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

Longhouse Bothell LLC
Longhouse Bothell
11417 124th Ave NE Ste 100
Kirkland, WA 98033

RE: Longhouse Bothell License # 2547

Dear Administrator:

This letter addresses Compliance Determination(s) 66772 (Completion Date 10/07/2025) and 63932 (Completion Date 08/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/07/2025 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-2468-1, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681, WAC 388-78A-2480-1, WAC 388-78A-2483-2

The Department staff who did the on-site verification:
Faith Le, NCI

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

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
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

Statement of Deficiencies	License #: 2547	Compliance Determination # 63932
Plan of Correction	Longhouse Bothell	Completion Date
Page 1 of 6	Licensee: Longhouse Bothell LLC	08/19/2025

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 08/11/2025 and 08/13/2025 of:
Longhouse Bothell
16605 122nd Place NE
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 4 of 15 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI

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

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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.

Jamie Seizer
Residential Care Services

8/21/2025
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.

Administrator (or Representative)

8/28/25
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) initiated a Washington State name and date of birth background inquiry (BGI) within one business day of hire. This placed 15 of 15 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of a Staff Roster, dated 08/11/2025, showed the ALF hired Staff B (House Coordinator) on 01/30/2024. Staff B's BGI was completed on 02/20/2024, 21 days after the hire date.

In interview, on 08/13/2025 at 1:10 PM, Staff F (Human Resource Generalist) acknowledged Staff B's BGI was not done within one business day of hire to this licensed facility.

Statement of Deficiencies	License #: 2547	Compliance Determination # 63932
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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, Longhouse Bothell is or will be in compliance with this law and / or regulation on (Date) 09/22/2025

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

Administrator (or Representative) 8/28/25 Date

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 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 that 1 of 5 sampled staff (Staff B), whose positions required a national fingerprint background check (FBGI), completed it within 120 days of their date of hire. This placed 15 of 15 residents at risk for receiving care and services from staff whose criminal background history was unknown.

Findings included...

Record review of a Staff Roster, dated 08/11/2025, showed the ALF hired Staff B (House Coordinator) on 01/30/2024. Staff B's FBGI was completed on 09/05/2024, 219 days after the hire date.

In interview, on 08/13/2025 at 1:11 PM, Staff F (Human Resource Generalist) acknowledged Staff B's FBGI was not done within 120 days of hire to this licensed facility.

Statement of Deficiencies	License #: 2547	Compliance Determination # 63932
Plan of Correction	Longhouse Bothell	Completion Date
Page 4 of 6	Licensee: Longhouse Bothell LLC	08/19/2025

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, Longhouse Bothell is or will be in compliance with this law and / or regulation on (Date) 09/22/2025.

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

Administrator (or Representative) — Date: 8/28/25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) initiated tuberculosis (TB) screening within three days of employment. This placed 15 of 15 residents at risk of exposure to a communicable disease.

Findings included...

Record review of a Staff Roster, dated 08/11/2025, showed the ALF hired Staff C (Caregiver) on 01/27/2025. A review of Staff C's employee file showed a TB screening was completed on 02/24/2025, 28 days after date of hire.

In interview, on 08/13/2025 at 1:13 PM, Staff F (Human Resource Generalist) confirmed Staff C's TB screening was not completed within three days of employment.

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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, Longhouse Bothell is or will be in compliance with this law and / or regulation on (Date) 09/22/2025

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

Administrator (or Representative) 8/28/25 Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff B) completed the required one step tuberculin skin test (TST). This placed 15 of 15 residents at risk of exposure to a communicable disease.

Findings included...

Record review of a Staff Roster, dated 08/11/2025, showed the ALF hired Staff B (House Coordinator) on 01/30/2024. Record review showed Staff B had prior documentation of a one step negative skin test on 12/20/2023. Staff B did not have a one step TST completed by the ALF upon hire.

In interview, on 08/13/2025 at 1:10 PM, Staff F (Human Resource Generalist) confirmed Staff B did not complete a one step TST.

Statement of Deficiencies	License #: 2547	Compliance Determination # 63932
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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, Longhouse Bothell is or will be in compliance with this law and / or regulation on (Date) 09/22/2025.

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

Administrator (or Representative) 8/28/25 Date

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Longhouse Bothell LLC
Longhouse Bothell
11417 124th Ave NE Ste 100
Kirkland, WA 98033

RE: Longhouse Bothell # 2547

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/19/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(ii) Storage for wet mops;

The Assisted Living Facility
failed to implement a system to ensure a wet mop was consistently hung up to dry following their use. This failure placed 15 of 15 residents at risk of harm from potential infection control issues and decreased quality of life.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Enclosure