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

MESERET ABBI JIMA
SUNNY LOVING CARE ADULT FAMILY HOME
16607 58TH PL W
LYNNWOOD, WA 98037

RE: SUNNY LOVING CARE ADULT FAMILY HOME License # 751959

Dear Provider:

This letter addresses Compliance Determination(s) 65604 (Completion Date 09/15/2025) and 63997 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/15/2025 and found that you have corrected the violations listed in the Full report dated 08/13/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10350-2-d, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522-3, WAC 388-76-10522-2, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-4, WAC 388-76-10415-1, WAC 388-76-10015-1

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 08/12/2025 of:
SUNNY LOVING CARE ADULT FAMILY HOME
16607 58TH PL W
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

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' Bourgue
Residential Care Services

08/19/2025
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.

Meseret Jima
Provider (or Representative)

09-04-2025
Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have the assessment for 1 of 2 sampled residents (Resident 2) updated at least every twelve months. This failure placed Resident 2 at risk of unmet needs.

Findings included...

Observation, on 08/12/2025 at 9:30 AM, showed Resident 2 lived in and received care from the AFH.

Review of Resident 2's records showed the AFH admitted Resident 2, who was a private pay, on [redacted]/2023. Review showed Resident 2 had assessment dated 10/13/2023. There was no assessment found for Resident 2 in 2024.

In an interview, on 08/12/2025 at 1:00 PM, Staff A, Entity Representative, stated that the AFH had a dual assessment and Negotiated Care Plan (NCP) for Resident 2. Further Staff A stated that they had updated Resident 2's assessment if needed. Department staff (DS) asked Staff A if a qualified assessor assessed Residents 2 annually. Staff A stated that there were no changes in Resident 2's conditions and they were told to update the assessment if there were any changes. Staff A further stated that their Nurse Delegator would complete Resident 2's assessment.

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, SUNNY LOVING CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08-21-2025.

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

Meseret Jima — Provider (or Representative)

09-04-2025 — 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 the medications were kept in a secured, locked, medication storage. Additionally, the AFH failed to ensure the medication in the fridge was kept in the secured lock box. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unsecured medications.

Findings included...

Observation, on 08/12/2025 at 9:30 AM, showed Residents 1, 2, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 2 ambulated independently, Residents 3 and 6 ambulated with the medical device independently and Residents 4 and 5 ambulated with staff assistance in the AFH.

Observation of the AFH fridge on 08/12/2025 at 11:40 AM, found a box of unlocked insulin vial (used to lower blood sugar) in the butter compartment. Observation showed unlocked Ketoconazole shampoos (used for fungal infection) in bedrooms A and D. Further observation showed a tube of Medline Remedy Protect Paste (used for skin irritation) in bedroom B.

In an interview, on 08/12/2025 at 11:45 AM, Staff A, Entity Representative, stated that the insulin was for Resident 5 and they were no longer used it. Staff A stated that they used the shampoos for Residents 1 and 5 today, they got distracted and they forgot to lock them. Staff A stated that the Remedy paste was used for Resident 4. Staff A was observed moving the insulin vial, ketoconazole shampoos and the Remedy paste to the locked storage cabinet in the kitchen.

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, SUNNY LOVING CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08-12-2025.

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

Meseret Jima — Provider (or Representative)

09-04-2025 — Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not ensure that their Medicaid Policy was signed and dated by the resident and their Representative and kept in the resident record after signature for 3 of 6 residents (Residents 2, 3 and 5). This failure placed Residents 2, 3, 5 and their Representative at risk of not knowing their rights they had in terms of payment options and sources.

Findings included...

Observation during a visit on 08/12/2025 at 9:30 AM showed Residents 2, 3 and 5 lived in and received care from the AFH.

Review of Resident 2's records showed they were admitted to the AFH on [redacted]/2023. Further review of the record showed there was no Medicaid Policy signed and dated by Resident 2 or their Representative.

<Resident 3>
Review of Resident 3's records showed they were admitted to the AFH on [redacted]/2021. Further review of the record showed there was no Medicaid Policy signed and dated by Resident 3, and their Representative.

<Resident 5>
Review of Resident 5's records showed they were admitted to the AFH on [redacted]/2024. Further review of the record showed there was no Medicaid Policy signed and dated by Resident 5, and their Representative.

In an interview, on 06/20/2025 at 1:20 PM, Staff A, Entity Representative, stated that they might of forgotten to sign the Medicaid Policy for Residents 2, 3 and 5.

Review of an email received by the department from Staff A on 08/13/2025 showed copies of reviewed and signed Medicaid Policy for Residents 2, 3 and 5 dated 08/13/2025.

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, SUNNY LOVING CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8-13-2025.

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

Meseret Jimma — Provider (or Representative)

09-04-2025 — Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled staff (Staff A, Entity Representative and Staff B, Caregiver) had safe food handling training requirements for safe food handling. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm from foodborne illnesses.

Findings included...

Observation, on 08/12/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Record reviews showed that Staff A's Washington State Food Worker Card expired on 07/07/2025, and Staff B's expired on 07/06/2025.

In an interview, on 08/12/2025 at 3:10 PM, Staff A stated that they were unaware their food card had expired. Staff A stated that they would renew their Washington State Food Worker Card.

Review of an email received by the department from Staff A on 08/13/2025 showed copies of renewed Washington State Food Worker Cards for Staff A and B, dated 08/13/2025.

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, SUNNY LOVING CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 08-12-2025

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

Meseret Jime
Provider (or Representative)

09-04-25
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

08/19/2025

MESERET ABBI JIMA
SUNNY LOVING CARE ADULT FAMILY HOME
16607 58TH PL W
LYNNWOOD, WA 98037

RE: SUNNY LOVING CARE ADULT FAMILY HOME # 751959

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/13/2025 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written Succession Plan as required. This deficiency was corrected on site by Staff A, Entity Representative, on 08/12/2025.

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;

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of expired medications within thirty calendar days. The expired medications were kept with current medication for Resident 1. Staff A, Entity Representative, moved the expired medication to the locked disposal bin during the visit on 08/12/2025.

WAC 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must develop an emergency evacuation floor plan for each level of the home that:

(1) Is accurate and includes all rooms, hallways, and exits (such as doorways and windows) to the outside of the home;

The Adult Family Home (AFH) failed to ensure posted an emergency evacuation floor plan was accurate and included all current licensed bedrooms, hallways and exit outside of the home. This failure was corrected by Staff A, Entity Representative, during the visit on 08/12/2025.

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 find this form and directions on the IDR Adult Family Home 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225