STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Sunshine Care Inc

Sunshine Care Inc
5146 S 172nd Ln
Seatac, WA 98188

RE: Sunshine Care Inc License # 753404

Dear Provider:

This letter addresses Compliance Determination(s) 48686 (Completion Date 10/14/2024) and 47213 (Completion Date 09/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/14/2024 and found that you have corrected the violations listed in the Full report dated 09/18/2024. Your home is back in compliance as of 10/01/2024 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 388-76-10485-1, WAC 388-76-10490-1

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753404	Compliance Determination # 47213
Plan of Correction	Sunshine Care Inc	Completion Date
Page 1 of 4	Licensee: Sunshine Care Inc	09/18/2024

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 09/13/2024 and 09/13/2024 of:
Sunshine Care Inc
5146 S 172nd Ln
Seatac, WA 98188

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:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Residential Care Services — 9/25/2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 09/13/2024 and 09/13/2024 of:

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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:

Michele Grumke, AFH Licensor

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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.

Residential Care Services

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.

Shaymaa Adnan (provider)
Provider (or Representative)

10/01/2024
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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication in the medication storage closet remained in locked storage. In addition, the AFH failed to ensure the key to the medication storage closet remained under staff control and was not accessible to residents or visitors to the AFH. This failure placed all ambulatory residents (Resident 2 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included...

During a visit on 09/13/2024 at 8:22 AM, observation showed Resident 2 and Resident 5 ambulated throughout the AFH with the assistance of walkers.

Observation on 09/13/2024 at 8:27 AM showed Staff C, Caregiver, opened the medication storage closet without the use of a key.

In an interview on 09/13/2024 at 8:28 AM, Staff C stated that the medication storage closet was kept locked. Staff C further stated that they had provided residents their medication and forgot to lock the door.

Observation on 09/13/2024 at 9:52 AM, Staff A, Entity Representative/Resident Manager, retrieved a key on a wrist coil from a hook on the wall next to the medication storage closet.

In an interview on 09/13/2024 at 9:53 AM, Staff A stated that sometimes staff wore the wrist coil that had the key for the medication storage closet.

Observation on 09/13/2024 at 3:50 PM, showed Staff A reached for the medication storage key that had been located on a hook near the medication storage closet at a minimum of 4 times during the inspection. Staff A asked staff for the key as the key was no longer located on the hook.

Provider (or Representative) 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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication in the medication storage closet remained in locked storage. In addition, the AFH failed to ensure the key to the medication storage closet remained under staff control and was not accessible to residents or visitors to the AFH. This failure placed all ambulatory residents (Resident 2 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included…

During a visit on 09/13/2024 at 8:22 AM, observation showed Resident 2 and Resident 5 ambulated throughout the AFH with the assistance of walkers.

Observation on 09/13/2024 at 8:27 AM showed Staff C, Caregiver, opened the medication storage closet without the use of a key.

In an interview on 09/13/2024 at 8:28 AM, Staff C stated that the medication storage closet was kept locked. Staff C further stated that they had provided residents their medication and forgot to lock the door.

Observation on 09/13/2024 at 9:52 AM, Staff A, Entity Representative/Resident Manager, retrieved a key on a wrist coil from a hook on the wall next to the medication storage closet.

In an interview on 09/13/2024 at 9:53 AM, Staff A stated that sometimes staff wore the wrist coil that had the key for the medication storage closet.

Observation on 09/13/2024 at 3:50 PM, showed Staff A reached for the medication storage key that had been located on a hook near the medication storage closet at a minimum of 4 times during the inspection. Staff A asked staff for the key as the key was no longer located on the hook.

Attestation Statement

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 Care Inc is or will be in compliance with this law and / or regulation on (Date) 10/01/2024.

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

Shaymaa Adnan — Provider (or Representative)

10/01/2024 — Date

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 6 residents (Resident 1 and Resident 5). This failure placed Resident 1 and Resident 5 at risk of not receiving the full effect of a prescribed medication.

Findings included...

Review of the AFH's undated "Medication Disposal Policy" showed expired medication would be disposed of in the RX Destroyer or the medication was to be returned to the pharmacy.

During a visit on 09/13/2024 at 8:22 AM, observation showed Resident 1 and Resident 5 lived in and received medication from the AFH.

Observation on 09/13/2024 at 10:23 AM, showed a container of Cerave Moisturizing Cream, apply topically to affected area(s) once daily as needed for dry skin in the hallway bathroom for Resident 3. Further observation showed Resident 3's Cerave Moisturizing Cream had an expiration date of 07/20/2024.

In an interview on 09/13/2024 at 10:24 AM, Staff A, Entity Representative/Resident

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Provider (or Representative) Date

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 6 residents (Resident 1 and Resident 5). This failure placed Resident 1 and Resident 5 at risk of not receiving the full effect of a prescribed medication.

Findings included…

Review of the AFH's undated "Medication Disposal Policy" showed expired medication would be disposed of in the RX Destroyer or the medication was to be returned to the pharmacy.

During a visit on 09/13/2024 at 8:22 AM, observation showed Resident 1 and Resident 5 lived in and received medication from the AFH.

Observation on 09/13/2024 at 10:23 AM, showed a container of Cerave Moisturizing Cream, apply topically to affected area(s) once daily as needed for dry skin in the hallway bathroom for Resident 3. Further observation showed Resident 3's Cerave Moisturizing Cream had an expiration date of 07/20/2024.

In an interview on 09/13/2024 at 10:24 AM, Staff A, Entity Representative/Resident

Manager, stated that the AFH used the RX Destroyer (chemical destruction container that converts solid and liquid medications into a non-retrievable form) to destroy expired medication or returned medication to the pharmacy.

Observation on 09/13/2024 at 2:15 PM, showed a bubble pack of Acetaminophen 500 milligrams (mg), take 2 tablets (1000 mg) by mouth every 8 hours as needed for pain in Resident 1's medication storage container. Further observation showed Resident 1's Acetaminophen 500 mg had an expiration date of 02/17/2024.

In an interview on 09/13/2024 at 2:19 PM, Staff A stated that they conducted an audit of resident medication every month. Staff A further stated that they missed Resident 1's expired Acetaminophen 500 mg.

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Shaymaa Adnan (provider) — 10/01/2024

Provider (or Representative) — Date

Manager, stated that the AFH used the RX Destroyer (chemical destruction container that converts solid and liquid medications into a non-retrievable form) to destroy expired medication or returned medication to the pharmacy.

Observation on 09/13/2024 at 2:15 PM, showed a bubble pack of Acetaminophen 500 milligrams (mg), take 2 tablets (1000 mg) by mouth every 8 hours as needed for pain in Resident 1's medication storage container. Further observation showed Resident 1's Acetaminophen 500 mg had an expiration date of 02/17/2024.

In an interview on 09/13/2024 at 2:19 PM, Staff A stated that they conducted an audit of resident medication every month. Staff A further stated that they missed Resident 1's expired Acetaminophen 500 mg.

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_____ _____

Provider (or Representative) Date