STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Specialized Home Care & Transportation Services LLC
Specialized Home Care II
34250 18th Pl S
Federal Way, WA 98003

RE: Specialized Home Care II License # 755867

Dear Provider:

This letter addresses Compliance Determination(s) 76655 (Completion Date 05/12/2026) and 74627 (Completion Date 03/27/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/12/2026 and found that you have corrected the violations listed in the Full report dated 03/27/2026. Your home is back in compliance as of 04/10/2026 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 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10420-7-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755867	Compliance Determination #74627
Plan of Correction	Specialized Home Care II	Completion Date
Page 1 of 9	Licensee: Specialized Home Care & Transportation Services LLC	03/27/2026

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 the unannounced on-site full inspection on 03/20/2026 of:
Specialized Home Care II
34250 18th Pl S
Federal Way, WA 98003

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

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Page 2 of 9	Licensee: Specialized Home Care & Transportation Services LLC	03/27/2026

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 — 3-31-2026 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) — 4/10/26 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff B, Caregiver) had signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all residents' (Resident 1 and Resident 2) at risk of harm from staff with an unknown current criminal background.

Findings included...

A review of Staff B's personnel records showed a hire date of 12/09/2025. Further review showed Staff B had been oriented in the AFH on 12/09/2025, 12/10/2025, and 12/11/2025. In addition, review showed Staff B's BGI had been completed on 01/09/2026.

In an interview on 03/19/2026 at 1:48 PM, Staff B confirmed their date of hire was

12/09/2025.

In an interview on 03/19/2026 at 1:49 PM, Staff A, Entity Representative/Resident Manager, stated that BGI's were required to be completed within 3 days of hire. Staff A further stated that Staff B had been hired; completed orientation in the AFH and did not have unsupervised access to resident's during orientation. Staff A further stated that Staff B had not signed an acknowledgement that they had no disqualifying criminal convictions or pending charges. Staff A stated that Staff B did not work in the AFH for one to two weeks after completing orientation and upon their return completed a BGI for Staff B.

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 4/10/2026 .

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

Provider (or Representative) — Date: 4/10/26

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure food handling procedures were followed by 1 of 1 staff (Staff B, Caregiver) when they prepared lunch for 1 of 1 resident's (Resident 1). This failure placed Resident 1 at risk of food borne illness.

Findings included...

A review of "Washington State Food Worker Manual" dated 2022 from the Washington Department of Health, showed when handling food, clean gloves helped to prevent germs from contaminating food.

In an interview on 03/19/2026 at 9:14 AM, Staff B stated that they were preparing lunch

for Resident 1. Staff B further stated that they were preparing Resident 1's lunch now as the resident liked it cold and it would be in the refrigerator for a couple of hours. In addition, Staff B stated that Resident 1 would be having a tuna fish sandwich for lunch.

On 03/19/2026 at 9:15 AM, observation showed Staff B donned gloves, opened a drawer, and retrieved silverware. Further observation showed Staff B opened a container of relish and added it to a bowl that contained tuna fish. In addition, observation showed Staff B opened the refrigerator, removed a large bowl, returned it to the refrigerator, moved jars and containers in the refrigerator, and removed a jar of mayonnaise. Observation showed Staff B returned the relish to the refrigerator, placed a bowl into the sink, opened a cabinet and removed a cutting board. Further observation showed Staff B opened the dishwasher and removed a knife. In addition, observation showed, with the same gloved hands, Staff B had begun to cut up an onion for Resident 1's tuna fish sandwich.

In an interview on 03/19/2026 at 9:19 AM, Staff B stated that they had forgotten to change their gloves before touching food.

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 4/10/26 .

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

Pamela Mulligan
Provider (or Representative)

4/10/26
Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475;

(d) Receives medications as required.

IMPOSSIBLE TO REINFORCE NO-CONTROL

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 1 of 2 resident's (Resident 1) when the AFH had no medication orders from the resident's Primary Care Physician (PCP). In addition, the AFH failed to ensure Resident 1 received medication as required and the resident's medication log was kept current. These

failures placed Resident 1 at risk of worsening of conditions and medication errors.

Findings included...

In an interview on 03/19/2026 at 10:00 AM, Staff A, Entity Representative/Resident Manager, stated that the AFH had no control over Resident 1's medication. Staff A further stated that Resident 1 ordered all their medication and picked them up from their pharmacy. In addition, Staff A stated that Resident 1 did not provide paperwork to the AFH after medical appointments. Staff A stated that Resident 1 had some medication in their bedroom and that the resident self-administered their medication including insulin, used to treat high Blood Sugar (BS), with staff "sometimes" being present and checked their own BS, indicates the amount of sugar in the blood. Staff A stated that it was unclear if Resident 1 injected their insulin or checked their BS. Staff A further stated that Resident 1 did not document their BS or inform staff of the reading.

A review of Resident 1's Current Significant Change Assessment dated 12/20/2025 showed all medical records for Resident 1 would be managed by the resident. Further review showed Resident 1 self-direct[ed] medication assistance or administration [adm]. In addition, review showed staff were to document medications given, record blood sugars, and Resident 1 was able to self-administer insulin. Review further showed Resident 1 checked their own BS and staff recorded the result if the resident was willing. In addition, staff were to document when Resident 1 self-injected insulin.

A review of Resident 1's March 2026 AFH generated medication log showed Resident 1 was prescribed,

-Check BS two times daily before breakfast and bedtime, self-administer. Further review showed from 03/01/2026-03/18/2026 Resident 1's BS had been documented once on 03/02/2026 with an initialed entry.

- Ferrous Gluconate, for vitamin deficiency, 324 milligrams (mg)/37.5 mg iron, self-administer, take 1 tablet (324 mg total) every other day. Further review showed from 03/01/2026-03/18/2026 their were no initialed entries.

-Vitamin D3, for vitamin deficiency, 1250 micrograms (mcg), 1 capsule once a week, Saturday only. Further review showed there was no initialed entry for the 03/07/2026 dose.

-Buspirone, for anxiety and major depression, 5 mg, take 1 tablet by mouth twice daily. Further review showed no initialed entry for the 8:00 PM dose on 03/15/2026. In addition, review showed an initialed entry for the 8:00 PM dose on 03/19/2026.

In an interview on 03/19/2026 at 2:44 PM, Staff C stated that they had forgotten to

initial Resident 1's medication log for the 03/07/2026 dose of Vitamin D3 and the residents 03/15/2026 dose of Buspirone.

- Mounjaro, for Diabetes (treats high blood sugar) and weight loss, 5 mg/0.5 mg, inject 5 mg subcutaneously, under the skin, once a week, self-administer. Further review showed no initialed entry for the 03/09/2026 dose.

In an interview on 03/19/2026 at 2:49 PM, Staff C stated that they had forgotten to sign Resident 1's MAR for Mounjaro on 03/09/2026.

-Oxycodone-Acetaminophen, for pain, 10-325 mg, self-administer morning, noon, bedtime Further review showed from 03/01/2026-03/18/2026 there were no initialed entries on Resident 1's medication log. In addition, review showed Resident 1's Oxycodone-Acetaminophen was not available in the AFH.

-Sildenafil, for erectile disfunction, 20 mg, take (40-60 mg total) by mouth daily as needed (PRN), self-administer. Further review showed Resident 1's Sildenafil was not available in the AFH.

-Diclofenac 1 percent (%), for pain, apply 2 grams topically 4 times a day PRN. Further review showed Resident 1's Diclofenac was not available in the AFH.

In an interview on 03/19/2026 at 3:02 PM, Staff A stated that they had spoken to Resident 1 who stated that their Oxycodone-Acetaminophen, Sildenafil, and Diclofenac were locked in the resident's car that was parked in the driveway

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 4/10/26.

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

Provider (or Representative) 4/10/26 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident's (Resident 1) medication remained in locked storage. This failure placed all ambulatory residents' (Resident 1 and Resident 2) at risk of accessing and taking medication not prescribed for their use.

Findings included...

On 03/19/2026 at 11:02 AM, observation showed a metal storage box with a combination lock in the refrigerator located in the kitchen in the AFH. Further observation showed department staff opened the box without the need of a combination. In addition, the contents of the container showed two packages (4 insulin pens total) of Mounjaro, for Diabetes, treats high blood sugar and for weight loss, 5 milligrams (mg)/0.5 mg, inject 5 mg subcutaneously, under the skin, once a week.

In an interview on 03/19/2026 at 11:04 AM, Staff A, Entity Representative/Resident Manager, stated that Staff B, Caregiver, had forgotten to ensure the box had been locked.

On 03/19/2026 at 11:26 AM, observation showed a container of Ferrous Gluconate, for vitamin deficiency, 324 mg (37.5 mg Iron), take 1 tablet (324 mg total) every other day, on Resident 1's dresser.

In an interview on 03/19/2026 at 11:27 AM, Resident 1 stated that the container of Ferrous Gluconate had been locked up with their other medications. Resident 1 further stated that staff had given the container of Ferrous Gluconate to the resident in January 2026.

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 4/10/26 .

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

Provider (or Representative) Date 4/10/26

WAC 388-76-10695 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 AFH provider completed partial emergency evacuation drills during random staffing shifts. This failure placed all residents' (Resident 1 and Resident 2) at risk of harm or injury in the event an emergency, requiring evacuation from the AFH occurred.

Findings included...

In an interview on 03/19/2026 at 9:39 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 ambulated independently with the use of a walker and Resident 2 ambulated independently.

A review of the AFH's "Emergency Evacuation Drill" logs showed an evacuation drill was conducted on 02/23/2026 from 11:05 AM-11:10 AM. Further review showed an evacuation drill was conducted on 12/28/2025 from 11:25 AM-11:29 AM. In addition, review showed on 10/30/2025 an evacuation drill was conducted from 12:04 PM-12:08 PM. Review showed on 09/02/2025 an evacuation drill was conducted from 11:45 AM-11:50 AM. Further review showed an evacuation drill was conducted on 07/04/2025 from 1:05 PM-1:10 PM. In addition, review showed an evacuation drill was conducted on 05/07/2025 from 12:15 PM-12:20 PM. Review showed an evacuation drill was conducted on 03/09/2025 from 11:45 AM-11:50 AM. Review of the AFH's emergency evacuation drill logs dated 02/23/2026, 12/28/2025, 10/30/2025, 09/02/2025, 07/04/2025, 05/07/2025, and 03/09/2026 showed all drills were conducted between 11:05 AM-1:10

PM.

In an interview on 03/19/2026 at 2:10 PM, Staff A stated that they were unaware evacuation drills were required during different staffing shifts.

On 03/19/2026 at 3:36 PM, observation showed Resident 2 returned to the AFH after an outing and ambulated independently.

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 4/10/2026.

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

Provider (or Representative) — Date: 4/10/26.