STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

SUNSHINE ADULT FAMILY HOME 1 LLC
SUNSHINE ADULT FAMILY HOME #1 LLC
10410 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE ADULT FAMILY HOME #1 LLC License # 752312

Dear Provider:

This letter addresses Compliance Determination(s) 57162 (Completion Date 03/31/2025) and 54762 (Completion Date 03/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/31/2025 and found that you have corrected the violations listed in the Complaint report dated 03/10/2025. Your home is back in compliance as of 03/28/2025 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 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Lori Butler, AFH Complaint Investigator/Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 02/13/2025 of:

SUNSHINE ADULT FAMILY HOME #1 LLC
917 S Raymond Rd
Spokane Valley, WA 99206

This document references the following complaint number(s): 164597

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lori Butler, AFH Complaint Investigator/Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Selena Clemons
Residential Care Services

03/13/2025
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.

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 interview and record review, the Adult Family Home (AFH) failed to ensure their medication system met the needs of each resident and failed to ensure 1 of 5 residents (Resident 1) received medication as required. This failure resulted in the resident receiving a medication not prescribed to them.

Findings included...

Review of the AFH's undated Disclosure of Services showed the home offered services that included medication assistance and showed the home must have a system in place to ensure the services provided meet the medication needs of each resident.

Review of Resident 1's "Private Pay Admission Agreement" dated 07/06/2024 showed the home would be staffed with trained caregivers who would be qualified to perform medication assistance as identified in the resident's Assessment and Negotiated Care Plan.

Review of Resident 1's Assessment dated 07/24/2024 showed that Resident 1 required medication assistance and was able to place oral medications in their own mouth for administration.

Review of Resident 1's Negotiated Care Plan dated 09/09/2024 showed that Resident 1 required medication assistance to prepare medications for administration as ordered by their physician.

Review of Resident 1's "Medication Administration Record" (MAR) dated 01/01/2025 showed Resident 1 did not have an order for Morphine (a narcotic pain medication).

Review of an "Incident Log" dated 01/26/2025 at 10:30 PM showed that Staff C, Caregiver, had administered liquid Morphine (a narcotic pain medication), belonging to another resident, Resident 2, to Resident 1 by placing it into Resident 1's mouth.

Review of a "Progress Note" dated 01/27/2025 at 6:15 AM showed that Staff C, Caregiver, had given Resident 1 a syringe of Morphine, the resident did not have an order for this medication, and the medication had been given to the wrong resident.

During an interview on 02/13/2025 at 11:38 AM, Staff A, Administrator, stated Staff C administered another resident's medication to Resident 1 in error, which caused Resident 1 to have increased confusion, anxiety, and fatigue the following day.

On 02/13/2025 at 11:57 AM, Staff B, House Manager, stated Staff C reported they had administered the Morphine to Resident 1 in error, had not followed the five rights of medication administration, did not look at the MAR, and had not looked at the label on the bottle of medication prior to administering the medication to Resident 1.

During an interview on 03/06/2025 at 3:50 PM, Staff C stated Resident 2 had asked for pain medication. Staff C stated they went to the medication cart to retrieve medication, they had looked at the MAR, and there was no photo of the resident present. Staff C reported they took the box of Morphine for Resident 2 to the bedroom, had not turned on the light to identify the correct resident, had not asked the resident their name prior to administering the medication, and they administered Resident 2's morphine to Resident 1 in error.

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, SUNSHINE ADULT FAMILY HOME #1 LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date