they felt that creating ML was not their job and the AFH should have ensured they had a ML for Resident 3.

In an interview, on 09/24/2025 at 1:50 PM, Staff F, AFH Office Manager, reported that they spoke to AFH Staff about the incident when Resident 3's blood sugar was reading "HIGH". Staff F stated that they had an incident report and notes about the incident with Resident 3 but could not access those at the time the records were requested.

Staff F stated that they would email those records to Department's Staff. Additional records were never emailed to the Department's Staff for review.

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 4 is or will be in compliance with this law and / or regulation on (Date) 11/15/2025.

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

Provider (or Representative) Date 10/15/25

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and records review, the Adult Family Home (AFH) failed to ensure new orders for insulin (medication used to manage blood glucose levels) administration for 1 of 6 Residents (Resident 3) were done with registered nurse delegation (RND). This failure placed Resident 3 at risk for harm and medication errors.

Findings included...

Observation, on 09/25/2025 at 11:00 AM, showed the AFH was providing care and various services for six residents. Observation showed the AFH was providing care for Resident 3.

Review of Resident 3's negotiated care plan (NCP), dated 09/06/2025, showed the AFH admitted Resident 3 on [redacted]/2025 with multiple medical diagnoses including [redacted]. NCP showed that Resident 3 required daily insulin administration and blood sugar checks by nurse delegation.

Review of Resident 3's assessment, dated 07/28/2025, showed Resident 3 required medication administration by registered nurse delegation.

In an interview, on 09/23/2025 at 10:21 AM, Collateral Contact 1 (CC1) stated that they were concerned about AFH Staff's management of Resident 3's insulin and blood glucose monitoring. CC1 stated that they asked Resident 3's endocrinologist (a doctor that specialized in diagnosing and treating conditions related to glands including diabetes management) to write a specific orders for AFH Staff that included management of very high blood sugar levels.

Record review of Resident 3's endocrinology orders written on 09/04/2025 showed changes to Tresiba (long acting insulin) dose and time (from 14 units to 10 units).

Record review of Resident 3's endocrinology orders written on 09/09/2025 showed changes in insulin sliding scale orders for Humalog insulin (shorth acting insulin, given before meals).

Record review of RND records for Resident 3 showed the RND visits on 08/07/2025; 08/14/2025; 08/21/2025; 08/28/2025.

Review of Resident 3's "Nurse Delegation Instructions for Nurse Task" record, dated 08/07/2025, showed instructions to AFH Staff that the RND needed to be called when medications changed, and if new orders were received.

Review of Resident 3's RND records showed that AFH Staff were not delegated on or after 09/04/2025 and 09/09/2025 when new orders were received from the endocrinologist for Resident 3.

In an interview, on 09/23/2025 at 10:21 AM, Collateral Contact 1 (CC1) stated that they tried to call the RND but could not get hold of them. CC1 stated that they had many questions that they wanted to ask RND.

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 4 is or will be in compliance with this law and / or regulation on (Date) 11/15/25.

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

Provider (or Representative) — Date: 10/15/2025