STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/24/2026

Homelike Adult Family Home LLC
HOMELIKE ADULT FAMILY HOME LLC
6128 Park Way
Lynnwood, WA 98036

RE: HOMELIKE ADULT FAMILY HOME LLC # 758168

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 76421 (Completion Date 04/24/2026) and 75196 (Completion Date 04/09/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number or completing an online report:

(iii) A missing resident.

The Department staff who did the On Site verification:
Theresia Karundeng, NCI

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
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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 an unannounced on-site complaint investigation on 04/01/2026 of:

HOMELIKE ADULT FAMILY HOME LLC
6128 Park Way
Lynnwood, WA 98036

This document references the following complaint number(s): 218012

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

License #: 758168
HOMELIKE ADULT FAMILY HOME LLC
Licensee: Homelike Adult Family Home LLC

Compliance Determination # 75196
Completion Date
04/09/2026

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.

Renee' Bourque
Residential Care Services

04/14/2026
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)

04/20/2026
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number or completing an online report:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a report was made to the Department's Complaint Resolution Unit when 1 of 1 resident (Resident 1) went missing. This failure placed Resident 1 at risk of harm and delayed the Department's investigation.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]2026, with multiple care needs.

Review of Resident 1's Police Report dated 03/21/2026, showed the AFH reported Resident 1's missing person incident to the police on 03/21/2026.

Review of the Department's Secure Tracking and Reporting System, on 03/31/2026, showed the AFH did not report Resident 1's missing person incident to the to the state hotline.

In an interview, on 04/07/2026 at 3:05 PM, Staff A, Provider, stated that they did not report Resident 1's missing person incident to the state hotline.

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, HOMELIKE ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 04|20|2026.

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

Provider (or Representative)

04|20|2026
Date