STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

HOLMES SWEET HOME CARE INC
Holmes Sweet Home Care Inc
30027 55TH PL S
AUBURN, WA 98001

RE: Holmes Sweet Home Care Inc License # 753572

Dear Provider:

This letter addresses Compliance Determination(s) 82511 (Completion Date 08/19/2026) and 81142 (Completion Date 07/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/19/2026 and found that you have corrected the violations listed in the Full report dated 07/28/2026. Your home is back in compliance as of 07/28/2026 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10810-2-d, WAC 388-76-10810-2-e

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (425)599-5235.

Sincerely,

Jeb Korzilius, Regional Administrator
Region 2, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/27/2026 of:
Holmes Sweet Home Care Inc
30027 55TH PL S
AUBURN, WA 98001

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

This document was prepared by Residential Care Services for the Locator website.

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 — 8-5-2026 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) — 8-10-26 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

This requirement was not met as evidenced by:

Based on observation, Interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication when they prepared 1 of 1 resident's (Resident 4) medication without following required training and they failed to ensure 1 of 1 resident's (Resident 2) medication log was kept current. These failures placed Resident 2 and Resident 4 at risk of medication errors.

Findings included...

<Resident 4>

On 07/27/2026 at 12:08 PM, observation showed Staff C, Caregiver, prepared Resident 4's medication. Observation further showed Staff C punched Resident 4's medication from 2 bubble packs, storage system for medication, into a medication cup. In addition, observation showed Staff C had not reviewed Resident 4's medication log (ML) when prepping the residents medication.

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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.

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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication when they prepared 1 of 1 resident's (Resident 4) medication without following required training and they failed to ensure 1 of 1 resident's (Resident 2) medication log was kept current. These failures placed Resident 2 and Resident 4 at risk of medication errors.

Findings included…

<Resident 4>

On 07/27/2026 at 12:08 PM, observation showed Staff C, Caregiver, prepared Resident 4's medication. Observation further showed Staff C punched Resident 4's medication from 2 bubble packs, storage system for medication, into a medication cup. In addition, observation showed Staff C had not reviewed Resident 4's medication log (ML) when prepping the residents medication.

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In an interview on 07/27/2026 at 12:09 PM, Staff C stated that they had been trained to follow the 5 rights of medication administration (right person, medication, dose, time, and route). Staff C further stated that they did not look at Resident 4's ML as they knew what medication the resident took. In addition, Staff C stated that when resident medication was received by the AFH it was compared to the resident's ML.

Review of Resident 4's July 2026 pharmacy-generated ML showed Resident 4 was prescribed, Quetiapine Fumarate, for mood disorder, 100 milligrams (mg), take ½ tablet (50 mg) by mouth twice daily, 12:00 PM and 8:00 PM and "Oxycodone HCL", for pain, 5 mg, take 1 tablet by mouth every eight hours as needed for pain.

<Resident 2>

Review of Resident 2's July 2026 handwritten ML showed an entry for Atorvastatin, for lowering the amount of fat in the blood, 40 mg, take 1 tablet by mouth each morning. Further review showed initialed entries from 07/01/2026-07/27/2026 for 8:00 AM.

Review of Resident 2's Medication List dated 06/22/2026 showed Resident 2 was prescribed Atorvastatin 40 mg, take 1 tablet by mouth every night at bedtime.

In an interview on 07/27/2026 at 11:42 AM, Staff B, Designee/Caregiver, stated that upon admission to the AFH, Resident 2 was taking Atorvastatin in the morning.

Further review of Resident 2's July 2026 handwritten ML showed an entry for Cholecalciferol, for Vitamin D deficiency, 25 micrograms (mcg), take 1 tablet by mouth every other day. Further review showed initialed entries from 07/01/2026-07/27/2026 for 8:00 AM.

On 07/27/2026 at 11:44 AM, observation showed Resident 2's container of Cholecalciferol 25 mcg had a handwritten note on the top of the container as, "every other AM." Further observation showed the handwritten medication label indicated the medication was to be taken every other day.

Further review of Resident 2's Medication List dated 06/22/2026 showed Resident 2 was prescribed Cholecalciferol 25 mcg, take one tablet by mouth every day.

In an interview on 07/27/2026 at 11:48 AM, Staff B stated that they had missed the error for Resident 2's Cholecalciferol 25 mcg.

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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, Holmes Sweet Home Care Inc is or will be in compliance with this law and / or regulation on (Date) 7-28-26

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

Provider (or Representative) 8-10-26 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 2) and 1of 1 former resident (FR1) medication remained in locked storage. These failures placed all ambulatory residents (Resident 2 and Resident 4) at risk of accessing and taking medication not prescribed for their use.

Findings included...

Observation on 07/27/2026 at 10:02 AM, showed a metal storage container with a key lock on the top in the refrigerator of the AFH. Observation further showed Staff A, Entity Representative/Resident Manager opened the storage container without the use of a key. In addition, observation showed 2 packages of Lantus, to treat high blood sugar, 1000 unit/ml, inject 1.5 units under the skin at bedtime prescribed for Resident 2.

In an interview on 07/27/2026 at 10:03 AM, Staff B, Designee/Caregiver, stated that the container sometimes popped open. Staff B further stated that the AFH needed to get a new storage container.

Observation on 07/27/2026 at 10:14 AM, showed 2 small bottles of Nystatin Topical Powder, for fungal infections, in 1 of 2 bathrooms (Bathroom 1) drawer. Further observation showed one bottle had no medication label and the second bottle had only the corner of a medication label.

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Provider (or Representative) Date

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 2) and 1of 1 former resident (FR1) medication remained in locked storage. These failures placed all ambulatory residents (Resident 2 and Resident 4) at risk of accessing and taking medication not prescribed for their use.

Findings included…

Observation on 07/27/2026 at 10:02 AM, showed a metal storage container with a key lock on the top in the refrigerator of the AFH. Observation further showed Staff A, Entity Representative/Resident Manager opened the storage container without the use of a key. In addition, observation showed 2 packages of Lantus, to treat high blood sugar, 1000 unit/ml, inject 1.5 units under the skin at bedtime prescribed for Resident 2.

In an interview on 07/27/2026 at 10:03 AM, Staff B, Designee/Caregiver, stated that the container sometimes popped open. Staff B further stated that the AFH needed to get a new storage container.

Observation on 07/27/2026 at 10:14 AM, showed 2 small bottles of Nystatin Topical Powder, for fungal infections, in 1 of 2 bathrooms (Bathroom 1) drawer. Further observation showed one bottle had no medication label and the second bottle had only the corner of a medication label.

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In an interview on 07/27/2026 at 10:18 AM, Staff B stated that the Nystatin Powder belonged to FR1 who passed away June 2026.

In an interview on 07/27/2026 at 10:19 AM, Staff A stated that they did not know why staff would leave the medication in the bathroom drawer.

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, Holmes Sweet Home Care Inc is or will be in compliance with this law and / or regulation on (Date) 7-28-26

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

Provider (or Representative) 8-10-26 Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(d) Accessible at all times; and

(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers (FE1 and FE2) were accessible at all times and not located behind locked doors. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm or serious injury in the event of a fire.

Findings included...

On 07/27/2026 at 10:01 AM, observation showed Staff A, Entity Representative/Resident Manager, tried the handle of the laundry room door in attempt to open it. Further observation showed Staff A was unable to open the door as it was locked.

On 07/27/2026 at 10:04 AM, observation showed a door with a round plastic childproof lock on the doorknob. Further observation showed Staff A was unable to release the childproof lock and open the door.

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In an interview on 07/27/2026 at 10:18 AM, Staff B stated that the Nystatin Powder belonged to FR1 who passed away June 2026.

In an interview on 07/27/2026 at 10:19 AM, Staff A stated that they did not know why staff would leave the medication in the bathroom drawer.

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, Holmes Sweet Home Care Inc 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

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(d) Accessible at all times; and

(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers (FE1 and FE2) were accessible at all times and not located behind locked doors. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm or serious injury in the event of a fire.

Findings included…

On 07/27/2026 at 10:01 AM, observation showed Staff A, Entity Representative/Resident Manager, tried the handle of the laundry room door in attempt to open it. Further observation showed Staff A was unable to open the door as it was locked.

On 07/27/2026 at 10:04 AM, observation showed a door with a round plastic childproof lock on the doorknob. Further observation showed Staff A was unable to release the childproof lock and open the door.

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In an interview on 07/27/2026 at 10:05 AM, Staff A stated that Resident 4 went into the pantry at night and touched everything. Staff A further stated that the AFH had placed the childproof lock on the pantry door to prevent the resident from entering the pantry.

On 07/27/2026 at 10:06 AM, observation showed Staff B, Designee/Caregiver, was able to release the childproof lock and open the pantry door.

On 07/27/2026 at 10:07 AM, observation showed FE1 was located on the left hand side of the pantry wall.

On 07/27/2026 at 10:09 AM, observation showed Staff A opened the previously locked laundry room door. Further observation showed FE2 was located on the left hand side of the laundry room wall.

In an interview on 07/27/2026 at 10:10 AM, Staff A stated that they were not aware fire extinguishers could not be located behind a locked door.

On 07/27/2026 at 10:12 AM, observation showed Staff B was unable to release the childproof lock and open the pantry door.

On 07/27/2026 at 10:13 AM, observation showed Staff C, Caregiver, was able to release the childproof lock and opened the pantry door.

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, Holmes Sweet Home Care Inc is or will be in compliance with this law and / or regulation on (Date) 7-28-26

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

Provider (or Representative)

8-10-26
Date

This document was prepared by Residential Care Services for the Locator website.

In an interview on 07/27/2026 at 10:05 AM, Staff A stated that Resident 4 went into the pantry at night and touched everything. Staff A further stated that the AFH had placed the childproof lock on the pantry door to prevent the resident from entering the pantry.

On 07/27/2026 at 10:06 AM, observation showed Staff B, Designee/Caregiver, was able to release the childproof lock and open the pantry door.

On 07/27/2026 at 10:07 AM, observation showed FE1 was located on the left hand side of the pantry wall.

On 07/27/2026 at 10:09 AM, observation showed Staff A opened the previously locked laundry room door. Further observation showed FE2 was located on the left hand side of the laundry room wall.

In an interview on 07/27/2026 at 10:10 AM, Staff A stated that they were not aware fire extinguishers could not be located behind a locked door.

On 07/27/2026 at 10:12 AM, observation showed Staff B was unable to release the childproof lock and open the pantry door.

On 07/27/2026 at 10:13 AM, observation showed Staff C, Caregiver, was able to release the childproof lock and opened the pantry door.

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, Holmes Sweet Home Care Inc 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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