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

Geomil Adult Family Home LLC

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

RE: Geomil Adult Family Home LLC License # 757262

Dear Provider:

This letter addresses Compliance Determination(s) 81038 (Completion Date 07/24/2026) and 78648 (Completion Date 06/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2026 and found that you have corrected the violations listed in the Complaint report dated 06/08/2026. Your home is back in compliance as of 07/07/2026 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 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator
Rhodah Makayoto, Nursing Consultant Institutional

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

Sincerely,

Jeb Korzilius

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

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

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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 06/08/2026 of:

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

This document references the following complaint number(s): 225797

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 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 out of compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Nicholette Flynn
Residential Care Services

06/10/2026
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)

7/7/2026
Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 4 & 5) had a Preliminary Service Plan (PSP) developed and completed. This failure placed Resident 4 & 5 at risk of unrecognized and unmet care needs and preferences.

Findings included...

Record review showed the AFH admitted Resident 4 on [redacted]/2026 with multiple diagnoses. Review of Resident 4's assessment, dated 03/03/2026, showed that they required caregiver assistance with activities of daily living. Review of Resident 4's record showed it did not contain a PSP to indicate how the AFH would meet Resident 4's care needs and preferences.

Record review showed the AFH admitted Resident 5 on [redacted]/2026 with multiple

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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.

Nicholette Flynn
Residential Care Services

06/10/2026
Date

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Provider (or Representative)

Date

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Record review showed the AFH admitted Resident 5 on [redacted]/2026 with multiple

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diagnoses. Review of Resident 5's assessment, dated 05/19/2026, showed that they required caregiver assistance with activities of daily living. Review of Resident 5's record showed it did not contain a PSP to indicate how the AFH would meet Resident 5's care needs and preferences.

In an interview, on 06/09/2026 at 12:24 PM, Staff A (Entity Representative) stated that they did not develop and complete a PSP for Resident 4 & 5 because they gave it to Resident 4 & 5 to complete and they were not done with it.

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, Geomil Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/7/2026.

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

Provider (or Representative) — Date: 7/10/2026

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

_____ _____
Provider (or Representative) Date

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