STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

12/23/2025

Sunset Adult Family LLC
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC # 753410

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70573 (Completion Date 12/23/2025) and 66957 (Completion Date 10/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/23/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

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.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

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.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

The Department staff who did the On Site verification:
Lisa Beason, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager

Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 10/08/2025 and 10/15/2025 of:

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

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

The department staff that inspected the Adult Family Home:

Lisa Beason, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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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.

Michelle Ann Yarbrough — 11/12/2025

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.

Provider (or Representative) — 11-26-25 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results 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 background check results were available for 1 of 4 current staff (Staff D), fingerprint background check results for 2 of 4 current staff (Staff C & D) and 2 of 2 former staff (Staff E & F), hire and departure dates for 2 of 2 former staff (Staff E & F), tuberculosis (TB) blood test results for 1 of 4 current staff (Staff A), and caregiving experience attestation (CEA) showing new resident manager met 1000 hours of direct care experience for 1 of 4 current staff (Staff B). These failures resulted in the Department being unable to determine if AFH staff members were qualified to provide care to residents.

Observation on 10/08/2025 from 11:45 AM to 2:45 PM showed Staff B, Resident Manager, and Staff C, Caregiver, providing care and services to residents in the home.

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.

Michelle Ann Garbrough
Residential Care Services

11/12/2025
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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results 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 background check results were available for 1 of 4 current staff (Staff D), fingerprint background check results for 2 of 4 current staff (Staff C & D) and 2 of 2 former staff (Staff E & F), hire and departure dates for 2 of 2 former staff (Staff E & F), tuberculosis (TB) blood test results for 1 of 4 current staff (Staff A), and caregiving experience attestation (CEA) showing new resident manager met 1000 hours of direct care experience for 1 of 4 current staff (Staff B). These failures resulted in the Department being unable to determine if AFH staff members were qualified to provide care to residents.

Observation on 10/08/2025 from 11:45 AM to 2:45 PM showed Staff B, Resident Manager, and Staff C, Caregiver, providing care and services to residents in the home.

During an interview on 10/08/2025 at 11:45 AM Staff B, Resident Manager, stated that Staff A, Provider, was notified of inspection and Staff A was not available to participate in the inspection.

During an interview on 10/08/2025 at 2:15 PM Staff B stated that they were unable to locate AFH staff personnel records.

During an interview on 10/15/2025 at 12:35 PM, Staff B stated that Staff A had given them access to staff personnel records. Staff B stated they did not know where Staff C, D, E, & F's background inquiry or fingerprint background inquiry results were located. Staff B stated that they were unsure of hire or departure dates for Staff E & F. Staff B stated that they were unsure of where Staff A's TB blood test results were located.

Record review of medical provider note dated 07/18/2023 for Staff A, Provider, showed that TB blood testing occurred on 07/18/2023. Personnel records for Staff A did not include results of the TB blood test.

During an interview on 10/16/2025 at 10:31 AM, Staff A, Provider, stated that they would fax background and fingerprint background checks for Staff C, D, E & F, the hire and departure dates for Staff E & F, TB blood test results for Staff A, and the CEA for Staff B to the Department by 10/24/2025.

Record review of fax received from Staff A on 10/26/2025 at 10:47 AM did not include background check results or fingerprint background check results for Staff C, D, E & F, hire or departure dates for staff E & F, TB blood test results for Staff A, or CEA for Staff B.

During an interview on 10/31/2025 at 9:16 AM Staff A stated that they would fax the department as many documents as they could by 11/02/2025.

Record review of fax received from the AFH on 11/03/2025 at 5:53 PM did not include background check results for Staff D, fingerprint background check results for Staff C, D, E & F, hire and departure dates for Staff E & F, TB blood test results for Staff A, or CEA for Staff B.

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Plan of Correction	Sunset Adult Family LLC	Completion 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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25.

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

Provider (or Representative) 10-26-25 Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan for 5 of 5 residents (Resident 1, 2, 3, 4 & 5) addressing who would provide care and services to residents in the event the provider was unable to fulfill their duties. This failure placed the residents at risk of not having their care and service needs met.

Record review of AFH administrative documents on 10/08/2025 at 2:30 PM found no written plan showing who would provide care and services to the residents if the provider was unable to fulfill their duties.

During an interview on 10/08/2025 at 2:30 PM Staff B, Resident Manager, stated that they were unaware if Staff A, Provider, had a written succession plan.

During an interview on 10/16/2025 at 10:35 AM Staff A, Provider, stated that they did not have a written succession plan.

During an interview on 10/31/2025 at 10:51 AM, Staff A stated that they were working on writing a succession plan and they would fax the document when completed.

Record review of fax received from the AFH on 11/03/2025 at 5:53 PM did not include a written succession plan.

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, Sunset Adult Family 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

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan for 5 of 5 residents (Resident 1, 2, 3, 4 & 5) addressing who would provide care and services to residents in the event the provider was unable to fulfill their duties. This failure placed the residents at risk of not having their care and service needs met.

Record review of AFH administrative documents on 10/08/2025 at 2:30 PM found no written plan showing who would provide care and services to the residents if the provider was unable to fulfill their duties.

During an interview on 10/08/2025 at 2:30 PM Staff B, Resident Manager, stated that they were unaware if Staff A, Provider, had a written succession plan.

During an interview on 10/16/2025 at 10:35 AM Staff A, Provider, stated that they did not have a written succession plan.

During an interview on 10/31/2025 at 10:51 AM, Staff A stated that they were working on writing a succession plan and they would fax the document when completed.

Record review of fax received from the AFH on 11/03/2025 at 5:53 PM did not include a written succession plan.

Statement of Deficiencies	License #: 753410	Compliance Determination # 66957
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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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25

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

Provider (or Representative) 11-26-25 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family home failed to include weight monitoring or protein shake supplement instructions in the negotiated care plan (NCP) for 1 of 5 residents (Resident 2). This failure placed the residents at risk for health complications related to weight loss.

Record review of Resident 2's department assessment dated 11/18/2024 showed Resident 2 had a weight loss, their weight was to be monitored weekly, and they were to receive protein shakes when they began to lose weight.

Record review of Resident 2's NCP, dated 10/20/2024, did not include instruction to weigh weekly or provide protein shakes.

During an interview on 10/09/2025, Collateral Contact 1 (CC1), stated that they were concerned Resident 2 did not receive their protein shakes as recommended by their primary care provider.

During an interview on 10/15/2025 at 12:15 PM, Staff C, Caregiver, stated that Resident 2 received a protein shake every day with lunch. Staff C stated that AFH staff kept the shakes in the pantry to ensure Resident 2 received them. Staff C stated that they were unsure if weekly weights or daily protein shakes were included in Resident 2's NCP.

During an interview on 10/16/2025 at 10:40 AM, Staff A, Provider, stated that Resident 2

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, Sunset Adult Family 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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family home failed to include weight monitoring or protein shake supplement instructions in the negotiated care plan (NCP) for 1 of 5 residents (Resident 2). This failure placed the residents at risk for health complications related to weight loss.

Record review of Resident 2's department assessment dated 11/18/2024 showed Resident 2 had a weight loss, their weight was to be monitored weekly, and they were to receive protein shakes when they began to lose weight.

Record review of Resident 2's NCP, dated 10/20/2024, did not include instruction to weigh weekly or provide protein shakes.

During an interview on 10/09/2025, Collateral Contact 1 (CC1), stated that they were concerned Resident 2 did not receive their protein shakes as recommended by their primary care provider.

During an interview on 10/15/2025 at 12:15 PM, Staff C, Caregiver, stated that Resident 2 received a protein shake every day with lunch. Staff C stated that AFH staff kept the shakes in the pantry to ensure Resident 2 received them. Staff C stated that they were unsure if weekly weights or daily protein shakes were included in Resident 2's NCP.

During an interview on 10/16/2025 at 10:40 AM, Staff A, Provider, stated that Resident 2

was weighed weekly and this was documented on a weight log. Staff A stated that Resident 2's primary care provider recommended daily protein shakes. Staff A stated that they would fax Resident 2's weight log to the Department.

Record review of fax received from the AFH on 10/26/2025 at 10:47 AM did not include Resident 2's weight log.

During an interview on 10/31/2025 at 11:00 AM, Staff A stated that they would fax the Department the page of Resident 2's NCP showing weekly weights and daily protein shakes were addressed.

Record review of fax received from the AFH on 11/03/2025 at 5:53 PM did not include Resident 2's NCP showing instruction for weekly weights or proteins shakes.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25.

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

Provider (or Representative) Date 11-26-25

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 interview and record review the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was reviewed and revised every 12 months for 1 of 5 residents (Resident 4). This failure placed the residents at risk for unmet care needs.

Record review of Resident 4's NCP on 10/08/2025 found the document was reviewed and signed on 09/10/2024.

During an interview on 10/31/2025 at 11:10 AM Staff A, Provider, stated that the NCP for

was weighed weekly and this was documented on a weight log. Staff A stated that Resident 2's primary care provider recommended daily protein shakes. Staff A stated that they would fax Resident 2's weight log to the Department.

Record review of fax received from the AFH on 10/26/2025 at 10:47 AM did not include Resident 2's weight log.

During an interview on 10/31/2025 at 11:00 AM, Staff A stated that they would fax the Department the page of Resident 2's NCP showing weekly weights and daily protein shakes were addressed.

Record review of fax received from the AFH on 11/03/2025 at 5:53 PM did not include Resident 2's NCP showing instruction for weekly weights or proteins shakes.

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, Sunset Adult Family 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

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 interview and record review the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was reviewed and revised every 12 months for 1 of 5 residents (Resident 4). This failure placed the residents at risk for unmet care needs.

Record review of Resident 4's NCP on 10/08/2025 found the document was reviewed and signed on 09/10/2024.

During an interview on 10/31/2025 at 11:10 AM Staff A, Provider, stated that the NCP for

Resident 4 was last revised and reviewed on 09/10/2024. Staff A stated that they were currently reviewing the NCP for Resident 4.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25.

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

Provider (or Representative) 11-26-25 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the admission agreement (notice of rights and services) was reviewed and signed by the resident or their representative once every 24 months for 2 of 5 residents (Resident 2 & 4). This failure placed residents at risk for not understanding their rights and services provided by the AFH.

Observation on 10/08/2024 from 11:45 AM to 2:45 PM showed Resident 2 & 4 received care and services from AFH staff.

Record review of admission records for Resident 2, admission date of [redacted]/2018, found an admission agreement signed and dated [redacted]/2018.

Record review of admission records for Resident 4 with an admission date of [redacted]/2022, found an admission agreement signed and dated [redacted]/2022.

During an interview on 10/31/2025 at 10:55 AM, Staff A, Provider, stated that admission

Resident 4 was last revised and reviewed on 09/10/2024. Staff A stated that they were currently reviewing the NCP for Resident 4.

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, Sunset Adult Family 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

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the admission agreement (notice of rights and services) was reviewed and signed by the resident or their representative once every 24 months for 2 of 5 residents (Resident 2 & 4). This failure placed residents at risk for not understanding their rights and services provided by the AFH.

Observation on 10/08/2024 from 11:45 AM to 2:45 PM showed Resident 2 & 4 received care and services from AFH staff.

Record review of admission records for Resident 2, admission date of [redacted]/2018, found an admission agreement signed and dated [redacted]/2018.

Record review of admission records for Resident 4 with an admission date of [redacted]/2022, found an admission agreement signed and dated [redacted]/2022.

During an interview on 10/31/2025 at 10:55 AM, Staff A, Provider, stated that admission

agreements for Resident 2 & 4 had not been reviewed and signed since their admission. Staff A stated that they were aware the admission agreements were to be reviewed, signed, and dated once every 24 months.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25.

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

Provider (or Representative) Date 11-26-25

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have valid first aid certification for 2 of 4 staff (Staff A & B). This failure resulted in residents receiving care from unqualified staff.

Observation on 10/08/2025 from 11:45 AM to 2:45 PM showed Staff B, Resident Manager, providing care and services to the residents in the home.

Record review of employee records for Staff A, Provider, found a CPR and AED (automated external defibrillator) certification with an expiration date of 07/2026. Certification did not include First Aid.

Record review of employee records for Staff B, Resident Manager, showed a CPR and AED certification with an expiration date of 05/2025. Certification did not include First Aid.

During an interview on 10/15/2025 at 12:40 PM Staff B, Resident Manager, stated that they thought the CPR and AED certification included first aid.

agreements for Resident 2 & 4 had not been reviewed and signed since their admission. Staff A stated that they were aware the admission agreements were to be reviewed, signed, and dated once every 24 months.

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, Sunset Adult Family 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

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have valid first aid certification for 2 of 4 staff (Staff A & B). This failure resulted in residents receiving care from unqualified staff.

Observation on 10/08/2025 from 11:45 AM to 2:45 PM showed Staff B, Resident Manager, providing care and services to the residents in the home.

Record review of employee records for Staff A, Provider, found a CPR and AED (automated external defibrillator) certification with an expiration date of 07/2026. Certification did not include First Aid.

Record review of employee records for Staff B, Resident Manager, showed a CPR and AED certification with an expiration date of 05/2025. Certification did not include First Aid.

During an interview on 10/15/2025 at 12:40 PM Staff B, Resident Manager, stated that they thought the CPR and AED certification included first aid.

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During an interview on 10/31/2025, Staff A, Provider, stated that Staff A & B were scheduled to receive first aid training on 11/07/2025.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-28-25.

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

Provider (or Representative) Date 11-28-25

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A) completed 12 hours of continuing education. This failure resulted in residents receiving care from an unqualified caregiver.

Review of employee records for Staff A, Provider, showed they held a Nursing Assistant Certified (NAC) credential. Based on their birthday, Staff A was required to complete 12 hours of DSHS approved continuing education between 07/10/2024 and 07/10/2025. Review of Staff A's employee records found no documentation of continuing education between 07/10/2024 and 07/10/2025.

During an interview on 10/31/2025, Staff A, Provider, stated that they were working on completing their continuing education requirement. Staff A stated that they had no documentation for continuing education completed between 07/10/2024 and

During an interview on 10/31/2025, Staff A, Provider, stated that Staff A & B were scheduled to receive first aid training on 11/07/2025.

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, Sunset Adult Family 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

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff A) completed 12 hours of continuing education. This failure resulted in residents receiving care from an unqualified caregiver.

Review of employee records for Staff A, Provider, showed they held a Nursing Assistant Certified (NAC) credential. Based on their birthday, Staff A was required to complete 12 hours of DSHS approved continuing education between 07/10/2024 and 07/10/2025. Review of Staff A's employee records found no documentation of continuing education between 07/10/2024 and 07/10/2025.

During an interview on 10/31/2025, Staff A, Provider, stated that they were working on completing their continuing education requirement. Staff A stated that they had no documentation for continuing education completed between 07/10/2024 and

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Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 10 of 10	Licensee: Sunset Adult Family LLC	10/31/2025

07/10/2025.

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, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-25 .

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

Provider (or Representative) Date 11-26-25

07/10/2025.

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, Sunset Adult Family 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