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

05/11/2026

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

RE: Homely Adult Family Home # 756527

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 77174 (Completion Date 05/11/2026) and 74333 (Completion Date 03/18/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/11/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The Department staff who did the On Site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH 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 # 74333
Plan of Correction	Homely Adult Family Home	Completion Date
Page 1 of 3	Licensee: Absolute Care Services LLC	03/18/2026

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 03/16/2026 of:

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

This document references the following complaint number(s): 215335

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator
Rhodah Makayoto, Nursing Consultant Institutional

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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 resident's (Resident 5) Negotiated Care Plan (NCP) was developed and completed within 30 days of their admission to the AFH. This failure placed Resident 5 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2026 with multiple diagnoses. Review of Resident 5's assessment, dated 10/10/2025, showed Resident 5 required caregiver assistance with activities of daily living. Review of Resident 5's record showed it did not contain an NCP.

In an interview, on 03/16/2026 at 11:28 AM, Staff A (Entity Representative) stated that they did not develop and complete an NCP for Resident 1 within 30 days of their admission because they were still working on adjusting it.

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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, 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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