STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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

Absolutely Fabulous Care LLC

Absolutely Fabulous Care LLC
18610 68th St E
Bonney Lake, WA 98391

RE: Absolutely Fabulous Care LLC License # 754442

Dear Provider:

This letter addresses Compliance Determination(s) 77592 (Completion Date 05/15/2026) and 75679 (Completion Date 04/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/15/2026 and found that you have corrected the violations listed in the Full report dated 04/15/2026. Your home is back in compliance as of 04/09/2026 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 388-76-10805-2-b, WAC 388-76-10805-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Hung Bui, Adult Family Home RN Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 04/09/2026 of:
Absolutely Fabulous Care LLC
18610 68th St E
Bonney Lake, WA 98391

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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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

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was a working smoke alarm installed and maintained in 1 of 2 locations (hallway outside of Bedroom A through D). This failure placed all residents at risk of delayed evacuation in the event of a fire.

Findings included…

On 04/09/2026 at 10:20 AM, it was observed that a smoke alarm located in the hallway outside of Bedroom A through D was completely removed.

On 04/09/2026 at 10:20 AM, during an interview, the RM stated that the smoke alarm was not triggering other alarms in the house and that the Provider is working on a fix.

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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, Absolutely Fabulous 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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to ensure that 1 of 3 staff members (Resident Manager) renewed their Washington State name and date of birth (DOB) background check at least every two years. This failure placed all residents at risk of unsupervised access by staff with unknown criminal history.

Findings included...

Record reviews showed that the Washington State name and date of birth (DOB) background check for the Resident Manager (RM) had expired on 01/02/2026 (3 months earlier).

On 04/09/2026 at 12:05 PM, during an interview, the RM acknowledged the deficiency and stated that it was due to an oversight.

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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, Absolutely Fabulous 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Absolutely Fabulous Care LLC
Absolutely Fabulous Care LLC
18610 68th St E
Bonney Lake, WA 98391

RE: Absolutely Fabulous Care LLC # 754442

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/15/2026 and found that your home does not meet the Adult Family Home Licensing 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 the home 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/15/2026), no later than 05/30/2026 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

On 04/09/2026, observation showed that the fire extinguishers located in main floor kitchen and at the stairs leading to the second floor were last serviced in March of 2025. The Resident Manager (RM) mentioned that a service appointment was already scheduled. To resolve the issue, the Provider submitted photo documentation showing that the fire extinguishers were serviced by Superior Fire and Electric after the inspection was completed.

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;

On 04/09/2026, observation showed that 1 of 2 medication cabinets was left unlocked. Upon closer inspection, it was discovered that the locking mechanism inside the door's keyhole had completely dislodged. The Resident Manager (RM) explained that this had just happened the previous night and that the Provider is actively working on a fix. To correct the deficiency, the RM moved the remaining medication into a locked cabinet by the end of the inspection.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

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Record reviews showed that the most recent admission agreement for Resident 2 (R2), dated 09/20/2022 had not been reviewed at least every 24 months. The Resident Manager noted difficulty contacting R2's representative but did not have an explanation for the long gap. On 04/10/2026, the Provider emailed to the department an updated and signed admission agreement for R2 to correct this issue.

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

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:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:

• Please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240

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

Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

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

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