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

01/06/2026

Holistic Care Adult Family Home LLC
Holistic Care Adult Family Home LLC
5728 NE 190th Street
Kenmore, WA 98028

RE: Holistic Care Adult Family Home LLC # 753852

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70912 (Completion Date 01/06/2026) and 69122 (Completion Date 11/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/06/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once

every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Department staff who did the On Site verification:
Farrah Sirous, Long Term Care Surveyor

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 11/21/2025 of:

Holistic Care Adult Family Home LLC
6057 NE 200th St
Kenmore , WA 98028

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:

Farrah Sirous, Long Term Care Surveyor

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 #: 753662	Compliance Determination #: 691122
Plan of Correction	Holistic Care Adult Family Home LLC	Completion Date
Page 2 of 6	Licensee: Holistic Care Adult Family Home LLC	11/24/2025

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 — 11/20/2025 — 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.

[redacted] — Provider (or Representative) — 12/02/25 — Date

WAC 388-76-10375 Negotiated care plan - Signatures - Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident, and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 4) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 11/21/2025 at 9:20 AM, showed Resident 4 lived in and received care from the AFH.

Record reviews showed the AFH admitted Resident 4 on [redacted]2018. Review of Resident 4's NCP showed Staff A, Entity Representative, updated the NCP on 09/11/2025. There was no evidence Staff A had Resident 4 or their representative sign and date the NCP in September 2025.

In an interview, on 11/21/2025 at 12:30 PM, Staff A stated they had difficulties reaching out Resident 4's representative and they were not available to sign records. Staff A stated that they verbally reviewed the NCP with Resident 4's representative and they would get them to sign the NCP when they visit Resident 4.

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

11/26/2025
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

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 4) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 11/21/2025 at 9:20 AM, showed Resident 4 lived in and received care from the AFH.

Record reviews showed the AFH admitted Resident 4 on [redacted]2018. Review of Resident 4's NCP showed Staff A, Entity Representative, updated the NCP on 09/11/2025. There was no evidence Staff A had Resident 4 or their representative sign and date the NCP in September 2025.

In an Interview, on 11/21/2025 at 12:30 PM, Staff A stated they had difficulties reaching out Resident 4's representative and they were not available to sign records. Staff A stated that they verbally reviewed the NCP with Resident 4's representative and they would get them to sign the NCP when they visit Resident 4.

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, Holistic Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/22/25.

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

Provider (or Representative) — Date: 12/02/25

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 4 residents (Residents 1 and 2). These failures placed Residents 1 and 2 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 11/21/2025 at 10:15 AM, Staff B, Caregiver, stated that the AFH staff managed resident's medications.

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, Holistic Care Adult Family Home 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 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 4 residents (Residents 1 and 2). These failures placed Residents 1 and 2 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 11/21/2025 at 10:15 AM, Staff B, Caregiver, stated that the AFH staff managed resident's medications.

<Resident 1>
Observation, on 11/21/2025 at 1:00 PM, showed Resident 1's medication bin contained four expired packs of Combivent Respimat inhaler (used for wheezing). Observation of the pharmacy generated label showed the expiration dates for the Combivent Respimat inhalers were 02/01/2025 and 06/28/2026.

<Resident 2>
Observation, on 11/21/2025 at 1:15 PM, showed Resident 2's medication bin contained two expired blister packs of Oxycodone tablet (used for pain). Observation of the pharmacy generated label showed the expiration date for the Oxycodone was 10/16/2025. Observation further showed an expired blister pack of the Loratadine tablet (used for allergy) in Resident 2's medication storage bin. Observation of the pharmacy generated label showed the expiration date for the Loratadine tablet was 10/01/2025. Observation showed expired Bisacodyl suppositories (used for constipation) in a plastic Ziplock bag inside a larger Ziplock bag with unexpired Bisacodyl suppositories. Observation of pharmacy generated label showed the expiration date for the Bisacodyl suppositories was 10/14/2025.

In an interview, on 11/21/2025 at 1:30 PM, Staff A, Entity Representative, stated that they checked the medication expiration dates often. Staff A further stated that they might have missed checking expiration dates.

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, Holistic Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/12/25.

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

Provider (or Representative) — Date: 12/02/25

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

<Resident 1>
Observation, on 11/21/2025 at 1:00 PM, showed Resident 1's medication bin contained four expired packs of Combivent Respimat inhaler (used for wheezing). Observation of the pharmacy generated label showed the expiration dates for the Combivent Respimat inhalers were 02/01/2025 and 06/28/2025.

<Resident 2>
Observation, on 11/21/2025 at 1:15 PM, showed Resident 2's medication bin contained two expired blister packs of Oxycodone tablet (used for pain). Observation of the pharmacy generated label showed the expiration date for the Oxycodone was 10/18/2025. Observation further showed an expired blister pack of the Loratadine tablet (used for allergy) in Resident 2's medication storage bin. Observation of the pharmacy generated label showed the expiration date for the Loratadine tablet was 10/01/2025. Observation showed expired Bisacodyl suppositories (used for constipation) in a plastic Ziplock bag inside a larger Ziplock bag with unexpired Bisacodyl suppositories. Observation of pharmacy generated label showed the expiration date for the Bisacodyl suppositories was 10/14/2025.

In an interview, on 11/21/2025 at 1:30 PM, Staff A, Entity Representative, stated that they checked the medication expiration dates often. Staff A further stated that they might have missed checking expiration dates.

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, Holistic Care Adult Family Home 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a signed and dated copy of the notice of rights and services was on file for 1 of 4 residents (Resident 4). This failure placed Resident 4 and their representative at risk for not being aware of all the services and rights for their care.

Findings included...

Observation, on 11/21/2025 at 9:20 AM, showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's record showed Resident 4 had been admitted into the AFH on [redacted]/2018 with multiple medical diagnoses. Review of Resident 4's records showed a copy of signed admission agreement which included services and rights, dated 02/01/2021, was present in Resident 4's records. Further review of records showed there were no records of Resident 4's notice of services reviewed and signed by Resident 4's representative every twenty-four months on file.

In an interview, on 11/21/2025 at 12:50 PM, Staff A, Entity Representative, stated that they verbally reviewed the admission agreement with Resident 4's representative and they had a copy available in their office. Further Staff A stated that they could not locate Resident 4's recent admission agreement and they would get Resident 4's representative to sign it when they visited Resident 4.

Statement of Deficiencies	License #: 753662	Compliance Determination #: 691122
Plan of Correction	Holistic Care Adult Family Home LLC	Completion Date
Page 6 of 6	Licensee: Holistic Care Adult Family Home LLC	11/24/2025

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, Holistic Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/12/25.

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

Provider (or Representative) — Date: 12/8/25

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, Holistic Care Adult Family Home 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

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

11/26/2025

Holistic Care Adult Family Home LLC
Holistic Care Adult Family Home LLC
5728 NE 190th Street
Kenmore, WA 98028

RE: Holistic Care Adult Family Home LLC # 753852

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/24/2025 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:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

The Adult Family Home (AFH) hired Staff F, Caregiver, on 08/06/2025. Staff F obtained their Tuberculosis (TB) blood test on 07/28/2025. Additionally, AFH hired Staff D, Caregiver, on 11/17/2025. Staff D obtained their Tuberculosis (TB) blood test during the visit on 11/21/2025. Staff A, Entity Representative, stated that they would make sure all new staff obtained TB testing within 3 days of hire moving forward.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure the storage cabinets in the bathrooms and kitchen underneath the sinks where they stored chemical (Lysol disinfectant spray) kept locked and had working locks. This deficiency was corrected during the visit by Staff A, Entity Representative.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

The Adult Family Home (AFH) failed to ensure a first aid manual was available in case of an emergency. This deficiency was corrected during the visit by Staff A, Entity Representative.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDRs** 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

PLAN OF CORRECTION

12/02/2025

Holistic Care Adult Family Home, LLC
6057 NE 200th Street
Kenmore WA 98028
License #753852

Citation #1: WAC 388-76-10375 Negotiated Care plan signatures: Failure to ensure the negotiated Care Plan for resident #4 was agreed, signed, and dated by the resident, or resident representative. Per WAC 388-76-10375, the Holistic Care Adult Family Home will continue to ensure the negotiated care plan is agreed to, signed, and dated by the resident and/or resident representative. Holistic Care AFH has developed a form that will state, specify, and date the reasons why the family is not willing to sign the negotiated care plan and will keep the form in the record. The negotiated care plan is signed by the resident representative on 11/23/2025.

Citation #2: Per WAC 388-76-10490: Failure to properly dispose of expired medications. The surveyor indicated that there were packs of Combivent inhalers for resident#1. This medication is a PRN medication, which he did not receive. Resident number #2 also had three expired PRN medications. The expired medications are now disposed of, and a replacement was obtained from the pharmacy. The home will address the proper and adequate administration of resident medications. The home will now address this issue by devising a plan to review medications biweekly or every two weeks to prevent a repeat of the problem and avoid harm. A form has been developed and is already in use.

Citation#3: Failure to review/renew admission agreements for one of the two residents every 24 months. The home had conducted a review of the resident's admission agreements by considering the date of admission and corrected those that do not meet the requirements of WAC 388-76-10530, including the one found during the inspection of resident#4. The correction was made on 11/23/2025. Per WAC 3888-76-10530, the home will continue to provide each resident notice in writing and in a language the resident understands at least every twenty-four months after admission.