



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

TCF NURSING SERVICES INC
The Legacy of Bothell
20626 76th Ave SE
Snohomish, WA 98296

RE: The Legacy of Bothell License # 2411

Dear Administrator:

This letter addresses Compliance Determination(s) 73083 (Completion Date 02/18/2026) and 72211 (Completion Date 01/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/18/2026 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-2481, WAC 388-78A-2481-1, WAC 388-78A-2481-1-a, WAC 388-78A-2481-1-b, WAC 388-78A-2481-2, WAC 388-78A-2665-6, WAC 388-78A-2665-5

The Department staff who did the off-site verification:

Scottie Sindora, ALF Licenser

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services



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Statement of Deficiencies	License #: 2411	Compliance Determination # 72211
Plan of Correction	The Legacy of Bothell	Completion Date
Page 1 of 4	Licensee: TCF NURSING SERVICES INC	01/30/2026

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 01/27/2026 and 01/29/2026 of:

The Legacy of Bothell
305 240th St SW
Bothell, WA 98021

The following sample was selected for review during the unannounced on-site visit: 5 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Scottie Sindora, ALF Licenser

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

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Page 2 of 4	Licensee: TCF NURSING SERVICES INC	01/30/2026

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.

Jennie Singer
Residential Care Services

2/9/2026
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.

Sharon O. Yung
Administrator (or Representative)

02/11/2026
Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

- (1) Intradermal (Mantoux) administration with test results read:
 - (a) Within forty-eight to seventy-two hours of the test; and
 - (b) By a trained professional; or
- (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

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 newly hired staff (Staff B) was screened for Tuberculosis (TB) within three days of being hired at the facility. This failure placed 28 of 28 residents at risk for illness.

Findings included...

Record review of ALF's personnel file showed Staff B was hired on 10/29/2025 as a full time Caregiver. Further review showed no evidence Staff B was screened for TB within three days of hire.

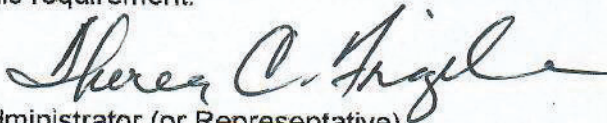
In an interview, on 01/29/2026 at 11:35 PM, Staff F (Administrator) stated that she thought Staff B's Chest X-Ray, from earlier in the year, would be sufficient.

Statement of Deficiencies	License #: 2411	Compliance Determination # 72211
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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, The Legacy of Bothell is or will be in compliance with this law and / or regulation on (Date) 02/11/2026.

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


 Administrator (or Representative)

02/11/2026
 Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to obtain resident signatures on their policy for accepting Medicaid as a payment source. This placed 28 of 28 Residents at risk for not knowing their rights regarding Medicaid monies.

Findings included...

Record review of an ALF policy, titled "Medicaid Policy," undated, showed the ALF did not accept Medicaid a source of payment. The document showed no space for residents, or their representatives, to sign the document as proof of acknowledgment. Record reviews of Residents 1, 2, 3, 4, and 5 showed no signature on the Medicaid Policy.

In an interview, on 01/29/2026 at 11:35 PM, Staff F (Administrator) stated that she was unaware of this regulation, and would put a system in place to fix it.

Statement of Deficiencies

License #: 2411

Compliance Determination # 72211

Plan of Correction

The Legacy of Bothell

Completion Date

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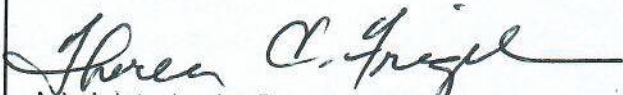
Licensee: TCF NURSING SERVICES INC

01/30/2026

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


Administrator (or Representative)

02/11/2026
Date