



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

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

RE: HOMELIKE ADULT FAMILY HOME LLC License # 758168

Dear Provider:

This letter addresses Compliance Determination(s) 76424 (Completion Date 04/24/2026) and 75697 (Completion Date 04/13/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2026 and found that you have corrected the violations listed in the Complaint report dated 04/13/2026. Your home is back in compliance as of 04/20/2026 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 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the on-site verification:
Theresa Karundeng, NCI

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

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit 1
Residential Care Services

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



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

Statement of Deficiencies	License #: 758168	Compliance Determination #75697
Plan of Correction	HOMELIKE ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: Homelike Adult Family Home LLC	04/13/2026

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 an unannounced on-site complaint investigation on 04/10/2026 of:

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

This document references the following complaint number(s): 219605

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

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Statement of Deficiencies

Plan of Correction

Page 2 of 3

License #: 758168

HOMELIKE ADULT FAMILY HOME LLC

Licensee: Homelike Adult Family Home LLC

Compliance Determination #75697

Completion Date

04/13/2026

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

04/16/2026
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.

[Signature]
Provider (or Representative)

04/20/2026
Date

WAC 398-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

- (a) The resident, and
- (b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure 3 of 3 residents (Resident 1, 2, and 3) had a current signed and dated inventory of their personal belongings in their records. This failure placed Resident 1, 2, and 3 at risk of lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 1's records showed Resident 1 was admitted to the AFH on [REDACTED] 2026. Review of Resident 1's records showed Resident 1 did not have a personal belongings inventory list in their records.

Review of Resident 2's records showed Resident 2 was admitted to the AFH on [REDACTED] 2026. Review of Resident 2's records showed Resident 2 had a blank personal belongings inventory form that was not signed or dated.

Review of Resident 3's records showed Resident 3 was admitted to the AFH on [REDACTED] 2026. Review of Resident 3's records showed Resident 3 had a blank personal belongings inventory form that was not signed or dated.

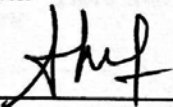
An observation, on 04/10/2026 at 1:19 PM, during the AFH's general tour showed Resident 1, 2, and 3, had multiple personal items in their room.

In an interview, on 04/10/2026 at 2:01 PM, Staff B, Caregiver, stated that the residents did not have a personal inventory list of their personal items. Staff B stated that residents brought their personal items to the AFH. Staff B stated that the AFH did not have a process to inventory the resident's personal belongings.

In an interview, on 04/10/2026 at 2:28 PM, Staff A, Provider, stated that the AFH did not list or inventory the resident's personal items.

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