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

Sunrise Adult Family Care, LLC
Sunrise Adult Family Care LLC
2621 189th St SE
Bothell, WA 98012

RE: Sunrise Adult Family Care LLC License # 753327

Dear Provider:

This letter addresses Compliance Determination(s) 58427 (Completion Date 04/23/2025) and 57857 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/23/2025 and found that you have corrected the violations listed in the Full report dated 04/17/2025. Your home is back in compliance as of 04/12/2025 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 388-76-10890, WAC 388-76-10890-1, WAC 388-76-10890-2

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

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

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 04/11/2025 of:

Sunrise Adult Family Care LLC
2621 189th St SE
Bothell, WA 98012

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:

Farrah Sirous, Long Term Care Surveyor
Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 753327	Compliance Determination # 57857
Plan of Correction	Sunrise Adult Family Care LLC	Completion Date
Page 2 of 3	Licensee: Sunrise Adult Family Care, LLC	04/17/2025

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

04/18/2025
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.

Florii Bar
Provider (or Representative)

4/18/2025
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 posted on the upper level of the AFH. This failure caused 4 of 4 Residents (Residents 1, 2, 3 and 4) at risk of delayed emergency evacuation assistance.

Findings included...

Observation, on 04/11/2025 at 9:30 AM, showed Residents 1, 2, 3 and 4 were lived in and received care in the AFH. Observation, further showed Staffs A, Entity Representative, and Staff B, Caregiver, were living on the upper level of the AFH. Observation showed the AFH had not posted an evacuation map on the upper level of the AFH.

In an interview on 04/11/2025 at 11:30 AM, Staff A stated that the upper level was a private area and had not been used for the business. Staff A stated that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH.

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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

04/18/2025
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 388-76-10890 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 posted on the upper level of the AFH. This failure caused 4 of 4 Residents (Residents 1, 2, 3 and 4) at risk of delayed emergency evacuation assistance.

Findings included...

Observation, on 04/11/2025 at 9:30 AM, showed Residents 1, 2, 3 and 4 were lived in and received care in the AFH. Observation, further showed Staffs A, Entity Representative, and Staff B, Caregiver, were living on the upper level of the AFH. Observation showed the AFH had not posted an evacuation map on the upper level of the AFH.

In an interview on 04/11/2025 at 11:30 AM, Staff A stated that the upper level was a private area and had not been used for the business. Staff A stated that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH.

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Statement of Deficiencies	License #: 753327	Compliance Determination # 57857
Plan of Correction	Sunrise Adult Family Care LLC	Completion Date
Page 3 of 3	Licensee: Sunrise Adult Family Care, LLC	04/17/2025

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, Sunrise Adult Family Care LLC is or will be in compliance with this law and / or regulation on (Date) 4/17/2025 .

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

Flori Bon
Provider (or Representative)

4/18/2025
Date

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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, Sunrise Adult Family Care 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

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

04/18/2025

Sunrise Adult Family Care, LLC
Sunrise Adult Family Care LLC
2621 189th St SE
Bothell, WA 98012

RE: Sunrise Adult Family Care LLC # 753327

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/17/2025 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:

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

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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

The Adult Family Home (AFH) failed to follow their medication disposal policy to dispose of expired medication. An expired Nystatin powder (used for fungal infection) was kept with current medications for 1 of 2 sampled residents (Resident 1). Staff A, Entity Representative, corrected this deficiency at the time of the visit and moved an expired medication to the medication disposal bin.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to keep the chemicals and cleaners underneath the kitchen sink locked. The cabinet underneath the kitchen sink on the left side had a plastic childproof latch and it was broken. Staff A, Entity Representative, replaced a plastic childproof latch on the left cabinet underneath the kitchen sink during the visit.

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.

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

• 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

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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

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