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

ASFHA KAHSAI
SUN SHINE ADULT FAMILY HOME
18422 41ST PL W
LYNNWOOD, WA 98037

RE: SUN SHINE ADULT FAMILY HOME License # 479700

Dear Provider:

This letter addresses Compliance Determination(s) 71794 (Completion Date 01/22/2026) and 68456 (Completion Date 11/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2026 and found that you have corrected the violations listed in the Full report dated 11/18/2025. Your home is back in compliance as of 12/13/2025 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 388-76-10485-3, WAC 388-76-10430-2-d, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-2, WAC 388-76-10146-2-c, WAC 388-76-10380-4, WAC 388-76-10685-2-b, WAC 388-76-10525-2, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10890

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

Statement of Deficiencies	License #: 479700	Compliance Determination # 68456
Plan of Correction	SUN SHINE ADULT FAMILY HOME	Completion Date
Page 1 of 10	Licensee: ASFHA KAHSAI	11/18/2025

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 11/07/2025 of:
SUN SHINE ADULT FAMILY HOME
18422 41ST PL W
LYNNWOOD, WA 98037

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

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.

Asfha Kahsai
Provider (or Representative)

12/1/2025
Date

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

(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, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 2) had their medications requiring refrigeration were secured in a locked storage container in the common use refrigerator. This failure placed Resident 2 at risk for a medication administration error.

Findings included...

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Observation, on 11/07/2025 at 10:50 AM, showed 3 boxes of diabetic medication and insulin pens present on the shelf in the common use resident refrigerator.

Record review of Resident 2's medication log (ML) showed the following orders for diabetic medications requiring refrigeration:
Ozempic (a prescription medication for managing diabetes) Inject 1 milligram once a week
Lantus Solostar (a long-acting insulin injection for diabetes) Inject 26 units twice a day
Humalog (a fast-acting insulin injection for diabetes) Inject 4 units 3 times a day

In an interview, on 11/07/2025 at 10:50 AM, Staff A (Provider) stated they were not aware of the requirement to keep all medications stored in a refrigerator in a secure locked container.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/20/2025 .

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

Asfha Kahsai — Provider (or Representative)

12/1/2025 — 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, interview and record review, the Adult Family Home (AFH) failed to ensure all as needed ordered medications were available in the AFH for 1 of 4 residents (Resident 2). This failure placed Resident 2 at risk of not receiving ordered medications when needed.

Findings included...

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Record review of Resident 2's Medication Log (ML) showed the following medication orders:
Lidocaine 5% patch (a pain relief medication) apply 1 patch every morning for pain as needed
Melatonin 3 milligram tablets (a natural supplement to aid in sleep) take two tablets every night at bedtime

Tusnel syrup (a cough syrup formulated for diabetics) 10 milliliters by mouth every 4 hours as needed

Observation, on 11/07/2025 at 2:00 PM, of Resident 2's medication bin showed none of the above listed medications were available for administration.

In an interview, on 11/07/2025 at 2:10 PM, Staff A (Provider) stated that Resident 2 had not needed the medications to be administered and the orders would be clarified.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/26/2025.

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

Asfha Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff members (Staff C) had a current Washington state name and date of birth background check (WSNDOB) and a national fingerprint background check. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed Staff C (caregiver) was hired on 05/08/2025. Review of Staff C's record showed no WSNDOB or national fingerprint background check results were available to review for Staff C.

In an interview, on 11/07/2025 at 2:50 PM, Staff A (Provider) stated that Staff C worked with other staff members and the background checks would be requested.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/2/2025 .

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

Ashra Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C) obtained the required training in dementia, mental health and developmental disability specialties. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed Staff C (caregiver) was hired on 05/08/2025. Review of Staff C's record showed no specialty training certificates were available to review for Staff C.

In an interview, on 11/07/2025 at 2:50 PM, Staff A (Provider) stated Staff C worked with other staff members and the specialty training would be completed.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/13/2025 .

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

Asfha Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 1) negotiated care plans (NCP) was reviewed and revised every twelve months or as needed. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]2004 with multiple diagnoses including [redacted].

Review of Resident 1's NCP , showed the last review and signature noted was dated 02/15/2024.

In an interview, on 11/07/2025 at 2:55 PM, Staff A stated that they would review the NCP and obtain the required signatures.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/27/2025.

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

Asfha Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 1 of 3 resident bedroom windows (Bedroom [redacted]) had a screen to prevent pests. This failure placed 2 of 4 residents (Resident 1 and Resident 2) at risk for exposure to insects and/or pests.

Findings included...

Observation, on 11/07/2025 at 11:10 AM, showed the single window in bedroom [redacted] did not have a screen present when opened.

In an interview, on 11/07/2025 at 2:30 PM, Staff A (Provider) stated that the screen would be replaced.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/8/2025 .

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

Asfha Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(2) The department's poster that includes the complaint resolution unit hotline and the telephone number for the state ombuds program; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the Department's poster that included the complaint resolution unit and the Washington state ombudsmen program telephone numbers was posted in a common use area. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for a lack of resident rights knowledge.

Findings included...

Observation, on 11/07/2025 at 10:30 AM, showed no posting of the required complaint resolution unit (CRU) contact information in any common use area of the AFH.

In an interview, on 11/07/2025 at 10:30 AM, Staff A (Provider) stated that the CRU poster used to be posted but they were not aware of what happened to poster. Staff A stated they would replace the poster.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/18/2026.

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

Ashor Kahsai — Provider (or Representative)

12/1/2025 — Date

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was developed and posted on each level of the AFH. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury in an emergency.

Findings included...

Observation, on 11/07/2025 at 11:00 AM, of the second story level of the AFH showed no evacuation map had been developed or posted for that level.

In an interview, on 11/07/2025 at 11:00 AM, Staff A (Provider) stated that they were not aware of the requirement to post an evacuation map on all levels of the AFH and that a map would be developed and posted.

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, SUN SHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/22/2025.

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

Ashra Kahsai — Provider (or Representative)

12/1/2025 — Date