STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

PRINCESS CARE HOME INC
PRINCESS CARE HOME III
11231 B 1ST AVE WEST
EVERETT, WA 98204

RE: PRINCESS CARE HOME III License # 686500

Dear Provider:

This letter addresses Compliance Determination(s) 64443 (Completion Date 08/20/2025) and 61748 (Completion Date 07/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/20/2025 and found that you have corrected the violations listed in the Full report dated 07/10/2025. Your home is back in compliance as of 07/23/2025 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:
Katherine Randall, Nursing Care Consultant, NCC

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

Sincerely,

Renee' Bourque

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 06/27/2025 of:
PRINCESS CARE HOME III
11231 B 1ST AVE WEST
EVERETT, WA 98204

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 695600	Compliance Determination # 51746
Plan of Correction	PRINCESS CARE HOME III	Completion Date
Page 2 of 4	Licensee: PRINCESS CARE HOME INC	07/16/2025

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.

Renee' Bourque
Residential Care Services

07/22/2025
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.

Myra Brewer
Provider (or Representative)

7-23-2025
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, record review and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place to provide as needed medications in a timely manner. This failure placed 2 of 4 residents (Residents 1 and 2) at risk for unmet medication needs.

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted]2020 with multiple diagnoses including [redacted]

Review of Resident 1's assessment, dated 11/20/2024, showed Resident 1 required assistance with medication management.

Review of Resident 1's Medication Log (ML) showed the following as needed medications were ordered:
Acetaminophen 650 milligram (pain relief medication) 1 tablet three times a day as needed
Cal-gest chew 500 milligram (an indigestion relief medication) 2 tablets as needed

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.

Renee' Bourgue
Residential Care Services

07/22/2025
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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(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, record review and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place to provide as needed medications in a timely manner. This failure placed 2 of 4 residents (Residents 1 and 2) at risk for unmet medication needs.

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted]2020 with multiple diagnoses including [redacted].

Review of Resident 1's assessment, dated 11/20/2024, showed Resident 1 required assistance with medication management.

Review of Resident 1's Medication Log (ML) showed the following as needed medications were ordered:
Acetaminophen 650 milligram (pain relief medication) 1 tablet three times a day as needed.
Cal-gest chew 500 milligram (an indigestion relief medication) 2 tablets as needed

every 6 hours
Clotrimazole Cream 1% (an antifungal cream for skin use) Apply to facial rash twice a day as needed.
Hydrotcort Cream 1% (a cream to relieve redness, itching, swelling on skin rashes) Apply a thin layer twice a day as needed.
Nystop powder (a antifungal powder used for the skin) Apply to the affected area twice a day as needed.
Tramadol HCL Tablet 50 milligrams (a pain relief medication for severe pain) Take ½ tablet by mouth twice a day as needed.

RESIDENT 2:
Resident 2 was admitted on [redacted]/2005 with multiple diagnoses including [redacted]

Review of Resident 2's assessment, dated 11/18/2024, showed Resident 2 required assistance with medication management.

Review of Resident 2's Medication Log (ML) showed the following as needed medications were ordered:
Acetaminophen 325 milligram (pain relief medication) 2 tablets twice a day as needed.
Ibuprofen Tablets 600 milligram (Pain relief medication) 1 tablet every 4 hours as needed.
Miconazole Cream 2% (an antifungal cream) Apply to affected area once a day as needed.
Ondansetron Tablet 4 milligram (a medication to prevent nausea and vomiting) Take 1 table by mouth every 4 hours as needed.

Observations, on 06/27/2025 at 2:00 PM, showed Resident 1 and Resident 2's medication bins did not contain any as needed medications either in their individual bins or in the medication storage area of the AFH.

In an interview, on 06/27/2025 at 2:15 PM, Staff B (Resident Manager) stated no residents in the AFH had as needed medications delivered before they needed them. Staff B stated that the AFH pharmacy could deliver at anytime day or night and the medication would be available within 2 hours. When asked why the as needed medications were not available in a timely manner in the AFH when a resident needed them, Staff B stated because the medications don't usually get used.

PRN medications delivered same day 6/27/2025

every 6 hours
Clotrimazole Cream 1% (an antifungal cream for skin use) Apply to facial rash twice a day as needed.
Hydrotcort Cream 1% (a cream to relieve redness, itching, swelling on skin rashes) Apply a thin layer twice a day as needed.
Nystop powder (a antifungal powder used for the skin) Apply to the affected area twice a day as needed.
Tramadol HCL Tablet 50 milligrams (a pain relief medication for severe pain) Take ½ tablet by mouth twice a day as needed.

RESIDENT 2:
Resident 2 was admitted on [redacted] 2005 with multiple diagnoses including [redacted].

Review of Resident 2's assessment, dated 11/18/2024, showed Resident 2 required assistance with medication management.

Review of Resident 2's Medication Log (ML) showed the following as needed medications were ordered:
Acetaminophen 325 milligram (pain relief medication) 2 tablets twice a day as needed.
Ibuprofen Tablets 600 milligram (Pain relief medication) 1 tablet every 4 hours as needed.
Miconazole Cream 2% (an antifungal cream) Apply to affected area once a day as needed.
Ondansetron Tablet 4 milligram (a medication to prevent nausea and vomiting) Take 1 table by mouth every 4 hours as needed.

Observations, on 06/27/2025 at 2:00 PM, showed Resident 1 and Resident 2's medication bins did not contain any as needed medications either in their individual bins or in the medication storage area of the AFH.

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Statement of Deficiencies	License #: 686500	Compliance Determination # 81745
Plan of Correction	PRINCESS CARE HOME III	Completion Date
Page 4 of 4	Licensee: PRINCESS CARE HOME INC	07/10/2025

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, PRINCESS CARE HOME III is or will be in compliance with this law and / or regulation on (Date) 7-23-2025.

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

Myrna Brewer
Provider (or Representative)

7-23-2025
Date

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, PRINCESS CARE HOME III 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