STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Absolute Care Services LLC
Homely Adult Family Home
2220 117th St SW
Everett, WA 98204

RE: Homely Adult Family Home License # 756527

Dear Provider:

This letter addresses Compliance Determination(s) 77507 (Completion Date 05/18/2026) and 71085 (Completion Date 02/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/18/2026 and found that you have corrected the violations listed in the Complaint report dated 02/24/2026. Your home is back in compliance as of 04/02/2026 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 388-76-10430-2-d

The Department staff who did the on-site verification:
Megan Wylie, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
Residential Care Services

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

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Statement of Deficiencies	License #: 756527	Compliance Determination # 71085
Plan of Correction	Homely Adult Family Home	Completion Date
Page 1 of 3	Licensee: Absolute Care Services LLC	02/24/2026

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 01/07/2026 of:

Homely Adult Family Home
6316 96th Pl NE
Marysville, WA 98270

This document references the following complaint number(s): 206363

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

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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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 388-76-10430 Medication system.

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

(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 administer pain medications as prescribed for 1 of 4 sampled residents (Resident 1). This failure resulted in Resident 1 receiving the wrong dose of medication and placed them at risk of medical complications.

Findings including…

Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted]. Resident 1's assessment, dated 08/05/2025, showed Resident 1 required caregiver assistance with medications.

Record Review of Resident 1's medication orders, dated 12/09/2025, directed staff to change the resident's Methadone (medication used to treat chronic pain and help people reduce or quit other drug use) order to Methadone 10 milligrams (mg) twice a day (8 am and 8 pm) starting the morning of 12/10/2025. The medication order also directed MS Contin (morphine sulfate; a strong pain medication used for around-the-clock, long-term treatment of moderate to severe pain in adults) to be discontinued on 12/10/2025.

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Record review of Resident 1's December 2025 medication log (ML) showed Methadone 10mg to be given twice daily and an additional order of Methadone 5mg to be given in the evening (8pm). Resident 1's ML showed that Resident 1 did not receive the prescribed Methadone 10mg in the morning of 12/10/2025. The ML showed Resident 1 received a dose of Methadone 10mg and a dose of Methadone 5mg, for a total of 15mg of Methadone in the evening of 12/10/2025.

Record review of Resident 1's December 2025 ML showed MS Contin 90mg, was given to Resident 1 twice daily on 12/10/2025, 12/11/2025 and 12/12/2025. Resident 1 was given MS Contin 60mg at 2pm on 12/10/2025 and 12/11/2025. Resident 1 received eight doses of MS Contin after the order to discontinue the medication.

In an interview on 02/24/2027 at 11:10 AM, Staff A stated that Resident 1's medication orders changed frequently and with little notice. Staff A stated that they believed this was a documentation error and that the resident received the medications as prescribed.

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, Homely Adult Family Home 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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